

REGIONAL CANCER CENTRE

TRIVANDRUM

1990 - '91

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REGIONAL CANCER CENTRE TRIVANDRUM-695 011, KERALA, INDIA

CANCER CENTER

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REPORT OF ACTIVITIES 1990-91

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INTRODUCTION

The Regional Cancer Centre, Trivandrum, was started in 1981 to offer comprehensive cancer care to patients and to function as the apex organisation for cancer control in the State. 1991 marks a decade of its existence and it gives us an opportunity to take stock of what we have already achieved and how far the institution has succeeded in fulfilling its objectives.

During the initial stages the number of new patients was hardly 3000 per annum. Presently it has risen upto 6000 per annum. As the crude incidence rates of cancer in Kerala has not changed much over the years, such an increase in cases can only be attributed to the good quality of treatment rendered in the Centre. During the last five years, eighteen of the faculty members had excellent training in foreign countries and many others, in other parts of India. These coupled with the good diagnostic services of the Centre escalated the quality of the services.

This Centre can feel proud of having some firsts to its credit. The Community Oncology Division, Paediatric Oncology Division, Cytopathology and Clinical Research Divisions are some among these. Due to the activities of the Community Oncology Division and Early Cancer Detection Centres it was possible to improve the awareness of the public regarding cancer and influence the referral practices of the cancer patients to this Centre. This also helped in improving the clinical down staging of common cancers reported in the Centre. The Paediatric Oncology Division with its multi-disciplinary approach could tremendously improve the cure rates, which at present are comparable to those of developed countries.

To alleviate the financial burden on account of the high cost of cancer treatment, the Centre introduced in 1986 a unique "Cancer Care for Life" Scheme. By virtue of this the policy holder just for one time payment of Rs. 101 could get all the treatment facilities free of cost in case he becomes a cancer patient.

Despite several constraints the Surgical Oncology Division has achieved a very high standard and has evolved several new innovative techniques. The pain clinic run by this division is in accordance with WHO standards and specification. A new analgesic solution formulated for us by the College of Pharmaceutical Sciences, Trivandrum showed excellent results for the abatement of pain to the cancer patients.

Maintaining its link with the Medical College, Trivandrum, the Centre conducts postgraduate courses in Radiotherapy and also imparts training to several other postgraduates and undergraduates. In addition to this, the Centre conducts courses in vital areas of cancer control, such as Cytopathology, Imageology, Research Methodology and Cancer Registration.

In the field of research, the Centre made noteworthy contributions; and within this short span, more than 300 papers were published, many of which were in journals of international repute. The Clinical Research Division with its full electronic data processing facility is able to analyse and present the treatment results for some of the cancer sites. Natural Background Radiation Registry Study Project, National Cancer Data Base Programme, and the Hospital Cancer Registry are some of the excellent projects assigned to the Centre besides some foreign

The first phase of the Regional Cancer Centre building involving a cost of 3.5 crores of rupees was completed in record time and commissioned during the year under report. The second phase of construction has already commenced.

In recognition of these achievements, the Regional Cancer Centre was declared as a Centre of excellence in the field of Science and Technology by the State Government and as an Institute under the Department of Scientific and Industrial Research Technology by the Government of India.

It would have not been possible for the Centre to progress so rapidly had we not received the support of the Ministries of the Centre and the State right from the beginning. This Annual Report for the year 1990-91 contains details of the activities of all divisions and the statement of accounts.

DEPARTMENTAL ACTIVITIES

DIVISION OF RADIOTHERAPY

Dr. M. Krishnan Nair		Director
Dr. N. Balakrishnan Nair		Professor
Dr. F. Joseph	-	Professor
Dr. B. Rajan		Associate Professor
Dr. T. Ganga Devi	<u>(200</u>	Associate Professor
Dr. Sureshchandra Dutt	and a	Associate Professor
Dr. P. G. Jayaprakash	<u></u>	Associate Professor
Dr. C. S. Rafeeka Beegum		Associate Professor
Dr. S. Parameswaran	222	Assistant Professor
Dr. V. Narayana Bhattathiri		Assistant Professor
Dr. Jayaprakash Madhavan	1000	Assistant Professor
Dr. K. Ramadas		Assistant Professor
Dr. K. Ratheesan	-	Assistant Professor
Dr. Thomas Koilparambil	-	Lecturer
and the second		C. 2010 - C. 1990 - C. 1990 - C.

Lecturer

Dr. Francis V. James

CLINICAL SERVICE

The division of radiotherapy is responsible for primary care of most of the cancer patients seen in this centre. This division closely interacts with the other clinical and paraclinical departments within the Regional Cancer Centre, Medical College Hospital, Ophthalmic Hospital and the Sree Chitra Thirunal Institute for Medical Science and Technology, Trivandrum to ensure comprehensive care for the cancer patients. Efforts are being taken to develop consensus protecols for managing The following figures on various services almost all cancers. rendered by our division point to the magnitude of clinical work undertaken by the division.

-	5918
	and the second second
	45505
	3045
1000	5285
-	677
-	116
-	451
-	110

Equipments available for radiotherapy

Linear Accelerator	-	1
Theratron 780	_	1
Gammarex	_	1
Selectron	-	1
Simulator	_	1
Portable X-ray machines	-	2

ACADEMIC PROGRAMME

A regular teaching programme built over the last several years is the backbone of our academic activity. The teaching programme in clinical oncology for undergraduate students has been recently re-organised towards a proper orientation in cancer related check up and referral practices. The division. is responsible for training 2 students for MD degree and 3 students for the Diploma Course (DMRT) in radiotherapy each year. In addition the faculty engage themselves in teaching oncology related topics for postgraduate students in Medicine, Surgery, Paediatrics, Gynaecology, Oto-rhino Laryngeology, Nursing and other super specialities. Regular weekly symposia and journal club programmes are conducted. Patient related clinical teaching is done in all working days.

COMBINED CLINICS

Combined clinics in association with gynaecologists (Gestational Trophoblastic tumour clinic), ENT (Head and Neck



Our Director, Dr. M. Krishnan Nair, receiving the prestigious ICMR Sandoz Award (for his outstanding contributions towards Oral Cancer Research) from Dr. Paintal, Director General, I.C.M.R., New Delhi.

Cancer Clinic), Paediatricians (Paediatric Cancer Clinic) and Gastro-enterologists (Gastroenterology tumour board) are conducted once a week.

TRAINING AND CONFERENCES ATTENDED BY THE FACULTY

- 1. Dr. P. G. Jayaprakash attended the National Seminar on Applied Immunology, 1991, at Trichur, India.
- Dr. K. Ramadas attended "Oncology 91" at Gwalior and presented a paper on "Stage I Carcinoma Endometrium: An Analysis" during January 2–4, 1991.

PAPERS PUBLISHED / PRESENTED

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- Stich, HF, Tsang SS, Palcic, B. Mathew, B, Sankaranarayanan, R, Krishnan Nair, M. The usefulness of in vitro assays and animal experiments in the design of chemopreventive protocols with betacarotene and Vitamin A on tobacco users. In : Nutrients and cancer prevention. Prasad K. N., Meyskens Jr. FL (eds). The Humana Press, Cliffton 1990.
- Krishnan Nair, M, Sankaranarayanan R, Mathew, B, Stich HF. Dietary intervention in cancer. Interdisciplinary Research Review 1990; 1: 5–10.
- Bhattathiri, VN, Padmanabhan, TK, Krishnan Nair, M. Comparison of external radiotherapy and external radiotherapy plus intraluminal brachytherapy as radical treatment for cancer oesophagus. In : Recent advances in



Dr. M. S. Valiathan, Director, S.C.T.I.M.S.T, recipient of Padma Bhushan replying to the felicitations given to him by R.C.C. on 3rd June, 1990.

Radiation Oncology. Jain V, Goel M, Pohlit W (eds). ICMR, New Delhi 1990. pp. 344.

- Bhattathiri VN, Krishnan Nair M, Periodontal Space : a major route to bone involvement in oral cancer. Med Hypo 1991, 3 : 58–59.
- Bhattathiri VN, Sudha L, Rajasekharan Pillai B, Sudhakaran, A, Sasidharan, K, Krishnan Nair, M. Periodontal Space: Major route to bone in oral cancer. Eur J Cancer 1991, 2: 222.

DIVISION OF SURGICAL ONCOLOGY

Dr. Thomas Cherian	-	Associate Professor
Dr. Gladys Jeevy	-	Anaesthetist
Dr. Paul Sebastian	-	Assistant Professor
Dr. Iqbal Ahamed, M.	222	Assistant Professor
Dr. Santhosh John Abraham		Lecturer
Dr. Vijaykumar, D. K.	000	Lecturer
Dr. Jayakumar, K. L.		Resident Surgical Officer
Dr. Sivaramakrishnan, P.		Resident Surgical Officer

CLINICAL

Outpatient clinic works six days a week. All cases registered in RCC requiring surgery and also cases referred from elsewhere are routinely examined here. Also all cases operated by us are routinely followed up at regular intervals. On an average 10 to 15 cases are examined in the outpatient daily. However due to certain physical constraints and to maintain the quality of work we are constrained to handle only a small fraction of the total load of cases presented. This has paid us rich dividends in that our results continue to be better than those reported from the most advanced cancer centres in the world, stage for stage. Inspite of the fact that most of the head and neck cancer cases we tackle are extensive residual or recurrent diseases following radical XRT with or without chemotherapy, and most patients in poor general condition, many in advanced age, and surgery extensive, and of long duration, our complication rates are within acceptable limits. Our peroperative mortality is nil till this day. Inspite of the fact that we have no. supporting facilities for rehabilitation, all our patients are well rehabilitated physically, functionally and socially by the time they are discharged. This is because of our strict adherence to our policy of primary reconstruction right from the beginning, to restore form and function following radical abalative procedures in head and neck cancers. We have probably the

largest number of primary reconstructive procedures for head and neck cancers in the country. This created a good impact on the public for seeking medical aid early for cancer. During the reporting year of 1990-91 a total of 439 cases were operated in this division of which 217 cases were major abalative procedures for recurrent carcinomas.

The split up of the major cases is shown below:

TABLE			÷.,
Total No. of cases			439
Major			224
Minor			215
Operative deaths		3000	Nil
Perioperative complications		1000	Less than 10 %
Do d	eaths		2

TADLE

TABLE II

Site-wise Distribution of Major Cases

Oral Cancer	-	158
Breast		31
Thyroid	-	17
Osteosarcoma Head & Neck	—	2
Adamantinoma mandible		1
Salivary tumour		1
Ca. Penis	-	2
Soft tissue sarcoma	(з
Skin tumour	_	5
Para pharyngeal tumour	-	1
Metastatic lymph node from unknown primary	-	3

TABLE III

Oral Cancer Distribution

Buccal Mucosa	_	57	
Tongue	_	50	
Lower Alveolus		32	
Floor of mouth	_	5	
Lip		12	
Upper alveolus	_	1	
Palate	1.1.1.1	1	
To	tal	150	
10	(d)	158	

TABLE IV

Tumour Clearance

(Microscopic Pathological tumour clearance all around the base and margins)

Site			Free		1023-004-000
		Wide margin	Close	Dysplastic	- Positive
1.	Buccal Mucosa 57	41/57 (72%)	9/57 (15.7%)	6/57 (10.5%)	1/57 /1.7%)
2.	Tongue 50	38/50 (76%)	7/50 (14%)	2/50 (4%)	3/50 (6%)
3.	Lower Alveolus 32	26/32 (81.25%)	3/32 (9%)	1/32 (3%)	2/32 (6%)
4.	Floor of Mouth 5	5/5 (100%)	—	- <u>-</u>	
5.	Lip 12	11/12 (91.6%)	1/12 (3.3%)	ite den	1000

It is to be noted that we continue to maintain our high tumour clearance rate (>90%). The overall survival of the patients analysed over the years show that more than 56% of cases operated by us for extensive recurrent carcinoma are surviving disease free after 5 years.

TABLE V

Pattern of Nodal Involvement in Oral Cancers

				NL I			
Site	No.	7	//	111	IV	V	Contra- lateral
Buccal mucosa	24	7	2	4	0	3	0 =
Tongue	17	2	7	9	1	3	5
Lower Alveolus	25	2	4	1	0	0	ο
Floor of mouth	3	0	1	0	0	- 0	0

TABLE VI

Type of Neck Dissection

Ipsilateral	Neck Dissection FND onl	Y		19
Do	RND on	ly		4
Do	Supraomohyoid	N 94_	-	19
Do	FND + Contralateral Supr	aomohyoid		37
Bilateral F	ND		-	9
Ipsilateral	RND + Contralateral FND			2
Do	RND + ,,	Supraomohyoid	-	4
Bilateral S	Supraomohyoid			5
Ipsilateral	FND + Contralate	ral Suprahyoid	-	11
Do	RND + "	Suprahyoid		2
Do	Supraomohyoid + "	Suprahyoid	-	2
Do	Suprahyoid only		—	6
No Neck	dissection	and the second	ς Π c	40

It is not our policy to do prophylactic neck dissection in cases of cancer of the oral cavity. Only when positive or highly suspecious nodes are present in the drainage areas we do neck dissections and the nature of the neck dissection is decided by the surgical appearance and extent of the nodes in the drainage area. The radical neck dissection is carried out only when the nodes are fixed or infiltrating the surrounding tissues.

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TABLE VII

Flaps used for Reconstruction

		No.	Flap loss
Pectoralis major myo	ocutaneous flap	63	Nil
Sternomastoid Platysma		6	2
Nasolabial		6	2
Deltopectoral		11	Nil
	a stand and		
	Total	87	

ACADEMIC & RESEARCH ACTIVITIES

Being responsible for the academic programme of the Medical College, Trivandrum, we are actively involved in the undergraduate and post-graduate programmes of the Medical College. This division takes active part in all the academic activities of the centre, like morning clinic, seminars, workshops etc.

PAIN CLINIC

Pain clinic is conducted once a week by a multidisciplinary team comprising an anaesthesiologist, a surgeon, a radiotherapist and a staff nurse. During this year 330 new patients were registered in this clinic and a total 795 patients were treated. Patients whose symptoms are assessed for pain are prescribed oral analgesics according to the WHO step-ladder pattern.

During the year under report with much difficulty we managed to get Morphine and the staff, College of Pharmaceutical Sciences, Trivandrum formulated a stable and palatable morphine solution exclusively for our centre. The first consignment of this was handed over to us, by Dr. V. K. Jayapalan, Principal, through Sri. M. S. Joseph, IAS, Secretary to Government, at a colourful function. The drug is being given free of cost to all patients irrespective of income groups, and within 2

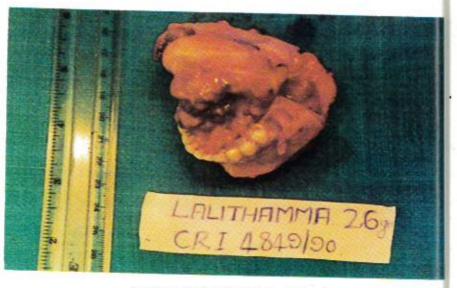
AN INNOVATIVE TECHNIQUE FRIMARY PROSTHESTIC IMPLANT RECONSTRUCTIF THE MANDIBLE.



Extensive recurrent malignant salivary tumour of the floor of the mouth involving arch of the mandible - Preoperative.







Excised Tumour of the patient.



Post operative views of the same patient

months more than 30 patients were the beneficiaries. It is quite gratifying to learn that this solution gave excellent results for the abatement of pain, in all these patients.

Miss. Gillian Burn, a WHO expert on palliative care visited this institution in Feb. 1991 and gave a lecture to the faculty members on multidisciplinary approach to palliative care. She also conducted a 2-day teaching programme for nurses on the "Nurses role in the management of patients with advanced cancer".

NEW OPERATIVE TECHNIQUES DEVELOPED IN RCC

- 1. We have evolved a new surgical technique for primary restoration of voice after total laryngectomy, which was done on two cases with moderate success. We are trying to improve the technique.
- A new simple prosthetic implant for primary reconstruction of lower jaw after its removal for cancer with good cosmetic and functional result was developed. We have been using this routinely, especially for surgery for the arch of the mandible (See Fig. 1, 2, 3, 4 & 5).
- Primary functional reconstruction of tongue following recurrent carcinoma of the tongue was done over the last 6 years in 200 cases of carcinoma tongue.
- 4. A simple technique for single stage primary reconstruction of lateral defect of the upper/lower lip with good functional and cosmetic results and as a better substitute for the standard Abbe Eslander Technique.
- 5. A simple single stage primary reconstruction of upper lip with normal hair bearing skin was also evolved.
- Primary reconstruction of the palate following radical maxillectomy for Ca maxilla with good functional and cosmetic results.

PAPERS PRESENTED

1. "Eight years experience of salvage surgery and primary reconstruction for recurrent carcinoma of the oral cavity":

Dr. Thomas Cherian, Dr. Paul Sebastian, Dr. Jayakuma Dr. Sivaramakrishnan, Dr. Gladys Jeevy. Oncology, 91-Gwalior December, 1990.

- Dr. Thomas Cheriyan et al. "Simple Prosthetic implant recon 2. struction of arch of the mandible with good cosmetic and functional results". Oncology 91, Gwalior December, 1990
- 3. Dr. Paul Sebastian at the Oncology update session of the division. International College of Surgeons - South Indian Section at Kochi in December, 1990 "Oral Analgesics in the Clinical activities management of cancer pain."

¹⁰ events for a construction operation of a state of a state

 $\sum_{i=1}^{n-1} \frac{1}{2^{n-1}} \sum_{i=1}^{n-1} \frac{1}{2^{n-1}}$

DIVISION OF PAEDIATRIC ONCOLOGY

Dr. P. Kusumakumary	: Assistant Professor
Dr. S. Rajeev Kumar	: Lecturer

All patients under the age of 14 years were registered in this

Number of new patients seen	_	215	
Total number of out-patient visits	-	3025	
Inpatient admission	-	215	

The following is the list of new cases registered :

	Leukaemias	-	67	(31%)	
	Brain tumours	_	45	(20.9%)	
187 -	Lymphomas	10-76	12	(5.5%)	
	Soft tissue Sarcomas	-	16	(7.4%)	
	Bone tumours		10	(4,6%)	
	Wilm's tumour		10	(4,6%)	
	Retinoblastoma	-	13	(6%)	
201	Neuroblastoma		11	(5.1%)	
	Germ cell tumours	-	6	(2.7%)	
34.1	Hepatoblastomas	0.000	2	(2.7%)	
280	Histiocytosis		4	(1.8%)	
12 1	Miscellaneous	-	19		

As in the previous years the most common malignancy in this age group was acute leukaemias of which 83% were acute lymphatic leukaemia and the rest were acute myeloid leukaemias. Two cases of chronic myeloid leukaemia were also registered in this year. All the newly registered acute lymphatic leukaemia cases were given induction treatment with standard chemotherapy protocol and 90% of them went into remission. They were put on maintenance chemotherapy.

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Brain tumours constituted the second large group. Glioma were common among the brain tumors. There was not much change in the relative frequencies of other solid tumors.

Out-patient clinic in paediatric oncology is being held on all days except Sundays as in previous years. Detailed diagnostic work up of all the patients were done as a routine.

Surgery was the primary modality for solid tumors followed by irradiation and/or chemotherapy depending upon the diagnosis and stage of the disease.

A well organised and co-ordinated multidisciplinary team consisting of Paediatric Oncologist, Paediatric surgeons, Pathologist, Radiation Oncologist and Radio-diagnostician met even Monday at 12 noon and major decisions regarding the management of paediatric cases were taken as in previous years.

Academic Activities

The division imparted teaching and training to MD Radiotherapy, DMRT, MD Paediatric students of Medical College, Thiruvananthapuram.

Conference attend/Papers presented

Dr. P. Kusumakumary attended the Indo US CME in Medical Oncology held at Bangalore from 13–16th December 1990.

Dr. P. Kusumakumary attended the 5th Biennial Conference of Indian Society of Oncology held at Cancer Institute, Gwalior during the January 3rd—6th 1991 and presented a paper on 'Paediatric Non-Hodgkin's Lymphoma— A Light at the End of Tunnel'.

Paper Published :

Sasidharan, K, Ramachandran, K, Pradeep, VM, Kusumakumary, P, Surendran, N, Krishnan Nair, M. Disappearing Interface in Ultrasonography. Ind. Jour. Rad. & Imaging. 44: 169–171, 1990.

DIVISION OF MEDICAL ONCOLOGY

Staff

Dr. V. P. Gangadharan	 Assistant Professor
Dr. Cherian Varghese	 Lecturer (30-4-90 to 30-1-91)

Medical Oncology as a separate division came into existence from January, 1990. This division is responsible for the primary care of all cases of acute and chronic Leukaemias, Lymphomas and Solid Tumours where aggressive chemothorapy is the main stay of treatment. This division also caters to the chemotherapy needs and assists in the management of treatment related toxicities in patients receiving multimodality programme.

Total Number of Cases	- 294
Diagnosis	No.
Acute Lymphatic Leukaemia	- 43
Acute Myeloid Leukaemia	— 54
Chronic Myeloid Leukaemia	- 34
Chronic Lymphatic Leukaemia	- 17
Hairy cell Leukaemia	- 1
Non-Hodgkin's Lymphoma	- 69
Multiple Myeloma	- 18
Plasma cell Leukaemia	- 1
Solid tumours	- 45
Non-malignant conditions	- 12
	294
Procedures	No.
Bone Marrow aspirations	— 520
Bone Marrow Trephin Biopsy	— 275
Lumbar Puncture	- 400
Fine Needle Aspiration Cytology	— 200

Academic & Research Programmes

The Medical Oncology Division actively participates i undergraduate and postgraduate (Radiotherapy and Genera Medicine) teaching programmes.

Ongoing Projects:

- Liver biopsy in Non-Hodgkin's lymphoma.
 M. D. Thesis of Dr. Arun (M. D. General Medicine)
- Prognostic factors and treatment related survival ir Multiple Myeloma. (ICMR students fellowship programme. Mr. Eswar Krishnan, Final Year Medica Student, Medical College, Trivandrum.)

- (a) Peripheral T cell lymphoma
- (b) Acute Myeloid Leukaemia Low dose Cytosar.
- (c) Plasma cell leukaemia.
- (d) Geriatric Non-Hodgkin's Lymphoma.

Special Oncologic Problems

ALL

The adult ALL's belong to the high risk group and the induction plan consists of 4 drugs. Vincristine, Leunase, Adriamycin and Prednisolone. Patient compliance is good and all patients are treated as inpatients during the induction phase.

AML

Two programmes are in use. Intensive chemotherapy, protocol with Cytosine, Arabinosine and Mitoxantrone and a palliative approach with low dose Cytosar as single agent.

Choriocarcinoma

High risk choriocarcinoma patients are identified and aggressive combinations like MAC (Methotrexate, Act D and Cyclophosphamide) and EMACO.

Soft tissue Sarcoma

Intensive multidrug chemotherapy is employed. The agents are Ifosfamide, Adriamycin and VP 16 (Etoposide).

Research Projects under consideration

- 1. NCI protocol for lymphoblastic lymphoma.
- 2. Antiemetics trial of new agents.
- 3. Equivalence trial with Mitoxantrone.
- Intensive induction protocols for AML.
- 5. Blood products in supportive care of myelosuppression.
- Role of Beta 2 microglobulin as a prognosis indicator in Myeloma.
- Immunopheno typing of leukaemias and lymphomas.

Training

Dr. V. P. Gangadharan underwent training in Indexing principles and CDS/ISIS (Version s, 3) at NIC, New Delhi.

Papers presented and Conferences attended

Dr. V. P. Gangadharan

- 1. Extra Nodal Lymphomas Quarterly A. P. I. Conference at Cochin.
- Advances in Cancer Chemotherapy IMA Regional Chemotherapy Meeting, Tirupur, Tamil Nadu.
- 3. Basic Concepts in Cancer Chemotherapy Southern Chapter of API, Kodaikanal
- Management of Trophoblastic tumours Association of OBG, Trivandrum.
- 5. Chemotherapy in Adult malignancies National Conference of IMA, Trivandrum.
- Chemotherapy of Solid Tumours IMA, Kothamangalam.
- 7. Focus on Interferrons, Bombay.

18

	 Southern Chapter of T.S.O. — Conference 	e at Bangalon	stails of Sites and Number of Biop	sies	
4	Dr. Cherian Varghese	De			0) 92948
5	9. Chemotherapy of Cancer - State Cont	ference of the 1	Right buccal mucosa	_	110
	tute of Homoe	opaths, Atting 2	Left, buccal mucosa		106
10). Treatment Modalities in Cancer - CMI	programme 3		1000	20
	Medical College	, Calicut. 4	the amminering	<u>(2222</u>)	12
	Articles in Lay Press	5	A CONTRACTOR AND A CONTRA		31
1	. Chemotherapeutic drugs — Arogyam — I		a substant		8
2	. Cancer Treatment — Advances. "Man		L. L. D. translat ragion	1000	34
Par	pers submitted for publication	8		<u> </u>	24
	Gangadharan, V. P., Cherian Varghese, Eliz	9	Dorsum of tongue		35
	Krishnan Nair, M., — Extraskeletal Osteosar	oma (America 10.	Left Border of tongue		64
	Journal of Clinical Oncology)	11	the second		53
		12	Under surface of tongue	<u></u>	3
	DENTAL WING	13.	Floor of mouth		10
Dr.	Nalinakumari, K. R. — Lecturer	14.	Left lower alveolus	1000	32
	n activities of this division are	15.	. Right lower alveolus		21
1.		16.	. Right upper alveolus	—	5
2.		17.	Left upper alveolus		0
З.	Preparing biteblocks, prosthetic appliances	18.	. Right lower sulcus		9
4.	Preparing moulds	19.	Left lower sulcus	<u></u>	11
5.		20.	. Left upper sulcus		4
6.	Participation in research projects	21.	Right upper sulcus		7
		22.	. Lower lip		25
rende	During the year 1990-91, the following ered:-	services were23.	Upper lip		2
1.	Total number of sittings of patients	- 2636	The Dental Wing has performed		
2.	Number of new cases	- 775, whe	ere poor oral hygiene was indicated	. The wing is	trying
З.	Number of biopsies	— 616und	attend to most of such cases as el lertake to prepare biteblocks in cases	of patients who	require
4.	Number of biteblocks and moulds	— 103 ^{radi}	iation in addition to preparation of mo	ulds for cases re	quiring
5.	Supplementary registered cases	- 37 ^{radi}	ium therapy in sites like hard palate, r es.	naxillary antrum	and lip

Normally cases that come to us represent pre-cancero lesions like Leukoplakia, SMF, lichenplanus etc. All since efforts are made to impart proper guidance on oral hygiel oral prophylaxis and advice on modified diet to these patie with pre-cancerous and cancerous lesions. Usually mont check up is done to assess their conditions and to take furt necessary steps in these cases.

referred to the department.

Research Activities

The wing is taking part in the research activities undertak nistribution of work by Research Division and the Radiotherapy Department. F co-operation is also extended to the research work under vario

various departments.

Papers published

1. Evaluation of the potential use of electron microscopy here are constantly being reminded of themselves the need to be early detection of malignant changes in oral Leukoplak extremely patient, kind, courteous, sympathetic and compassionate Kannan, S., Kartha, C. C., Prabha, B., Joy, A., Nalinakumain their dealings with such patients and relations.

K. R., Hareendran, N. K., and Krishnan Nair, (Proceedings of the Kerala Science Congress February Accommodation March, 1991, page 241-243).

A rented house has been provided as nurses quarters. Erythrocyte rosetting by CD2 receptor bearing lymphocyty/ery soon they will be provided with maximum living facilities. 2. as a reliable index of immunoregulation in oral cand patients — A preliminary report. Girija Meenattor Teaching and Training Prabha Balaram, Nalinakumari, K. R., Sudha, L., Hareendra

N. K., and Krishnan Nair, M. Proceedings of the Kera by Prof. N. Balakrishnan Nair.

DIVISION OF NURSING SERVICE

Sr. Vijaya Puthuserril

: Nursing Superintendent

The nursing service division as a separate entity has taken its shape in January 1991 with the appointment of a full time Nursing Superintendent. There are 28 staff nurses recruited Biopsies have been taken from all the suspected cas through the employment exchange. It is expected that very soon the department will have head nurses, more staff nurses and nursing assistants in the cadre to give quality care to the cancer patients.

The nurses render services in various departments like Outschemes such as ICMR, DST, STEC funded project in so far patient department, Laboratory, Reception, Imageology, Medical, the necessary schemes required by the various divisions a Surgical and Paediatric Oncology, Chemotherapy Unit etc. Chesupplied by this section. This department is rendering necesse motherapy is given in a day care unit and it is totally managed by help in the preparation of Ph. D. thesis of the postgraduates staff nurses and it is all the more so because bystanders are not allowed. The IP division is still in the old block which is managed by Medical college as well as RCC nursing staff. Unlike any other hospital this centre being a different kind by its nature, catering only the cancer patients, the nurses working

The department is also open to other nurses, nursing students Science Congress Feb.-March, 1991, page 232-233. Editefor visits and academic trainings. The B. Sc and M. Sc nursing students of the Medical College utilize the services of RCC for the academic purposes. Two batches of public health nurses of the Health Services were given 2 days training in this centre.

Future Plans

Strengthening the staff position, functions of the Medi DIVISION OF CYTOPATHOLOGY and Surgical Oncology wards, inservice training programm for Nurses.

8

Starting of a Nursing Research Cell, are some of the p grammes envisaged for the next year.

1.	Dr. N. Sreedevi Amma		Professor
2.		-	Associate Professor
3.	Dr. Elizabeth K. Abraham	-	Associate Professor
4.	Dr. G. Rajasekharan Pillai		
5.	Smt. J. Ambika Kumary		
6.	Sri. G. Reghunathan Nair		

ACTIVITIES

The important activities are more or less on the same lines as those of the previous year.

Screening of symptomatic women attending Gynaecologi-1. cal outpatient of SAT Hospital, Thiruvananthapuram for detection of precancerous and early cancerous lesions of the uterine cervix.

Assessment of Hormonal Status of pregnant women with 2. bad obstetric histories like repeated abortion, spotting in the early months of pregnancy etc.

Population screening for cervical cancer and precancer 3. from various cancer detection camps organised by the community Oncology Division of Regional Cancer Centre and a few smears from PHC Thrikadavoor, Quilon.

Cytodiagnostic aspiration and their interpretations from 4. patients attending the Centre, MCH, SATH, SCD Hospital, Pulayanarkottah, Dental College and a few nearby Government Hospitals, viz., General Hospital, W & C, Thycaud, District Hospital, Peroorkada, Taluk Hospital Chirayinkil etc.

Examination of fluids like ascitic fluid, pleural fluid, CSF, 5. Urine, Bronchial washings etc., for malignant cells from patients attending the Regional Cancer Centre, MCH, SATH, SCD Hospital and other nearby Government Hospitals.

6.	Examination of sputum for malignant cells from patie of RCC, SCD and MCH.		BLE		
		Analysis of	Cervi	cal Smear	rs
7.	Peripheral smear and Bone Marrow examination a reporting of patients of Regional Cancer Centre.	A detailed analysis of ce	ervical	smears sho	ows the followin
8.	Histopathological examination of surgical specime and review of Histopathology slides of patients refer	findings :- Lesions		No. of cas	es
	to Regional Cancer Centre from other Hospitals w biopsy slides/Blocks/Specimens.	Normal	-	2008	
9.	Teaching and Training.	Nonspecific inflammation T. V. Infection	-		0 associated wi lasias included
10.	Research work - Analysis of lesions and projects:				g with dysplasi
(a)	Fine Needle Aspiration Cytology of ENT lesion - 6 yes	Fungal infection	7.675	62	
	1984–1989.	H P. V. infection	1000 2000	1	— associated
(b)	Fine Needle Aspiration Cytology of Thyroid lesion -7 yea	Herpes virus infection			dysplasias.
	1983–1989.	Glandular cell hyperplasia		96	
(c)	Project - Cytological Evaluation of Atrophic Cervic	Reserve cell hyperplasia		57	
	Smears and Oestrogen application as an aid in diagnos problems.	Elladeoreneas		109	
22222	**************************************	Mild dysplasia		745 94	
(d)	Lectin Histochemistry.	Moderate dysplasia Severe dysplasia		39	
Gyna	ec Cytology	Atypical cells	_	27	
53	8 (73)	Dysplasia unclassified		80	
	During the year under report cervical smears were exam om 7938 women majority being from SAT Hospit			19	
Thiruv	ananthapuram. This is 794 smears less than that of t	Suspicious of malignancy		27	
orevio	us year. Detailed, analysis of the lesion is shown	Micro invasive Ca.		1	
Table	de a g	Malignant cells (Unclassified)	-	12	
		Invasive squamous Ca.		112 10	
		Adeno Carcinoma		10	
		Radiation change Miscellaneous		8	
		Unsatisfactory	_	111	
		Total		7938	
	81				

Population Screening in Thrikkadavoor

during the year out of which 4 cases of mild dysplasias, and cases of invasive squamous Carcinomas were reported.

Hormonal Cytology: During the period under report Vagir. smears were examined from 753 women for hormonal assessmer '2' and Table '3' respectively.

Non Gynaec and Aspiration Cytology including Body Fluids

During the period under report 5163 smears FNACs were examined from 4681 persons out of repeat smears and 237 belonged to miscellaneou various reasons like nonmentioning of the site n gnosis etc. These 719 smears were excluded fro Thus analysis was done in 4444 cases only out were body fluids and cyst fluids and 3319 were FN/

Chart 2: ANALYSIS OF BODY FLUID

	Malignancy	Suspicious	Non- Neoplastic	Toti
Ascitic fluid	36	14	272	32
Pleural fluid	54	9	220	28
Urine	1	2	181	18
CSF	13	2	284	29
Bronchial washings		_	1	
Gastric lavage	-	-	1	1
Pouch of Douglas	2	-	16	18
Pericardial fluid	3	1	6	1(
Cyst Fluids	2	-	5	1
Total	- 111	28	986	1125

The total number of smears examined in this group were From the PHC, Thrikkadavoor 226 smears were receive 1317 less compared to that of the previous year. One reason for this might be that FNAC was started in Medical College Hospital by the Department of Pathology.

Detailed analysis of fluids and FNACs are shown in Table

TABLE 3

Analysis of F.N.A.C.

from flui these 48:	2 we		Total	Malignant	Suspeciou	s Benign	Non- eoplastic
us group no definit om the an	te di nalys	Thyroid	1435	56	82	64 (Folli. Neopla.)	1233
of which	112	hando	672	198	23	nil	451
ACs.	- 1	Lymphnode	535	114	27	102	292
	- 1	Breast	125	36	8	nil	81
)S	- 1	Liver Oral cavity	101	21	4	nil	76
		Skin & subcut.	81	40	1	2	38
Non-		tissue	62	25	1	3	33
eoplastic	Tots	Bone Lung and Pleura	61	23	2	nil	36
		Salivary gland	36	6	nil	5	25
272	32;	ENT	34		3	1	18
220	28:		28	8	2	1	17
181	18	Male geni. tract	23	10	1	nil	12
	0.00	Abdominal Mass	16	4	nil	nil	12
284	29	Urinary system	7		nil	nil	5
1	1	GIT	6			nil	5 2 3
4	1	Retroperitonium	5	2	nil	nil	
17		Pancreas	4	- nil	nil	nil	4
16	18	Eye	4	1	nil	nil	3
6	10	57760060	1	nil	nil	nil	
5	-	Thymus	1	1	nil	nil	
	_1	Miscellaneous	82	2 13	6	2	61
986	1125	Total	3319	576	160	180	2403

Sputum Cytology

Sputum samples were examined from 645 patients and 14 patients the series was repeated. 3 to 5 or more samp were examined from each patient and hence the total sma examined were 5272. Compared to the previous year this w 322 patients less. Detailed analysis is shown in table 4.

TABLE 4

Analysis of Sputum Cytology

Lesion	Total No. o	f Cas
No malignant cells		
Fungus	1 <u>2</u> _22	1
Squamous metaplasia	_	1
Atypical cells/suspicious of malignancy		- 1 <u>1</u>
Squamous cell Carcinoma	_	
Adeno Carcinoma		-
Large cell anaplastic Carcinoma		1
Small cell Carcinoma		
Repeat sample		1
 Total	<u></u>	65

Buccal Smears

Buccal smears were examined from 97 patients for set 2 chromatin. Two smears were examined from each patient 2 Barr body was negative in 38 cases and positive in the rest of th cases.

Bone Marrow Aspirations

Bone marrow was examined from 743 cases. The detailed analysis is shown in Table 5.

TABLE 5

Analysis of Bone Marrow

	Lumphatic Loukeemia		71
1.	Acute Lymphatic Leukaemia		123
2.	A. L. L. Follow up Acute Myeloid Leukaemia	<u></u>	48
3.		-	22
4.	AML follow up Acute Leukaemia unclassified	-	4
5.	Acute Leukaenna unclassifica	_	24
6.	Chronic Myeloid Leukaemia	—	7
7.	C. M. L. follow up		4
8.	C. M. L. blast crisis		9
9.	Chronic Lymphatic Leukaemia	_	18
10.	Multiple Myeloma		1
11.	Multiple Myeloma follow up		2
12.	Plasma cell Leukaemia		1
13.	Hairy cell Leukaemia		45
14.	Non Hodgkin's Lymphoma infiltration		133
15.	NHL — No infiltration	0.02	5
16.	Hodgkin's disease infiltration		59
17.	H. D. No infiltration	_	4
18.	Neuroblastoma infiltration		4
19.	Neuroblastoma — No infiltration	62.4	4
20.	Neuroblastoma follow up		2
21.	Sezary syndrome		
22.	Carcinomatous infiltration	5 <u>55</u>	5 1
23.	Rhabdomyoscarcoma infiltration	—	
24.	Undifferentiated malignant cells	—	2
25.	Aplastic Anaemia	—	4
26.	Myelofibrosis	_	2
27.	Hypereosinophilic syndrome		1
28.	Others) (143
	Total		745

Total

30

HISTOPATHOLOGY

As in the previous years the main stress was on diagnos aspect which included detailed H. P. examination of surgic specimen of the centre and review of slides of patients referfrom outside hospitals which often involved recutting of blod or even reprocessing of specimens for special stain etc.

Total Cases

During the said period specimen from 2913 patients we examined out of which 1972 were from the centre and 94 were review slides. This is 425 cases more than that of the previous years. A detailed analysis is given in Table 6.

TEACHING AND TRAINING

This division actively participated in the teaching an training programme of the Medical College, Thiruvananthapuran The following categories of students were entertained.

M. B. B. S. Students

They are regularly posted in the Cytology Lab during the rotation posting in clinical Pathology and are given an insigh into cytological methods of diagnosis and their importance is patient management.

Post Graduate Students

Pathology Post Graduates of Thiruvananthapuram Medica College were given training in Cytology for 3 months during thei M.D. course and DCP candidates were given training in cytology, for 1 1/2 months. In addition to this the staff members of the Division discussed various topics of interest in Cytology in the morning teaching sessions organised in the Department of Pathology of the Medical College, Thiruvananthapuram. Dr. Elizabeth K. Abraham conducted a lecture-cum-slide discussion of Lymphomas for P.G. students of Medicine and Radiotherapy.

98 17 112 21 21 477 00 Total Malignant metastasis . 8 . . 8.3 00 neo-plasm -ucN 36 37 Malignant Primary 62 218 10 19 19 19 13 13 0 6 Carcinoma in situ LO. Uncertain benign/ Malignant 4 Benign 3 Small Intestine Salivary Gland Floor of mouth Hypopharynx Nasopharynx Oesophagus Other mouth Pharynx etc. Oropharynx Stomach fongue Site Gum N 0 52 45 46 48 49 20 5 20 40 42 43 44 41 5

Glance

10

at

Histopathology

0

TABLE

32

1	2	3	4	5	6	7	8	
153.	Colon				9			
154.	Rectum					3	3235	12
155.	Liver	8.65			11	520		11
156.	Gall Bladder	**	- 22	••	11	5	2	18
157.	Pancreas	1 A.	122	• •	1	6.4	÷ •	1
158.	Retroperitonium	• •	1944 - C	12:00	2			2
159.					4	1	3	8
160.	Other Digestive tract		1.1	1.6	1	1	201	2
	Nasal cavity	1			6	2 ~		9
161.	Larynx	5.50		1	16	1		18
162.	Lung	111			10	1	3	
163.	Plueura					1	3	14
164.	Thymus etc.	1				1	* *	1
169.	Bone Marrow				62	144		1
170.	Bone	2	1		21	144	1	207
171.	Conn: Tiss	2	3	• •		/	1	32
73.	Skin - other	6	2	12	26	4	2	37
74.	Breast — Female	7	2	1	52	35	6	102
75.	Breast — Male	1.000	1	9	136	25	÷	178
79.				*.*)	24.4	2	1.1	2
80.	Uterus	3	÷ •	A. 4.	5	3	600.0 •0•03	11
	Cervix	2	••	13	322	129	1	467
81.	Placenta	det.			1	1		-07

1	2	3	4	5	6	7	8	9
182.	Body Uterus			726	16	11		27
183.	Ovary	3	4		30	5	1	43
184.	Vagina	2.5	100	1	24	5		30
185.	Prostate	• •		100	10	2		12
186.	Testis		1	1.1	20		1	22
187.	Penis etc.				4	1	823	5
188.	Bladder				9	1		10
189.	Kidney		2123	1994	8		1000	8
190.	Eye		1		4	1		6
191.	Brain	1			13		1	15
193.	Thyroid GI.	1 9	1.15		49	13		71
194.	Oth. Endocr. Gl.	623	2/27	1412	(942)	1		1
195.	III Def. sit	3	1.1	1.1	11	5	* *	19
196.	Lymph node	1	1		126	67	150	345
100.	Miscellaneous		••		22	1997) 1997)		80
	Total	46	19	25	1825	746	172	2913

S Partick-

Post Graduates of other Departments of Medical Coller Thiruvananthapuram were given guidance in their thesis we which involved Cytological aspects. The thesis on Fine Nee Aspiration Cytology of Thyroid which Dr. B. Chandralekha y guiding last year was submitted to the university by a P student in Pathology during this year.

Besides these Pathology Post Graduates of Kottavam and Calicut Medical Colleges were also given one week training the interpretation of various cytology materials.

PARAMEDICAL COURSES

DMLT Students who were posted on a rotation bas for two weeks in batches of 4 to 5 students were given training in Cytopreparatory techniques.

B. Sc MLT students who were also posted in batches of two students who were also posted in batches of two students. to three students for 1 1/2 months were given practical training in Cytopreparatory techniques with demonstration of norm and abnormal smears, in addition to 13 to 15 lecture classes

B. Sc. MLT students of Gandhiji University, Kottayam we also given one week training in cytopreparatory techniques with demonstration of normal and abnormal smears.

General Nursing and Female Health Supervisor Trainee who were posted in the Division were also given training in collection, fixation and mailing of cervical smears, Register maintenance and their role in organisation of population screen ing and National Cancer Control Programmes.

Cyto-technician and Cyto-technologist Training Courses

Full time training courses are conducted for cyto-technicians (6 months) and Cyto-technologists (1 year) based on set The 7th batch of Cytoobjectives and specified curriculum. technicians has passed out in February 1991 and the 5th batch all age groups ranging from 2 months to 80 years and above with of Cytotechnologists in August 1990.

CME Programmes

Oncocytohistopathological CPCS are conducted in the In addition to this Dr. N. Sreedevi Amma participated centre. as a faculty member in the CME Programme on 'Nodular lesions of 'thyroid' organised by the Department of Pathology, Medical College, Kottayam and discussed the value of Fine Needle Aspiration Cytology in the diagnosis and management of nodular lesions of thyroid.

Research

Fine Needle Aspiration Cytology and scrape smears as an aid in the diagnosis of ENT Tumours - 6 years from 1984-1989.

An analysis of 1014 Fine Needle Aspiration Cytology samples received in our Laboratory from ENT sites was done to find out its value in the diagnosis and management of tumours in these sites. Samples were received from ear, nose, paranasal sinuses. pharynx, nasopharynx, Tonsil, vocal cord, glottis, epiglottis cricoid, larynx, pyriform fossa etc. Maximum number of cases were from larynx (199 cases - 21.03%). 68 samples (6.7%) were unsatisfactory and excluded from study. Out of the rest 946 cases 309 (32.66%) were malignant lesions. The predominent lesions were squamous cell Carcinomas (63.75%) 75 cases (27.2%) were reported as poorly differentiated Carcinomas, out of which 19 cases (6.15%) showed the morphology of Nasopharyngeal anaplastic Carcinoma. Other malignant lesions diagnosed were adenoid cystic Carcinoma, mucoepidermoid Carcinoma, adeno-Carcinoma, myeloma, ameloblastoma, neurofibrosarcoma, Sarcoma botryoides etc. Benign tumours like neurofibroma, plemorphic adenoma, and pigmented neuroectodermal tumour of infancy were also diagnosed. 78 cases (8.25%) were reported as suspicious or suggestive of malignancy. There was a good cytohisto correlation (100%-165 cases) for the positive cases reported. There was no false positive report in this series and false negative rate was low (3.7%).

maximum number of malignant lesions in the 7th decade. mean age for malignant lesion was 55.18, while those for inflan matory and benign lesions was 45.44 and mean age of total cases was 48.04.

Sex-wise analysis showed a male preponderance. The Male-Female ratio of the total cases was 3:1, while that inflammatory and benign lesions was 2.07 : 1 and that of ma gnant lesions was 6.19 : 1.

The study showed that FNAC is a valuable and simp diagnostic method for the management of lesions from EN sites especially of the paranasal sinuses and throat. No serio complications due to FNAC occurred in these cases.

Fine Needle Aspiration Cytology as an 2. Aid in the Diagnosis and Management of Thyroid Lesions

the past 7 years from 1983 to 1989 was done with a view to fin severe); 0.35% with Ca. In stitu changes; 4.36% were positive out the reliability and diagnostic significance. F.N.A.C. w done by cytopathologist using a 23 or 24 gauge needle and 5 10 ml. syringe after doing ultrasound and nuclear scan ar deliniating hypoechoic areas and cold nodules. During this period a total of 4799 cases were aspirated, stained by Papanicolaou technique (and a few by MGG stain) and reported. Out these 214 (4.6%) cases were reported as malignant lesions

This study showed that F.N.A. Cytology is a simple and reliable technique for the diagnosis of various lesions of Thyroid especially papillary, medullary and Anaplastic Carcinomas and Thyroiditis. It was also helpful to evaluate cold and hypoechoic nodules of Thyroid.

Cytological Evaluation of Atrophic Cervical 3. Smears and Oestrogen Application as an Aid in Diagnostic Problems

This has been done as a project in co-ordination with the Department of Obstetrics and Gynaecology, SATH.

During the last two years a total of 14,993 women, symptomatic as well as asymptomatic were cytologically screened in our centre by pap smear. Of these 3,940 were of the post menonausal age group. It was observed that 30% of them showed normal atrophic pattern; 36.3% with non-specific inflammatory nattern; 1.82% with specific inflammatory pattern (T. V., fungus. An analysis of FNACs performed in our laboratory durin Herpis etc.); 9.54% with dysplastic changes (mild, moderate, for malignancy and 1.64% presented an abnormal pattern. In the last category (64 cases) often we experienced real problems in interpreting the smears especially when there was marked autolysis and drying. For such cases, advised local oestrogen cream application for 5 consecutive days and a repeat cervical smear two days after stopping the cream application.

In almost all the cases there is an apparent 'Hormone various types. 4191 (87.12%) cases were benign or inflammator deafness' of malignant tumour cells to administration of oestrogen lesions and 404 (8,42%) were unsatisfactory smears. Predominal and will reveal clearly defined malignant tumour cells mixed malignant lesion diagnosed was papillary carcinoma (85 cases- with mature squamous epithelial cells. This helped us to give a 39,71%). The other malignant lesions were follicular carcinor definite diagnosis in problematic smears. Oestrogen appli-(21.96%), Large cell Anaplastic Carcinoma (13.55%), medullar cation as an aid in diagnosis in problem cases is based on evalu-Carcinoma (6.07%), Squamous cell Carcinoma (1.40%) anation of the background of the epithelial cells; a quantitative Carcinoma Thyroid unclassified (17.29%). Besides there was relationship of various cell types; and the degree of degneration group reported as follicular neoplasm, where it was impossiblef the abnormal cells; but not on any specific cellular criteria. Cytologically to say whether these were follicular adenoma From a total of 3,940 cases the cestrogen test was applied for 24 Carcinoma. Among the benign and inflammatory group 48 cases about 0.7%. In all cases oestrogen test is really helpful cases (10.14%) were reported as chronic Thyroiditis. In a fevro rule out or confirm the presence of a squamous carcinoma or a cases it was possible to diagnose granulomatous Thyroiditis. dysplasia of the uterine cervix or vagina.

Potential application of Jack fruit lectin as a 4 diagnostic marker in exfoliative cytology and Histology of broncho pulmonary neoplasia

An N-acetyl D-galactosamine specific lectin was isolat from the seeds of jack fruit (artocarpus integrifolia) and conjugat to horse radish peroxidase (HRP). The purified conjuga was used for histo-cyto-chemical studies of benign and malign lesions of the respiratory tract using diaminobenzidine (DAt as substrate on ethanol-ether (1:1) fixed thin film of cvtologi smears and deparaffinised tissue sections. Diagnostic accura of the Jack Fruit Lectin (JFL) labelling on cytological smears a tissue sections were compared with that of Papanicolaou and Hematoxylin-Eosin staining methods respectively.

Forty cases of sputum samples from patients with beni respiratory tract lesions, 20 squamous cell Carcinoma, 16 ade Carcinoma, 12 small cell anaplastic Carcinoma and 5 large c anaplastic Carcinoma were used for the cytochemical stur Corresponding histopathological cases were used for compari the binding pattern of the lectin. The lectin binding was stro in squamous cell Carcinoma, large cell anaplastic Carcinoma a adenocarcinoma. We have observed variations in the bindir 3. pattern in different carcinomas, though the nature of binding w eventually similar in cytology and histology.

nonsialated forms of membrane glycoconjugates and since the less than fully differentiated forms may appear on the surfa of malignant cells than their normal counterparts, JFL may of use as a diagnostic marker. The ready availability, the ca of preparation in purified form and the fact that the lectin can conjugated to any diagnostic marker make the lectin a potent histochemical reagent for exfoliative cytology. This stu was done in association with the Research Division of R.C. and the Department of Pathology, Medical College. Thiruvana thapuram.

sarcomas was done in collaboration with Department of Patholog

Medical College, Thiruvananthapuram. This was a Science and Technology assisted project (2 years)

Conferences, Symposium, Seminars and Workshops attended

- Dr. N. Sreedevi Amma:
- 1. XX Annual Conference of IAC, J. N. Medical College Belgaum on 30th and 31st October 1990.
- Symposium and workshops on Colposcopy and Cervico-2 graphy, Coimbatore 18th to 20th January 1991.
 - CME Programme (Faculty Member) at Medical College Kottavam on 26-1-1991.
- Kerala Chapter, IAPM, SCT Medical Centre, Thiruvanan-4. thapuram January 27th 1991.
- Dr. B. Chandralekha:
- Kerala Chapter IAPM, Medical College, Alleppev on 14-7-90 1
- xx Annual Conference of IAC, J. N. Medical College 2. Belgaum 30th and 31st October 1991.
- CME Programme at SCTIMST on 26 1-1991.
- Kerala Chapter IAPM at SCTIMST on 27-1-1991. 4
- Dr. Elizabeth K. Abraham:
- JFL was reported to be capable of recognising incomple 1. Kerala Chapter IAPM at Alleppey Medical College on 14-7-1990.
 - 2. CME Programme at SCTIMST on 26-1-1991.
 - Kerala Chapter IAPM at SCTIMST on 27-1-1991. 3.

Dr. G. Rajasekharan Pillai:

Attended the demonstration of 'Coulter flow Cytometer' and participated in the discussions held at Kidwai Memorial Institute, Bangalore on 26-3-1991.

Sri. Raveendran Pillai :

5. Immunohistochemical staining on childhood Rhabdo-my 1. XX Annual Conference of IAC, J. N. Medical College, Belgaum, 30th and 31st October 1990.

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- 2. III Annual Conference of the Society for Research. Polyunsaturated Fatty Acids, December, 5, 6, 7 Thiruva anthapuram.
- 3. CME Programme on 'Science in the Service of Medicine' Kerala Academy of Sciences (Life Science Chan January 25, 1991, Medical College, Thiruvananthapuran
- Kerala Science Congress, February 28 to March 3, 19 4. Kozhikode.
- National Seminar on Applied Immunology conducted 5. Indian Immunological Society, Department of Biotechnolog Government of India and STEL, Government of Kera March 24, 1991, Medical College, Trissur.

Smt. Molvkutty John:

- 1. XX Annual Conference of IAC, J. N. Medical Collect Belgaum 30th and 31st October 1990.
- CME Programme on 'Science in the Service of Medicine' Kerala Academy of Science (Life Science Chapter) Janua 25, 1991, Medical College, Thiruvananthapuram.

Papers Presented in Conferences/Published

Dr. N. Sreedevi Amma:

- 1. 'FNAC and Scrape Smears as an Aid in the Diagnosis ENT Lesions', XX Annual Conference of IAC, 199 Belgaum.
- 'Evaluation of Cervical Cytology' Crab. 2.
- Dr. B. Chandralekha :

FNAC as an Aid in the Diagnosis and Management Thyroid Lesions - XX Annual Conference of IAC, 199 Belgaum sent for publication.

Dr. Elizabeth K. Abraham

Chapter meeting held at SCTIMST.

Malignant Systemic Mastocytosis - Sent for publication

Sri Raveendran Pillai, K .:

2.

- Potential application of Jack fruit lectin as a diagnostic marker in exfoliative cytology and histology of broncopulmonary neoplasia - XX Annual Conference of IAC, Belgaum, 1990.
- Serum lipids, lipid peroxide and ceruloplasmin levels in the premalignant and malignant lesions of the oral cavity ----2. a preliminary study - III Annual Conference of the Society for Research on Poly unsaturated fatty acids - Symposium on Biological oxidation and poly unsaturated fatty acids 1990. Thiruvananthapuram.
- Jack Fruit Lectin as a diagnostic marker in Lung Cancer -3. paper presented and published in the proceedings - III Kerala Science Congress, 1991, Kozhikode.

Smt. Molykutty John:

- Cytologic evaluation of atrophic cervical smears and oestro-1... den application as an aid in diagnostic problems - XX Annual Conference of IAC, J.N. Medical College, Belgaum 30th and 31st October 1990. This paper has won the Jwala Devi Award for the best paper presented by Cvtotechnologists in the conference.
- Evaluation of Cervical Cytology in the diagnosis of Cervical 2 Malignant and Pre-Malignant lesions - Accepted for publication.

Other Activities

This Division played an active role in the early cancer detection programmes of the centre. The staff of this division both medical and paramedical actively participated in various cancer detection camps organised by the community oncology division and were given facilities to collect cervical smears and FNAC 1. Presented two Interesting and Problem cases at the IAPI at the camp site and helped in the follow up of positive cases.

DIVISION OF IMAGEOLOGY

Dr. K. Sasidharan	:	Professor
Dr. V. Padmanabhan	:	Associate Professor
Dr. Alex K. Ittyavirah	ŧ.	Associate Professor
Dr. V. M. Pradeep	1	Assistant Professor
Dr. K. Ramachandran	ŝ	Assistant Professor
Mr. Raghuram K. Nair	5	Assistant Professor
Dr. A. S. Krishna Kumar	;	Lecturer

Clinical Services :

Two major X-ray equipments started functioning this year A 500 mA X-ray machine with fluroscopy and tomograph attachment was installed and started functioning from Jum 1990.

X-ray computerized tomographic scanner donated to the Government of Japan under JICA programme was installe and started functioning from August, 1990.

19,795 new cases were registered during the year 1990-9 The break up of various imaging investigations and iodir therapy done during the period is as follows:

General ultrasonography		7011	
Thyroid ultrasound/isotope scan		6822	
Isotope scan of liver, bone, kidneys, brain etc.		1051	
lodine 131 therapy		128	
Mammogram	-	192	
X-ray investigations	_	3634	
CT Scanning		945	
CT/US guided needle aspiration	-	. 12	
Radio-immuno assays		27564	

Tests for testosterone, progesterone, growth hormone, free T3, free T4 and cortisol were the newer assays started this year. [131 therapy for thyroid cancer was started and one patient was treated. CT Scanning was fully utilized during this period. Half of the cases were for body scanning. Seventeen cancer patients of low income group were scanned free of cost. X-ray mammograms showed a considerable increase in number.

Interviews for three posts were held and appointments were made for the post of Professor and two Assistant Professors.

Academic activities ;

Training was given to undergraduates, post-graduates and MLT students.

Regular symposia, journal clubs and presentation of interesting cases were done regularly every week.

Regular training in ultrasonography was given to doctors from health services, other government and private institutions.

Dr. K. Sasidharan gave talks on 'CT of Liver Lesions' in the CME Programme at Department of Gastroenterology, Medical College Hospital, Trivandrum on 'Physical energy in diagnosis and treatment in Medicine' in the CME programme by the Life Sciences Chapter of Kerala Academy of Medical Sciences, Medical College Hospital, Trivandrum and on 'Fetal Imaging, at CME by Department of Child Health, S. A. T. Hospital, Trivandrum.

Dr. V. Padmanabhan attended CME Programme in Medical Imaging at Apollo Hospital, Madras from December 28-30, 1990.

Mr. Reghuram K. Nair carried out research work at All India Institute of Medical Sciences, New Delhi from April 3 to May 25, 1990.

Dr. K. Sasidharan and Dr. K. Ramachandran attended training in CT technology and application in Japan from 27th November to 19th December, 1990.

Mr. Reghuram K. Nair attended one week training in a maintenance and handling of Isotope Calibrator at BAs Bombay in March, 1991.

Papers Presented/Published :

- K. Sasidharan, V. G. Chellam, P. Kusuma Kumary, Krishnan Nair. "Ultrasonographic Features and Patholog Correlation of Wilms tumor" 44th Annual Congress Indian Radiological and Imaging Association PU 10–13, January, 1991.
- K. Sasidharan, K. Ramachandran, V.M. Pradeep, P. Kusu Kumary, N. Surendran, M. Krishnan Nair. "Disappean Interface in Ultrasonography". Ind. Jour. of Rad. a Imaging 44: 169–171, 1990.
- V. Padmanabhan. 'Quality Control Studies in Gam cameras; Association of Medical Physicists of India, Ker Branch Meeting, Calicut, February 10, 1991.
- Reghuram K. Nair. TC 99m Mag 3: Can it be a via alternative to TC-99m DTPA? Indian Journal of Nucl. Medicine, 6-1-1991.
- Reghuram K. Nair., 'Quality Control in Mammography the evolving pattern over the last decade'. Associate of Medical Physicists of India, Kerala Branch Meeter Calicut, February, 10, 1991.
- V. M. Pradeep, V. Padmanabhan et al. 'Sonograph evoluation of operability of Malignant cervical lymnodes'. American Journal of Clinical Oncology (und publication).
- V. M. Pradeep et al. 'Fetal Goitre a case detect by ultrasonography'. Journal of Clinical Ultrasour (accepted.)
- V. M. Pradeep et al. 'Anomalous position of gall bladderultrasonographic and scintigraphic demonstration of fo cases'. Journal of Clinical Ultrasound (under publication)



Sri. E. K. Nayanar, Hon. Chief Minister, laying the foundation stone of the II Phase Building of the R.C.C. on 14/11/1990, in the presence of Sri A. C. Shanmukhadas, Hon. Minister for Health.



Sri. E. K. Nayanar, dedicated the "Shimadzu" C. T. Scanner, donated by the Japanese Government to the R.C.C. in the presence of Ministers Sri. A. C. Shanmukhadas and Sri. V. Viswanatha Menon on 10/8/1990.

 V. M. Pradeep. 'Acute Cholecystitis' — need for caution in sonographic diagnosis. Kerala Medical Journal (under publication).

- V. N. Bhattathiri, K. Sasidharan, L. Sudha, B. Rajasekharan Pillai, A. Sudhakaran, M. Krishnan Nair. 'Intra-oral dental radiology: "A neglected investigation in oral cancer". IJIR: 1, 59–60, 1991.
- V. N. Bhattathiri, K. Sasidharan et al. "Periodontal space — Major route of spread to bone in oral cancer". European Journal of Cancer 27 (2): 222, 1991.
- V. N. Bhattathiri, L. Sudha, Rajasekharan Pillai, A. Sudhakaran, K. Sasidharan and M. Krishnan Nair. "Periodontal invasion in oral cancer". Anti Cancer Research 10: 53, 1448, 1990.

DIVISION OF RADIATION PHYSICS

1.	Dr. T. P. Ramachandran	5	Associate Professor
2.	Shri P. G. Gopalakrishna Kurup	ŝ	Associate Professor
З.	Shri C. A. Davis	ł	Assistant Professor
4.	Sri T. S. Elias		Lecturer

Patient Services

For patients undergoing teletherapy and brachythera; treatment planning and related dose computations were can out routinely. The following numbers of cases were plann during the year.

External	Beam	Therapy	
Brachyt	herapy	,	

Intracavitary treatment using Selectron Remote Afterloading System	-
Interstitial Implants	-
Intracavitary treatment for Carcinoma Oeso- phagus	
Mould treatment (for Carcinoma Palate, Car- cinoma Penis etc)	_
Carcinoma Cervix Uteri cases treated with Manual Afterloading: using Caesium-137	_
Treatment using Selectron remote afterloading system for lesions: in the orbit and rectum by using specially fabricated devices	

Plaster of Paris shells were made for patient immobilisati in radical external beam therapy for head and neck cance For shielding in mantle treatment for lymphomas, individualis shielding blocks were made using low melting alloy and styroform cutting system fabricated here. Random do monitoring in the case of patients undergoing external bea therapy was carried out by using TLD chips.

Research activities

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The AERB funded research project 'Dose to Thyroid and eyelens in radiotherapy especially in the cases of the cancer of the upper trunk and head and neck regions' continued for this year also.

This division is participating in the Department of Atomic Energy funded project on 'Natural Background Radiation Cancer Registry' with regard to the dose measurements in the area.

Accreditation for Radiological Testing

This laboratory has been accredited by the Dept. of Science and Technology, Government of India for radiological testing and calibration for radiation monitors like area survey instruments, field monitors and personnel monitoring dosemeters and for radiation sources like diagnostic X-ray machines, therapy X-ray machines, Cobalt machines and medical accelerators.

Quality assurance of the following radiotherapy equipments was carried out.

Linear Accelerator		1	
Cobalt - 60 teletherapy machines	-	2	
Radiotherapy Simulator	—	1	
Selectron Remote Afterloading System	-	1	
Radium Sources	-	603	mgs.
Caesium — 137 sources	-	673	mCi

Routine calibration, checking and quality assurance tests on all the machines were undertaken which ensured proper dose delivery. Due to the routine checks and consequent preventive maintenance in the machines, the downtime was reduced considerably and treatment could be given to the patients without much interruption.

The division is maintaining the necessary instruments for therapy beam calibration, radiation safety surveys etc.

Radiation Safety Activities

Personnel dose monitoring is carried out using film badge for 90 radiation workers of the Regional Cancer Centre, Radio diagnostic Department of Medical College Hospital, SAT Hospita and Dental College. Radiation Protection Surveys were carrier out periodically in therapy machines and brachytherapy section to ensure safety to radiation workers and the public.

This division extends the necessary physics support to Department of Radiodiagnosis in the Medical College Hospity and SAT Hospital. Acceptance tests of newly installed machine periodic quality assurance tests, planning of X-ray installation possible repairs of equipments etc are some of the activitie undertaken by the division in this regard.

Academic Programme

Physics teaching and training were imparted to the following categories of students.

M. D. Radiotherapy

M. D. Radiodiagnosis

DMRT, DMRD, CRA, Third Year MBBS, Third year B.Sc Nursing and Third year M. Sc. Nursing.

Training was imparted to one Physicist from General Hospital, Ernakulam for one month and to one student of the M. Sc. Medical Physics course of the Anna University, Madras.

Sri T. S. Elias got registered for Ph.D. in the University of Kerala.

Participation in Workshop/Meeting

 Sri T. S. Elias participated in the Nucletron Treatment Planning System., Workshop-cum-familiarisation held at MNJ Cancer and Radium Institute, Hyderabad during 23–25 July, 1990. Sri C. A. Davis participated in the Xth International Conference on the use of computers in Radiation Therapy held at the Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, during November 11–14, 1990.

- Sri C. A. Davis participated in the Colloqueum on Computerised Treatment Planning for developing countries held on November 17, 1990 at the Nanavathy Hospital and Medical Research Centre, Bombay.
- Dr, T. P. Ramachandran and Sri P. G. Gopalakrishna Kurup participated in the Nucletron Treatment Planning System Workshop-cum-familiarisation held at Cancer Institute, Advar, Madras held during February 28 to March 3, 1991.

Distinguished Visitors

- Dr. Edward S. Sternick, Director, Medical Physics Division, New England Medical Centre Hospital, Massachusettes, USA visited this centre on 7th November and gave two lectures on "Quality Assurance in Radiotherapy".
- J. M. Wilkinson, Principal Physicist, Christie Hospital & Holt Radium Institute, Manchester, U. K. visited this centre and delivered lectures on the following topics on 20th and 21st November 1990.
 - (a) A Prototype Multileaf Collimator System.
 - (b) Specification of a Treatment Planning Computer.

(c) High Dose rate Microseletron.

DIVISION OF CLINICAL RESEARCH

Dr. R. Sankaranarayanan	1	Associate Professor of Cancer Epi demiology & Clinical Research
Dr. Cherian Varghese	9	Assistant Professor of Cancer Ep demiology & Clinical Research
Miss Aleyamma Mathew	1	Lecturer in Computational Stati, tics & Electronic Data Processin

The Regional Cancer Centre, Trivandrum is probably the first comprehensive cancer centre to start a separate clinic research division in India. The broad objectives in initiating this programme are the following:--

- Assistance in protocol development, implementation monitoring and evaluation of clinical research programma including clinical trials.
- To provide statistical support systems for analysis a reporting.
- To develop a need oriented clinical audit and hypothes generation for clinical trials.

This division closely interacts with the hospital tume registry programme, medical records, clinical department pathology and the National Cancer Database in view of the inteactive nature of the objectives. The medical personnel of the division mandatorily spend 30% of their working hours in the clinical services of the centre. It is only the 6th month of existence of this division. During this time specific research propose have been taken up and implemented.

We have received a grant of Rs. 56,000/- to evaluate chemopreventive potential of Multin, which is a Spirulina Algerextract containing betacarotene, lutein lycophene, canthoxanthemetc. This project is expected to run for 1½ years. The subject recruited for the study will be those with oral precanceroulesions; the end points will be complete disappearance of the precancerous lesions, microscopic parameters like the polarit of cells and serum analysis for micronutrients.

We have initiated a randomized clinical trial comparing Adriamycin and its analogue Mitoxantrone in collaboration with the Medical Oncology Division and Cardiology Dept. of Medical College, Trivandrum.

This division has completed two ICMR supported student summer fellowship programmes. The details are as follows:-

- Evaluation of survival and pattern of failure in cancer of the oral cavity treated with radical radiotherapy with or without concomitant chemotherapy by Mr. Eswar Krishnan, IV Year Medical Student, Medical College, Trivandrum. This project has been completed and a report has been submitted to ICMR. A scientific paper based on the findings has been submitted to "Cancer". The 5 year disease free survival was of the order of 34%.
- Evaluation of survival and pattern of evaluation in cancer of the breast by Mr. Sukumaran Nair, IV Year Medical Student, Medical College, Trivandrum. The Project report has been submitted to ICMR and a scientific paper based on the findings has been prepared for submission to National Medical Journal of India.

The division had submitted 3 new summer student fellowship programmes to the ICMR for the year 1991-92 which have been approved.

- Independent prognostic factors and treatment related to survival in multiple myeloma by Mr. Eswar Krishnan, Final Year MBBS Student, Medical College, Trivandrum.
- Retrospective analysis of the cancer of the Oropharynx and Larynx treated at the Regional Cancer Centre, Trivandrum by Miss O. V. Suma, Final Year MBBS Student, Medical College, Trivandrum.
- Clinical profile of carcinoma larynx in Kerala by Miss Srividya Bhasker, Final Year MBBS Student, Medical College, Trivandrum.

The work on these projects has already been started. Technical assistance is provided to a study on survival analysis of cervical cancers sponsored by the National Cancer Database This will be published as a monograph of cervical cancer in India. This division has started giving active support to research programmes in the Medical College, Trivandrum and other sister institutions. A regular ongoing teaching programme in clinical research and biostatistics is being developed.

Papers published and in print:

- Epidemiological leads to cancer control in India Unde print — Cancer Causes and Control, 1991; 3: 263–265.
- 2. Pattern of childhood cancer in India Lancet (in print
- Independent predictors of response and disease free suvival in oral cancer treated with radical radiotherapy – Cancer, (in print).
- Risk factors for cancer of the Oesophagus in Kerala, Ind. Int. J. Cancer. (inprint).
- Cancer Control Programme in India Opportunities fe implementation and evaluation. Int. J. Cancer. (in print)

DIVISION OF RESEARCH

1.	Dr. Prabha Balaram	10	Associate Professor
2.	Mr. Thomas Abraham	1	Scientific Officer
3.	Mr. Ravindran Ankathil	0	Scientific Officer
4.	M/s. P. Remani	l.	Lecturer
5.	M/s. Mollykutty John	13	Lecturer

Major activities during the year centred round immunological molecular, biochemical and cytogenetic aspects of cancer.

On the immunological front, the blocking effect of serum from patients with cancer of the oral cavity and uterine cervix and the expression of various cytoskeletal proteins in oral cancer lesions were investigated. The blocking effect of patients serum on autologous lymphocytes was carried out in 100 oral cancer patients and 30 cervix cancer patients. The most interesting features noticed were (1) an enhancing effect of serum from some patients in T lymphocyte rosette formation and leucocyte migration inhibition test and (2) the increase in number of patients with blocking sera in advanced stages of the cancer namely, stage 1:38%, State 11:55%, stage 111:63% and Stage IV 63%. The degree of blocking, however, had no correlation with the concentration of reported immunosuppressants such as CIC, ferritin or with the various immunoglobulin levels. The circulating immune complexes (CIC) isolated from these sera invariably showed blocking on these parameters irrespective of the blocker/enhancer status of the sera. This study points towards the presence of immune enhancers in the serum, which is yet to be characterised. Immunohistochemistry using anti cytoskeletal antibodies showed alterations in the expression of cytoskeletal proteins mainly keratin subtypes, vimentin involucrin, laminin and collagen IV. These alterations are to be compared with those in leukoplakia in order to identify markers with potential for early detection of carcinomas.

The potential of plant products as diagnostic agents cancer diagnosis was explored using a number of locally avail. able seeds and leaves. Jack fruit lectin and peanut lectin isolated earlier in this laboratory from jack fruit seeds and peanut shown differential staining of malignant cells and could be used as ca of the markers of cancer cells. These were characterised intense membrane and cytoplasmic staining, the intensity showing a direct relation to the dose of radiation received. Polysaccharide isolated from the seeds and leaves of Mangifera indica, Tamrindu indica, Murraya Koenigii and Punica granatum were found to b bioactive. The polysaccharides isolated from Mangifera india Tamarindus indica and pericarp of Punica granatum showed hemagglutinating activity while those from Tamarindus inde and Murraya koenigii also exhibited enhancement of neutroph phagocytosis and leucocyte migration inhibition, thus suggesting an immunomodulator activity. In our preliminary experiment with oral cancer patients, the degree of phagocytic enhancement by these polysaccharides appeared to be higher in carry patients. Estimation of glutathione levels in plasma, who blood and red cells of oral cancer patients showed an increase in the plasma levels with no variation in the whole blood ore cell levels.

Cytogenetic analysis of Acute lymphoid leukemia (6 which had been started last year was continued. The inits bone marrow karyotyping pattern was found to correlate with prognosis and survival pattern of these patients. Patients showing > 51 chromosomes had the best prognosis with a mediur survival period of 32 months. Those patients with normal kan otype or with the deletion of the long arm of chromosome showed an intermediate prognosis with a median survival period of 18 months. Patients with Ph chromosomes and translocatic showed poor prognosis with median survival period of 11 montr and 9 months respectively. Patients with trisomy 21, 8 and 1 were associated with the worst prognosis with a mean surviperiod of 5 months. These results suggest the potential user karyotyping in the prediction of response to therapy.

Ongoing Projects Agency Investigators Title Dr. Jagadeesh Chandran 1CMR Epidermal growth (Research Associate) under factor receptor Dr. Prabha Balaram status as a prognostic indicator - An evaluation DST Mr. Thomas Abraham 2. Cytoskeletal pro-Govt. of Dr. K. Ambika teins as markers Kerala (Dental College) of malignant Mr. S. Kannan transformation ICMR Dr. Prabha Balaram Characterisation 3. Dr. T. K. Padmanabhan of serum blocking factors in cancer Ongoing Colloborative Projects DST Dr. P. K. Rajan 1. Synthesis of anti-Dr. K. K. Vijavan Govt. of tumour peptides Kerala **ICMR** 2. A clinical and ICMR Research Associateship. Dr. Vineetha immunological Cheriyan under superstudy on corneal vision of Dr. K.P. Kannan transplantation Dr. Prabha Balaram Dr. Prasanna

Projects Sanctioned in 1991

Investigators	Agency
cer	ICMR
	Dr. Prabha Balaram Dr. P.G. Jayaprakash Dr. S. Parameswaran

2.	Effect of vitamins on carcinogenesis by betel quid ingredients	Dr. T. Vijayakumar Mrs. P. Remani	DST, Kerala Govt.
3.	Clinical signifi- cance of chromo- some studies in multiple myeloma patients	Mr. Ravindran Ankathil Dr. Jayaprakash Madhavan	DST, Kerala Govt.
4.	Search for on- cogenic viruses as- sociated with pre- malignant and malignant lesions of uterine cervix	Dr. T. Vijayakumar Mr. Ravindran Ankathil Dr. Elizabeth Abraham	ICMR
5.	An evaluation of immunoregulatory proteins as a pro- gnostic indicator in oral cancer	Dr. Prabha Balaram Mrs. Girija Meenattoor	DST Kerala Govt.
6.	Search for biolo- gical markers in malignant and pre- malignant lesions of oral cavity.	Dr. T. Vijaya Kumar Mr. Ravindran Ankathil	ICMR
P٤	aper Published/pre	sented at conferences	1
1.	Prabha Balaram, F T. K.: Stage relat by interferon alp	Radhakrishna Pillai, M. and Pa ted augmentation of depress ha and interleukin-2 in ca	ed immunity

uterine cervix. Biomedicine 10: 3-8, 1990.
 Remani, P., Joy, A., Vijayan, K. K., Ravindran, A., Haseena Beevi, V. M., Vasudevan, D. M., and Vijayakumar, T.: Jack fruit lectin binding pattern in carcinoma of the uterine

cervix. J. Exptl. Path 5: 89-96, 1990.

 Ravindran Ankathil, Vijayakumar, T., Remani, P., and Krishnan Nair, M.: Sister chromatid exchange frequencies in patients with premalignant and malignant lesions of oral cavity. Anticancer Res 10(5) : 1462, 1990.

- Kannan, S., Kartha, C.C., Prabha, B., Joy, A., Nalina Kumary K.R., Hareendran, N.K. and Krishnan Nair, M.: Evaluation of the potential use of electron Microscopy in early detection of malignant changes in oral leukoplakia. Proceedings of the 3rd Kerala Science Congress 241–243, 1991.
- Girija Meenattoor, Prabha Balaram, Nalinakumari, K. R, Sudha, L., Hareendran, N. K., and Krishnan Nair, M.: Erythrocyte rosetting by CD-2 receptor bearing lymphocytes as a reliable index of immunoregulation in oral cancer patients-A Preliminary report. Proceedings of the 3rd Kerala Science Congress 232–233, 1991.
- Sreelekha, T. T., Vijayan, K. K., Vijayakumar, T. and Paul Sebastian: Search for bio-active Polysaccharides—A preliminary study. Proceedings of the 3rd Kerala Science Congress: 250–251, 1991.
- Radhakrishna Pillai, M., Prabha Balaram, Chidambaram, S. Padmanabhan, T. K. and Krishnan Nair M.: Development of an immunological staging system to prognosticate disease course in malignant cervical neoplasia. Gynaecologic Oncology 37: 200–205, 1990.
- Rajendran, R., Remani, P., Vijayakumar, T. and Vasudevan, D. M.: Total hemolytic complement (CH 50) and its fractions (C3 and C4) in the sera of patients with premalignant and malignant lesions of oral cavity. Annals of Dentistry 49: 36, 1990.
- Anil, S., Remani, P., Ravindran Ankathil and Vijayakumar T.: Circulating immune complexes in diabetic patients with periodontitis. Annals of Dentistry, 49 (2): 3, 1990.
- Prabha Balaram, Radhakrishna Pillai, M., Hareendran, N.K., Padmanabhan, T.K., and Krishnan Nair, M.: Concanavalin–A induced suppression as prognostic indicator in cancer of

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the uterine cervix. Proceedings of the 3rd Kerala Science. Congress, 236-238, 1991.

- Anil, S., Hari, S., Remani, P., Ankathil, R., and Vijayakumar, T.: Cell mediated and humoral immune responses in patients with localised juvenile periodontitis. Bull, Kanajawa Dental College 18: 3, 1990.
- Ravindran Ankathil : Chromosome studies in cancer, Proc. Natl. Symp. Appl. Immunol 21--22, 1991.
- Radhakrishna Pillai, M., Prabha Balaram, Hareendran, N.K. Bindu, S., Padmanabhan, T. K. and Krishnan Nair, M.: Clincial and prognostic significance of concanavalin-A. induced suppressor cell activity in malignant cervical neoplasia. Brit. J Obstet Gynaecol 97: 357–361, 1990.
- Anil, S., Remani, P., Vijayakumar, T., and Hari, S.: Cell mediated immune responses in diabetic patients with periodontitis. Oral surg Oral Med Oral Path 70: 44, 1990
- Vijayakumar, T. Tumour Markers in Head and Neck Cancer. Proc. 23rd Ker. Dent. Conf., 9–20, 1990.
- Anil, S., Hari, S., and Vijayakumar, T. Periodontal conditions of a selected population of Trivandrum District Kerala, India. Community Dent. Oral Epidemiol 18: 325 1990.
- Radhakrishna Pillai, M., Prabha Balaram, Kannan, S. Sudha, L., Nalinakumari, K. R., Hareendran, N.K., and Krishnan Nair, M. Clincial implications for oral precancers of interferon activation of latent natural killer cells and alteration in kinetics of target cell lysis. Oral Surg Oral Med Oral Pathol 70 : 458–61, 1990.
- Raveendran Pillai, K., Remani, P., Joy Augustine, Sreedevi Amma, N., Krishnan Nair, M., and Vijayakumar, T.: Jack fruit lectin as a diagnostic marker in lung cancer. Proc. 3rd Kerala Science Congress 220–231, 1991.

Conferences attended:

- Prabha Balaram: XXIV Annual Convention of the Indian College of Allergy and Applied Immunology, Trivandrum October 1990.
- 2. Ravindran Ankathil: XX Annual Conference of Indian Academy of Cytologists, Belgaum, October, 1990.
- Dasan, E. V.: National Symposium on Biotechnology, Cochin, 1990.
- Remani, P.: XXIV Annual Convention of Indian College of Allergy and Applied Immunology, Trivandrum, 1990.
- Hasseena Beevi: XXIV Annual Convention of Indian College of Allergy and Applied Immunology, Trivandrum 1990.
- Hareendran, N.K.: 3rd Kerala Science Congress, Kozhikode, 1991.
- Ravindran Ankathil. : Xth Annual Convention of Indian Association of Cancer Research, Bombay, 1991.
- Prabha Balaram: 3rd Kerala Science Congress, Kozhikode 1991.
- Kannan, S.: 3rd Kerala Science Congress, Kozhikode 1991.
- Girija Meenattoor: 3rd Kerala Science Congress, Kozhikode, 1991.
- Sreelekha, T.T.: 3rd Kerala Science Congress, Kozhikode, 1991.

Guest Lectures:

- Thomas Abraham: Lecture on Genetic Engineering at the Inservice Course on Zoology for Government College teachers, Trivandrum, March, 1991.
- 2. Prabha Balaram: Lectures on

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A.

- (a) Monoclonal antibodies
- (b) Molecular biology of Malignant transformation-at the Inservice Course on Zoology for Government College teachers, Trivandrum, March 1991.
- 3. Prabha Balaram: Lectures on
 - (1) Advances in Immunology
 - (2) Monoclonal antibodies and
 - (3) Immune systems and cancer at the Refresher Course for College teachers, Mahatma Gandhi University.
- Ravindran Ankathil: Lecture on "Chromosome studies in Cancer". at the National symposium on Applied immunology, Trichur, 1991.
- Ravindran Ankathil: Lecture on "Chromosome abnomalities and Cancer — I and II" at the Inservice course in Zoology for Government College teachers, Trivandrum, 1991.
- Prabha Balaram: Lecture on "Diagnostic procedures in immune deficiency disorders" at the XXIV Annual Convention of the Indian College of Allergy and Applied Immunology, October, 1990.
- Prabha Balaram: Chairperson of a session on Applied Immunology at the XXIV Annual Convention of the Indian College of Allergy and Applied Immunology, October 1990.

Trainings/Workshops participated

- Dr. Prabha Balaram: 'Workshop on cloning and characterization of Animal genes' at the Department of Bicchemistry, Bose Institute; Calcutta, 1990.
- Dr. Prabha Balaram: AMBO International training course on "Detection of DNA Aberrations in Cancer Cells" held at the National Cancer Centre Research Institute, Tokyo, Japan, 1991.

- Ravindran Ankathil: Indo-US workshop on Molecular Cytogenetics at KMIO, Bangalore, December 1990.
- Thomas Abraham: Workshop on Flow Cytometry "Complete Cell Analysis" at Bangalore, 1991 (March).

Ph D thesis

- 1. Biological markers in Squamous Cell Carcinoma.
- Plant lectins and their binding patterns in human malignant tumours.
- 3. Immunopathological studies on oral leukoplakia.
- Immunoregulation in squamous cell carcinoma of the oral cavity.
- 5. Studies on bioactive polysaccharides.
- 6. Effect of radiosensitisers on radiation damage.
- Molecular markers in cancer of the uterine cervix Oncogene expression.

Clinical Services:

Hematology	() - ()(1,00,200
Biochemistry	-	42,000
Urine, CSF & Others		19,800
Serum immunoglobulin		120
Cytogenetics (Karyotyping)		10
Total number of routine investigations	_	1,62,140
		the second secon

DIVISION OF MEDICAL RECORDS AND STATISTICS AND HOSPITAL CANCER REGISTRY (N.C.R.P.)

Mr. P. Gangadharan	t i	Associate Professor
Dr. R. Sankaranarayanan	:	Associate Professor
	1	Senior Research Officer & Assistant Professor
Mr. S. Muraleedharan Nair	4	Medical Statistician
	2	Medical Records Officer
Mrs. G. Padmakumari Amma	1	Senior Research Fellow

Medical Records and Statistics

During the year 1990, the new patient registrations numbered 6048, almost 15% more than in 1989, and almost 70% more than in 1982.

The patient statistics for the year 1990 were as follows:

TABLE I

Patient Attendance

Total new registrations		6048
New Cancer cases		5249
Males		2787
Females	_	2462
Sex Ratio		1.1:1.0
Carcinoma-in-Situ	-	7
Benign Tumours	_	123
		91
Vesicular Mole All other & Non-Cancer		578
Inpatient admissions	_	3045
Deaths in hospital	_	181
No. of follow-up letters sent	_	3696
No. of Hospital visits by patients (Old + New)	-	43810

The distribution of cancer cases in males and females, sex ratios and percentage microscopically confirmed are given in Table II — Diagram I.

The age and site distribution of cancer cases in males and females are given in Tables III & IV — Diagrams II & III. The microscopic verification of cancer is an important parameter of diagnostic capabilities of the centre. During the year, there was almost 89% histologic verification of tumours. The overall sex ratio was 1.1 : 1.

The maximum frequency of cases was in the 7th decade of life in males and in females the maximum number of cases occurred in the 6th decade. The median age of male cancer cases was 56.5 years and for female cancer cases the median age was 51.7 years. In the 1st and 2nd decades of life, leukaemia, brain cancer and bone cancer were the predominant cancers. In the 3rd decade, leukaemia, lymphoma, brain cancer, Testicular cancer, Thyroid cancer and Bone cancer were prominant cancers in males whereas in females, Breast, Thyroid, Ovary and Brain cancer together formed 60% of all cancer in this age group. In males of other age groups the oral cavity, pharynx and lung become predominant cancer sites and in females the cervix and breast formed the major cancer sites.

Ten leading cancers in males and females are given in Table V.

TABLE V

Ten Leading Cancer Sites in Males and Females. 1990

	Λ	Nale	0.14-	Female				
Site	No.	%	Site —	No.	%			
Lung	346	12.42	Breast	597	24.22			
Other Mouth	268	9.62	Cervix	492	19.97			
Tongue	231	8 29	Other Mouth	153	6.21			
Lymphoma, HD		5.42	Ovary	129	5.23			
Oesophagus	136	4.88	Thyroid	115	4.67			
Leukaemia	129	4.73	Tongue	104	4.22			
Larynx	118	4.24	Brain	80	3.25			
Oropharynx	117	4.20	Leukaemia	76	3.08			
Brain	117	4.20	Lymphoma, H	D 59	2.39			
Hypopharynx	94	3,38	Oesophagus	52	2.11			

Lung cancer was the leading cancer site among males. The number of cancer cases of breast cancer have increased sharply over the years and during 1990 it surpassed the number of cervix cancer cases. Cervix cancer continues to be a leading cancer in females.

Paediatric Cancer Types (0-14 years)

Overall, almost 3.5% of all cancer patients were in the Paediatric age group. Table VI gives the 7 leading paediatric cancer cases.

TABLE VI

Seven leading Paediatric Cancer 1990 0-14 Age Group

	Bo	 oys		Girls				
Type of — cancer	No.	%	Type of - cancer	No.	%			
Leukaemia	39	37.1	Brain	22	26.5			
	21	20.0	Leukaemia	20	24.1			
Brain Lymphoma, HD	12	11.4	Eye	9	10.8			
A CONTRACTOR OF A CONTRACTOR OFTA CONT	6	5.7	Connective					
Kidney	6	5.7	Tissue	7	8.4			
Bone	6	5.7	Bone	6	7.2			
Endocrine glands	10.0	3.8	Kidney	5	6.0			
Connective Tissue	-	0.0	Ovary	5	6.0			
– Total	94	89.5		74	89.1			
All sites	105		All sites	83				

89% of all childhood cancers were seen in these seven sites together.

HOSPITAL CANCER REGISTRY

The Hospital Cancer Registry, Medical College Hospital, Trivandrum is a part of the network of 12 cancer registries organised by the Indian Council of Medical Research. In 1990, the analysis of cancer cases seen in 1988 was reported. During the year 1988, a total of 4745 new cancer cases were registered. The total number of cases had increased to 4745 in 1988 from 3715 cases registered in 1982. The sex ratio of the cases registered was 1.1 : 1. The average age of male patients was 52.9 years and that of female patients was 45.0 years. 88% of the cases were verified microscopically.

Among males the leading cancer sites were lung (10.4%), mouth NOS (10.4%) tongue (6.7%) followed by oesophagus (6.2%). Among females breast cancer was the leading site with 22.3% cases, followed by cervix (22.1%), and ovary (6.3%). Breast cancer was more preponderant in female muslims (23.8%), and christians (22.0%) as compared to hindus (21.9%). Cervical cancer was preponderant in hindu females (24.3%) as compared to muslims (17.7%) and christians (15.9%). Among males other mouth was the preponderant site in hindus and muslims (10.0% and 12.7%). Among Christians, lung is the leading site (15.9%) as compared to hindus (9.7%) and muslims (9.7%). During the year 1988, there were 212 paediatric cancer cases, forming 4.6% of the total new cases. Among these, acute lymphatic leukaemia (25.0%), brain tumours (15.0%), kidney (8.6%), and acute myeloid leukaemia (8.6%) were the leading cancers.

Of the total 4745 cases, 15.7% had received treatment before attending the base hospital and hence were not be evaluated for the extent of the disease. Among the cases evaluated for the extent of the disease, 17.0% were found in localised stages. Of the 4000 analytical cases, 80.7% were treated at the reporting hospital.

ONGOING RESEARCH PROJECTS

Natural Background Radiation Cancer Registry, (NBRR) Karunagappally

This project, funded by the Department of Atomic Energy, Government of India is to study whether there is a higher incidence of cancer in the Karunagappally coastal areas due to the Natural Background Radiation present there. Dr. P. K. Iyengar, Secretary, Department of Atomic Energy, inaugurated the project on 9th February, 1991. The first phase of the survey is progressing.

A follow-up clinic held every fourth Saturday in the field office of NBRR helps the follow-up examination of cancer patients who hail from the Karunagappally and adjoining taluks. This has helped us to develop better co-operation from the public.

National Cancer Database:

This is a project funded by the Department of Electronics, Government of India. The initial funding is for 3 years. The objectives of the study are to create a database for all cancer related information to be used for cancer control in India. These relate to information on cancer incidence, mortality, treatment facilities, inventory of ongoing clinical and basic research, cancer literature, community anti-cancer programmes etc. In this, the initial effort is to evolve standard data collection formats, computer software, and collection of information on cancer facilities from various centres all over the country etc.

In order to create a database for cervical cancer a proforma was made with elements suitable for a critical appraisal of therapy and survival information and more than 1500 cervix cancer cases have been abstracted using this proforma. The data analysis is being continued.

To create a data base for cancer treatment and research facilities in India, a suitable proforma was devised and mailed to all medical colleges and cancer institutes in the country.

Epidemiologic study of Stomach Cancer

The epidemiologic study of Stomach Cancer is being continued.

Other activities

The Hospital Cancer Registry, Trivandrum continued to publish 'CRAB' the Journal of the National Cancer Registry Programme.



Dr. P. K. lyengar, Chairman, Atomic Energy Commission, formally inaugurated the Natural Background Radiation Registry, Karunagapally, on 9-2-91.



Dr. P. K. Iyengar (Sitting 4th from left) alongwith the staff of the Natural Background Radiation Registry, Karunagappally.

A booklet for lay public "Questions on Cancer" prepared by Tumour Registry was published in January, 1991.

Institutional visit

1. Mr. P. Gangadharan visited the University of California Medical Centre at San Francisco and other Registries in the United States in January, 1991.

2. Mr. P. Gangadharan visited the Radiation Effects Research Foundation at Hiroshima in February, 1991.

3. Mrs. G. Padmakumary attended the British Council Epidemiology Course of two weeks duration at Cambridge, U.K. during June, 1990. She returned from MRC Biastatistics Unit, Cambridge, U.K. after completion of her fellowship programme.

Conferences attended

Mr. P. Gangadharan attended the Chapter Meeting of the International College of Surgeons in Cochin in January 1991 and presented a paper on "Cancer in South East Asia with special reference to cancer in Kerala".

Mr. P. Gangadharan presented a paper "Cancer in India" in a Seminar in the Medical School, University of California, San Francisco, USA in January, 1991.

Dr. R. Sankaranarayanan attended the Chapter Meeting of the International College of Surgeons in Cochin in January 1991 and presented a paper on "Chemoprevention of Cancer".

Mr. P. Gangadharan gave a talk on "Natural Background Radiation Cancer Registry in Karunagappally, Kerala" at Radiation Effects Research Foundation, Hiroshima, Japan in February, 1991.

The department wishes to thank the following individuals and institutions for their kind advice and support to our studies.

- 1. Dr. G. Jayashankar, Institute of Human Resources Development, Trivandrum,
- 2. Dr. K. N. S. Nair, State Planning Board, Kerala.
- 3. Department of Atomic Energy, Government of India.

- 4. Department of Electronics, Government of India.
- Dr. Stephen Duffy, Medical Research Council, Cambridge UK.
- 6. Dr. N. E. Day, Medical Research Council, Cambridge, UK
- 7. Medical Research Council, Cambridge, UK.
- 8. Dr. Calvin Zippin, San Francisco, USA.
- 9. Dr. John L. Young, California, U.S.A.
- 10. Dr. Benjamin F. Hankey, National Cancer Institute, USA

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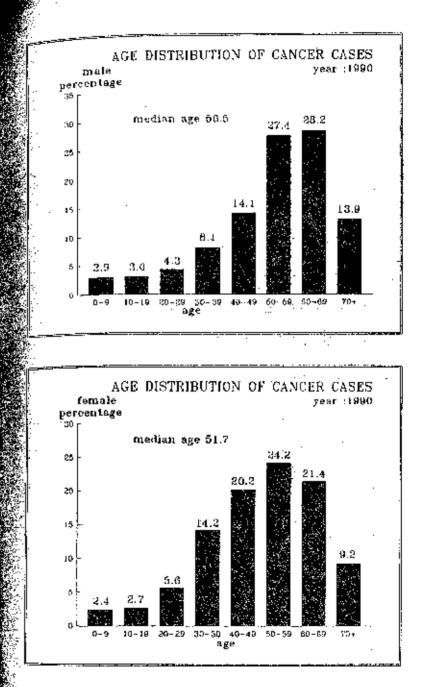


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552	SHALL INTES.	-	8.98	26	1,86	51	8.97		49	76						
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DIVISION OF COMMUNITY ONCOLOGY

1 Dr Babu Mathew	Associate	Professor
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2. Dr. Ramani S. Wesly : Lecturer

The major objectives of the division were centred round (1) Health Education (2) Professional Training (3) Generation of software for cancer awareness programmes, health education and professional training (4) Training and utilisation of voluntary agencies for cancer survey and surveillance (5) Cancer screening programmes in rural areas (6) Community based epidemiological and interventional research and (7) Maintenance of a supplementary register for precancerous lesions.

Health education

The health education on cancer was carried out through various methods:--

1. Articles in the lay press

3 articles were published in the lay press about cancer and village cancer detection programmes.

- 1. Crusade against cancer May 1990 The Indian Express
- Misconceptions about Oct. 1990 Ningalute Arogyam, cancer
- 3. Chavassery first 'Cancer Dec. 1990 The Indian Express free' village

Programmes through All India Radio

A total of 5 programmes were broadcast through A. I. R., 2 from Calicut station and 3 from Trivandrum station. Special features on cancer survey and surveillance programmes of Chavassery and Kalpstra were broadcast from Calicut station. Dr. Babu Mathew participated in 3 programme broadcast from Trivandrum station, the topics being: "Tobacco and Health" "Cancer Prevention Strategies" and "Lifestyles and cancer"

programmes through Doordarshan

A programme for 20 minutes 'Peoples Participation in Prevention and Control of Cancer at Chavessery' was telecast by Doordarshan in June, 1990 covering the details of the training of volunteers, survey, screening camps and treatment details given to patients of Chavassery. Six new posters were given to Doordarshan on warning signals of cancer and hazards of tobacco, which were telecast as follows:

Training of Voluntary agencies for cancer Survey and Surveillance

The most important activity during the period under report was picking up committed voluntary agencies in rural areas to carry out cancer survey and health education in the village. The training for volunteers was given by specialists from the Centre for identification of warning signals of cancer, to carry out health education on cancer and its prevention, to conduct house to house surveys and antitobacco activities.

The volunteers very successfully completed surveys of 31170 persons in Chavasserry and 18074 in Kalpetta. Similar surveys of over 540000 persons are in progress at Puthugie village, Kasarcode, Thirurangadi and Malappuram.

Cancer Awareness Programmes

In addition to the training programmes mentioned above, Cancer awareness classes for 1–2 hours were held for various groups and general public. The details of such awareness programmes are shown in Table No. I.

Professional Training

A batch of 80 house surgeons and junior doctors of Medical College, Calicut, was given one day training on various aspects of Prevention and Control of Cancer on 3rd October, 1990. Two batches of Public Health Nurses were given training on the role of Prevention and Control of Cancer. A batch of about 400 Homeopathic doctors was given orientation on the present day set up of cancer detection, treatment modalities, cure rate, methods of pain relief in cancer.

Participation in Health Exhibitions

During the period under report this division arranged 13 exhibitions. (See Table No. II). In addition to these we have given our exhibits to schools and voluntary agencies for arranging science exhibitions in several villages.

Generation of Software for Health Education

A book in Malayalam "Pukaelayum Arogyavum" was published by this division. This book was meant to train talented students in the Arts and Science Colleges and to stimulate them to generate health education materials for antitobacco Health Education. A training programme was held in a 4 Colleges of Trivandrum district and the students have responded to the training by contributing posters and slogans for antitobacco campaigns.

Twelve new posters were developed for displaying in the exhibitions. Several bit notices, and stickers were printed by various voluntary agencies to assist them in their health education programmes.

Cancer Screening Programmes in Rural areas

In addition to the 2 major cancer screening programmes at Chavessery and Kelpetta, this division had participated in Cancer Screening Programmes throughout the State. (See Table No. III)

From our experience it is now clear that only cancer screening programmes with proper awareness and motivation of the beneficiaries by local voluntary agencies alone will help in identifying new cases in localised stages of the disease. The help of local voluntary groups is necessary for not only to motivate an asymptomatic patient to appear for physician examination, but also to encourage him to take modern treatment of cancer at the earliest opportunity. We are now conducting training programmes for committed voluntary groups in all the districts of Kerala.

Research Activities

A. Ongoing Projects:

Collaborative studies with the environmental carcinocenesis Unit, University of British Columbia, Canada.

This project was started about 5 years ago and 12 studies were taken up and all of them were completed by the end of December, 1990. Six papers in journals 2 chapters in monographs and several papers in international conferences were presented based on the results of these studies.

I. C. M. R. Project on the feasibility of utilising trained Multipurpose Health Workers for Primary and Secondary Prevention of Oral Cancer in Rural areas:

This Project was started in 1988 and meant to utilise health workers for early detection of oral cancer, without eny additional incentives and as part of their routine duties. 292 Health workers were given training in July, 1988 on oral cancer and identifications, and for roferring all suspected cases to Regional Cancer Centre. The work did not progress as expected, for several reasons. The workers failed to motivate asymptomatic patients to the centre. The males who belong to the high risk group will be yout door for work during the visting time of health workers. In spite of the retraining and visits of the specialists to the Primary ihealth centres the health workers were inept in identifying cases and referring them to the Centre.

B. New Projects

Preventive Oncology Centre

Preparations are in progress for implementing the four projects sanctioned by the I.C.M.R. for Proventive Oneology. A lesson on "tobacco hazards" to be incorporated in the high achool text has been formulated, screened by specialists and finalised. A book on "Hazards of Tobacco" has been prepared and is under publication. For opportunistic multi organ cancer screening work demographic details are being collected from Kazhakuttom Village.

2. Collaborative studies on chemoprophylaxis of Oral Precancerous lesions

The project with the collaboration of the University of Birmingham is submitted and is awaiting clearance from I.C.M.R.

3. For clinical Trial using "Multin" for chemo-prophylaxis of oral Precancerous lesions, M/s. Ambadi Laboratories, Madras has sanctioned Rs. 56,000/-.

Papers Published/Presented in Conferences

Papers Published :

- H. F. Stich, M. P. Rosin, A. P. Honby, Babu Mathew, B. Sankaranarayanan and M. Krishnan Nair. Pilot intervention studies with carotenoids. Chemistry and Biology, Editors N. I. Krinsky et al. Plenum Press, New York, pp. 313 to 321.
- H. F. Stich, B. Placic, R. Sankaranarayanan, Babu Mathew and M. Krishnan Nair. Quandition of chromatin patterns by Image analysis as a predictive tool in chemopreventive trials. Complex Mixers and Cancer Risk. Editors H. Vamio et al. Lyon International Agency for Research on cancer 1990, pp. 151 to 164.
- Babu Mathew, A. Joseph, T. Mayadevi, K. George Varghese and M. Krishnan Nair. Primary and Secondary prevention of oral cancer using National Service Scheme volunteers. Proceedings of the National Seminar on Oral Cancer, Madras, 1990. pp. 35 to 37.
- Babu Mathew, Ramani S. Wesly, D. K. Pai, Thomas Cheriyan, K. L. Jayakumar, C. Sreekumar and M. Krishnan Nair. Battle against cancer utilising trained volunteers in rural areas. Proceedings of the Kerala Science Congress. Editor. Balakrishnan Nair, Calicut, 1991, pp. 418 to 419.
- Ramani S. Wesly, Babu Mathew, N. Sreedevi Amma, Paul Sebastian, P. Sivaramakrishnan, C. Sreekumar and



Prof. V. Gopalakrishna Kurup (P.S.C. Chairman), Hon. Health Minister Sri A. C. Shanmukhadas, Sri V. Divakaran, M.L.A, and Hon. Agri. Minister, Sri V. V. Raghavan, in a meeting at Nedumudi on 28/12/1990 for free distribution of Cancer Care for Life Policies to Agricultural Labourers.



M. Krishnan Nair. Utilisation of trained unemployed youth in Community cancer screening programmes using seven warning signals of cancer as a diagnostic tool. Tropical doctor (accepted for publication Jan. 1990).

 Ramani S. Wesly, T. V. Gopalakrishnan and B. K. H. Nair. Leprosy among school children in Trivandrum City. Indian journal of Dermatology, Venerology and Leprology 1990, 56: 286–288.

Conference attended and papers presented

- Babu Mathew. Oral manifestations in AIDS. III National convention of the Indian Academy of Oral Medicine, Bangalore, September, 1990.
- Babu Mathew, R. Sankaranarayanan, M. Krishnan Nair and H. F. Stich. Vitamin A and Retinoids in chemoprevention of Oral Cancer. III National Convention of the Indian Academy of Oral Medicine, Bangalore, Sept. 1990.
- Babu Mathew, Ramani S. Wesly and M. Krishnan Nair. Oral Cancer Survey and Surveillance in the rural areas utilising trained youth. III National Convention of the Indian Academy of Oral Medicine, Bangalore, 1990.
- Babu Mathew. Diagnosis and management of precancerous lesions of oral mucosa. Oncology update, International College of Surgeons, India Section, South Zone, Cochin. December, 1990.
- K. Ravindran Pillai, Babu Mathew, M. Krishnan Nair and Venugopal P. Menon. Serum lipids, lipid peroxidase and ciruloplasmin levels in premalignant and malignant lesions of oral cavity a preliminary study. III Annual Conference of the Society for Research on Polyunsaturated Fatty Acids, Trivandrum, Dec. 1990.
- M. Krishnan Nair, Babu Mathew, R. Sankaranarayanan and Ramani S. Wesly. Evaluation of control strategies for tobacco related cancers in Kerala, India. Control of

Tobacco related cancers and other diseases, international Symposium, Bombay, Jan. 1990.

Dr. Babu Mathew was elected as the President of the indian Academy of Oral Medicine for 1990-91. He w_{48} appointed as external referee for the Ph. D. examination of the University of Bombay.

Acknowledgements

We place on record our gratitude to M/s D. Krishnatha Pai, Manager North Malabar Gramin Bank, Chavassery, M. Chathan, Secretary, Indian Red Cross Society, Wayanad Dist., Dr. M. Aboobaker, Asst. Surgeon, Govt. Hospital, Thiroorangadi, M. Somesundaram, Secretary, Social Service League, Medical College, Calicut and D. Damodaran, Menager, North Malabar Gramin Bank, Kasargodu for co-ordinating the training to utilise, the volunteers for cancer detection and health education in the rural areas.

ABLI

		Cano	Cancer Awareness Programmes	tmes	
SI. No.	Date	Place	Organised by	Vo. Attended	No. Attended Type of participants
1	2	 		- - - - -	6
۲. ۲	25 4-90	Palghat	Vivekananda Kendra	99 19	Community Health workers
2.	31-5-90	V. J. T. Hall, Thiruvananthapuram	Alcohol and Drugs Information centre	300	General public
с,	19-5 90	Thiruvananthapuram	College of Nursing	. 30	B. Sc. Nursing students
4	9- 6-30	Wadi	Catholic Welfare Association	00 05	General public
ي. ي	14790	Purathoor Malappuram	Y. M. C. O., Purathoor Malappuram	150	Membors of voluntary or- ganisations
ຜ່	5-8-90	Kakkanad	Kerala Text Book Printing Press Employees Welfare Association	200	Press Employees
. T.	15-8-90	Kalpetta	Indian Red Cross Society	210	Community Volunteers

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1	2	3	4	5	⁶
8.	27 -8 -90	Mar Ivanious College Thiruvananthapuram	R. C. C. & University Health Centre, Thiruvananthapuram	75	Talented Students
9.	69-90	N. S. S. College, Dhanuvachapuram	R. C. C. & University Health Centre, Thiruvananthapuram	75	Talented Students
0.	16-9-90	Attingal	Homeopathic Practitioners Associations	400	Homeopathic Practitioners
1.	17-9-90	Iqubal College, Peringamala	R, C. C. & University Health Centre, Thiruvananthapuram	75	Talented Students
2 .	3-10-90	C. M. E., Calicut	N. S. S. Unit, Calicut Medical College	7.	Medical Students
3.	12-10-90	East Forf	Govt. Homeopshic College, Thiruvananthapuram	50	House Surgeons of Homeo- pathic College
14.	5–11–90	Christian Collego, Katiakada	R.C.C. & University Hos!th Centre, Thiruvananthapuram	75	Talented Students
15.	13-11-90	Pathanamthitta	Miima	40	Secretaries and Presidents of Milma Co-operative Societies

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16.	18-11-90	Cannanoore	Y's Men's Club, Cannandore	40	Members of Y's man's Club
17.	19–11- 90	Cannanoore	Press Club, Cannanoore	30	Members of Press Club and Media
18.	3 -1–91	Sherthalai	Bharath Scouts & Guides	70	Scout Masters & Scout Captains
19.	9–191	Attingal	Bharath Scouts & Guides	40	Rovers an Rangers
20.	13–1–91	Kadinamkulam	N. S. S. Unit of University College, Thiruvananthapuram	150	General Public
21.	17191	Patcha Palode	Bharath Scouts & Guides	40	Scout Masters
22.	28-2-91	Parapanangady	Al-JunaAth	65	Anganwadi Workers and Community Volunteers
2 3 .	2-3-91	Koduvally	Arbhudha Niveranasamithi	140	Community Volunteers
24.	3-3-91	Puthego Kasaragode	North Maləbar Gramin Bank, Kasargodu	90	Community Volunteers
			— — — — — — Щ ¹ — — — — — — — — — — — — — — — — — — —	2553	

	11 28-10-90 · · · · · · · · · · · · · · · · · · ·	9. 3–10–90 10. 18–10–90	7. 16-9-90 8. 2-10-90	5. 5-8-90	3. 20–5–90 4. 26–5–90	1. 19–5–90 2. 31–5–90	SI. No. Date
Kattanam	Nedumudi Puthoge	Calicut Chavassery	Attingal Kalpetta	Kakkenad Kalpeta	Chavassery Kazhakuttam	Valiyathura V. J. T. Hall,Tvm	Place

TABLE II

TABLE III

Details of Cancer Detection Camps

SI. No.	Date	Place of Camp	Organised by	Newly detected Cancers	Old cases in recur- rence	Pre- Cancers	Total Screencd
1	· 2	3		 5	6	7	8
1.	2-4-90	Madathura	Milma,	1	0	14	200
2.	9 -4- 90 _.	Pravar	Swathandra Arts & Recreation Club	2	1	16	100
3.	21-4-90	Pattazhi	Y's Men's Club, Pattazhi	5	1	13	260
4.	27 -490	Othara	Union Club, Othara	2	0	12	205
5.	2 -5-90	Quilon	Co-operative Bank, Quilon	2 *	2	8	250 -
6.	14-5-90	Valiyəthura	B.Sc. Nursing students	۲. ¹	o	20	38
7.	205-90	Chevassery	North Malabar Gramin Bank, Chavassery	. 10 .	12	92	731

<u>1</u> .	2	<u> </u>	4	5	6	7	
8.	26-5-90	Kazhakuttom	Madhya Niroɗhana Samithi	0	1	₽	3
9.	31 -590	Malayinkil	Kamaraj Foundation of India	0	0	0	3
10.	9 -690	Wadi, Quilon	Catholic Welfare Association, Wadi	1	. 9	7,	9
1 1 .	4-8-90	Amaravila	N.S.S. Unit of Medical College, Thiruvananthe- puram	0	C	6	8
12.	18-8-90	Vengola	Vengola Panchayat	5	0	19	16
13,	21090	Kalpetta	Indian Red Cross Society	10	7	46	28
14.	7–10–90	Kundara	Y's Men's Club, Kundara	8	0	16	28
15.	27-10-90	Puthenambolam	P.H.C. Puthanambalam & Vayanasala	0	0	32	15

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	16.	30-10-90	Parvathy Millis Quilor:	Rotary Club, Quiton	Q	ogan Gescheren	1276	9790 A.S.
	17.	4-11-90	Kilikolloor	Navajoythi Arts 8 Sports Club	1	0	3	112
	i8.	17-11-90	Mannamoola	S. Jythi Ashramam	1	0	11	60
	19.	18-11-90	Chavassery	No.th Malabar Gramin Bank	3	2	30	153
	20	8–12–90	Thevalli; Quilor:	Y's Men's Club of Quilon	3	0	8	130
	21.	16-12-90	Sreekariyam	Loyola School	0	0	4	30
	22.	19 12-90	Pallithottam, Quilon	Blaze Arts Club, Pallithottam, Quilon	3	1	8	65
	23.	28-42-90	Nedumudi	Puthiyodathu Varambina- konam Karshaka Saha- karana Sangam	0	0	21	700
2	24.	30 12-90	Puthenthoopu -	N.S.S. Unit of St. Xavier's College, Thiruvanantha- puram	\$	Û	7	80

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4 · · · · · · · · · · · · · · · · · · ·	N.S.S. Unit of University College, Thiruvanantha- purata	Kaithaparambu, Milma	N.S.S. of D. B. College	N.S.S. Unit of T. K. M. Engineering College, Quilon	Catholic Welfare Society	Marthoma Mission Hospital Kattanam	Navajoythi Arts & Sports Club, Mainagapally	
 	Kadinamkulam	Kaithaparambu	Sasthamkotta	Quílon '	Angengo	Kattanam.	Mainagapally	
	13-1-91 1-91	16-1-91	3-2-91	17-2-91	24-2-91	9-3-91	17-3-91	
1	25	26.	27.	28.	29.	30.	<u>ੇ</u> .	.

ARLY CANCER DETECTION CENTRE, ERNAKULAM

ог, B. Syamala Kumari, : _Cytopathologist

The activities of this centre are centred round the following:

Routine Examination of persons.

Monthly Cancer Detection Programme among workers of Port Trust.

Pap smear test, Fine Needle Aspiration Cytology and other cytology tests.

Cancer Detection Camps.

Cancer Awareness Programme.

In addition collaborative work with the Cancer Detection Unit of ESI Hospital Udyogamandal and Contributory Health Scheme, JNM Hospital FACT Udyogamandal, were also in progress.

The Centre actively took part in the Health Programme organised by the Health authorities of the District. Thus, exhibits on Cancer Education were kept and explained and leaflets given to the Public in connection with the exhibition conducted by the General Hospital, Emakulam on 28th, 29th & 30th November, 1990.

A regular Cancer Awareness Programme was started among field workers and staff of P. H. Contres of this District. There has been a significant increase in the number of patients referred from these contres.

A total of 92 camps were conducted all these years and 12 camps during the year under report. This number is in fact less than that of the previous years, but each camp was preceded by an Education Programme given to the voluntary workers of this camp. A regular programme of cancer detection work among workers of Port Trust has been arranged to be conducted monthly or fortnightly. An awareness programme conducted before starting this helped much for getting co-operation in conducting the camp for 8000 workers.

92

Follow up clinic for cancer patients of this area, treated a RCC Trivandrum was conducted regularly.

A total of 6467 persons underwent Cancer Detection check up during the year under report. A total of 12 camps and 9 awareness programmes were conducted. 198 Cancer Cases were detected and sent for treatment. Of these majority are cervical, oral and breast cancers and 60-70% of them being in the curable stage.

A detailed report on the work and lesion break up is enclosed.

Conference & Seminars attended

1. Sri Sujathan, K., Cytotechnologist attended the Seminal on 'Oricology Update' organised by the International College of Surgeons at Ernakulam on 9th December 1990.

- 	rnedicul	field suff of the			r & Kalady kupervisore d Junior . Centres.	r organisa.	Post Trust	ganisation	y org≥nisa-
Status of participants	B1 Layman and Socio madical workers	Ductors and field su P. H. Centre	op	- do	Field staff of Angamaly & Kalady P. H. Centres, Healtin Supervisors of DMOS office and Jupior Doctors of Katady P. H. Centres.	Volunteers of Veluntary organisa- tions.	Empluyecs of Cochin Port Trust	Volumeers of Social organisation	Volunteers of Voluntary organisa-
Persons attended	103	48	. 42	38	21	10	75	10	
Sponsors 1	Malankara Orthodox Church Medical Mission Hospital	Dist, Medical Officer of health Frnskelatn	01>	-do-	op I	Corporation of Kochi	Port Trust Employees Weffare, activities	Kerata Catholic Yquth Movunezt, Alangad	YWCA Vannappurum
Place	Kunnakurudy	Primury Health Centre. Vadavucode	P. H. Contre, Ramamangalam	P. H. Contre, Chengsmanad	P. H. Contre, Anglamsty	Early Curron Detection Centre Errakolam	Port Trust Hospital, Conitin	ECDC, Érnakularn	ECDC Emakelan
SI. No. Date	31-5-90	37.90	-(I)	10-7-90	117-90	23-10-90	7. 10-11-90	30-1-91	63-91
1.5						°.			ы. С

RESUME OF WORK DONE 1990-1991

	iculars of work		ntre sed	Camp based	Total
Pers	ons screened	5	281	1186	6467
Cerv	ical smears	3 (1127 Fo	548 Jow up	550)	4098
Oral	smears		145	1 9	· 164
Sput	tum (No. of Persons)		185	÷	185
Fino	Needle Aspiration Cytolog	IУ	518	54	572
Bod	y Fluids		133	` .=	133
Was	hing & Lavages		16		16
Nipp	le discharge		20	3	23
(A)	Gynaecological Cytol	ogγ (4098	Nos.)	•	
(A) SI. No.	Gynaecological Cytolo 	ogγ (4098 Centre	Nos.) Camp	Follow	Tota
 SI.					Tota 6
 SI. No.	Lesion	Centre	Свтр	<i>up</i>	6
SI. No. 1	Lesion 2	Centre 3	Сатр 4	up 5	<i>Tota</i> 6 916 1977
SI. No. 1	Lesion 2 Normal	<i>Centre</i> 3 582 1110	Світр 4 2.64	<i>up</i> 5 70	6 916 1977
SI. No. 1 1. 2.	Lesion 2 Normal Inflammation Inflammation with Squan	<i>Centre</i> 3 582 1110 nous	Camp 4 2.64 1.91	<i>up</i> 5 70 676	6 916
	<i>Lesion</i> 2 Normal Inflammation Inflammation with Squan metaplasia	Centre 3 582 1110 nous 29 2	Camp 4 2.64 1.91	<i>up</i> 5 70 676	6 916 1977 54

1	2	3	• 4	5	6
6	Inflammation with glandular cell hyperplasia	10	.—	2	12
7.	Inflammation wth reserve cell hyperplesia	17	1	5	23
8.	Inflammation with endocer- vical regeneration	2.		. 2	4
g.	Inflammation with Squamous Cell atypia	<u> </u>	1	 . 	1
0.	Autolytic strophic changes	1	_ '	··· <u>·</u>	1
1.	Hyperkeratotic cervix	10	- :	5	. 15
2.	Hyperkeratotic cervix with inflammation	8	_		8
3.	Inflammation with atypical glandular cells	17	Ĝ	3	26
4.	Grenulamatous inflammation		1	· ·1	2
5.	Mild dysplasia	5	—	4	9
6.	Moderate Dysplasia	3	—		3
7.	Severa dysplasia	1		2	3
8.	Inflammation with mild dysplasia	51	. 4.	2 6	81
9.	Inflammation with moderate dysplasia	2		 5	7
0.	Inflammation with severe dysplasia	3	 .	2	5
1.	Inflammation with squam- ous metaplasia and mild dysplasia	6		5	1 1
					97
	-				

	•				
1	2	3	4		6
22.	Fungus infection	21	6	3	3 0 ³
23.	Fungal infection with mild dysplasie	1	_	3	4
24.	Trichomonas infection	377	6 5	243	685
25.	Trichomonas infection with mild dysplasia	58	5	21	84
26.	Trichomonas infection with moderate dysplasia	9	_	6	15- 15-
27.	Trichomonas infection with severe dysplasia	4	1	1	6
28.	TV and Fungal infection	3	1		4
29.	TV with endocervical atypia	7	·	5	12
30.	Leptothrix	7	_	-	7.
31.	Herpes simplex infection	1			1
32.	Herpes with moderate dys- plasia	1			1
33.	Herpes with severe dysplasia	-	<u> </u>	2	2
34.	Endometrial hyperplasia	1	_		1
35.	Atypical endometrium	4	_		4
36.	Carchoma in-situ	3		2	5
a)	<i>MALIGNANCIES</i> (39 Nos) Squamous Carcinoma (37) Moderately differentiated Squamous Cell Carcinoma	18		2	20
b)	Well Differentiated Squa- mous Cell Carcínoma	9	_		9
98					

1	2	3	4	5	6
c)	Poorly differentiated Squa- mous Cell Carcinoma	8	_	_	8
38.	Adanocarcinoma	 .	-	2	2
39.	Suspicious of malignancy	5	1	2	8
10.	Radiation changes	1		1	2
41.	Miscellaneous losions	18	1	3	22
	Total	2.421	65 0	1127	4098

NON GYNAECOLOGICAL CYTOLOGY Oral (164 Cases)

51. No.	Lesion	Centre	Camp	Total
1.	Non Malignant lesion	52	2	54
2.	Inflammatory lesion	11	2	13
З.	Fungus	1		1
4.	Leukopla k ia	32	8	40
5,	Laukoplakia with atypia	9	4	13
6.	MALIGNANCIES (20 Cases) Squemous Cell Carcinoma	26	_	26
7.	Veruçous Carcinoma	2	-	2
8.	Suspicious of malignancy	6	2	10
9.	Radiation Changes	3	_	3
10.	Miscellaneous	1	1	2
·	Total	145	19	164

98

SI. N	lo. Lesion	Centre	Camp	Total	51.1	Vo. Lesion	Centre	Camp	Total
SPU;	<i>ТUM</i> —(185 Nos)				а (В)	Thyroid (93 cases)			
1.	Non Malignant lesions	127		4	· 1.	Banign lesions	75	8	83
2.	Fungus	3		و د 4	2.	Malignancy	6	_	6
3.	Atypia	8			3.	Suspicious of malignancy	2	1	3
4.	Suspicious of malignancy	11			4.	Miscellaneous	—	1	1
5.	Miscellaneous	3	• •						
6.	MALIGNANCY (33 Cases) Squamous Cell Carcinoma	24		!		Total		10	93
7.	Adenocarcinoma	4			(C)	Lymphnode (80 Cases)			
 8.	Anaplastic Catcinoma	4		· · ·	1.	Banign lesions	14	2	16
9.	Giant Cell Carcinoma	1			2.	Granulomatous lymphadenitis	28	4	32
	Total		- -	— — —	3.	Malignancy: Primary – 2 Secondary – 25	27	. —	27
	-			· — —	4	Suspicious of malignancy	2		2
11.)	ASPIRATIONS			• ••	5.	Miscellaneous	3	_	з
A)	BREAST (294 Cases)			,		Total	 74	<u></u> 6	 80
1.	Bonign lesions	199	18	217					
2.	Malignancy	49	·	4 9 ·	(D)	Other sites (105 Cases)			
3.	Recurrence	Ņil			1	Benign	6 8	17	85
4.	Miscellaneous	22	1	23	2.	Malignancy	16	—	16
5.	Suspicious of malignancy	4	. 1	5	3.	Suspicious of malignancy	2	_	2
	Total		20	294	4.	Miscellaneous	<u>1</u> .	1	2
						— Total	87	18	105

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\$1. N	o. Lesion	Centre	Camp	Toti
(E)	Ovarian Cyst Aspiration No malignant cell			
IV.	Body Fluids			
(a)	Ascitic Fluid			
	No Malignant cells	49		
	Malignancy	7		
	Miscellaneous	1		
	Total	57	••• • •	
(b)	Pleural fluid			
	No malignant cells	56		
	Malignancy	12		
	Suspicious of malignancy	2		
	Miscellaneous	1		
	Total	71	······································	
(c) (CSF : No malignant cells	4		
(d)	Bile : No malignant cells	1	• — — — -	1
a) I	Vashings and Lawages Bronchial Washings (16 Case No Malignant Cells			
		14		14
	Suspicious of malignancy	1		1
	Miscellaneous	1		1
	Total	16		16
	lipple Discharge	•	· ,	
	No Malignant cells ———	20	3	23

ARLY CANCER DETECTION CENTRE, PALGHAT

Dr. R. Ananda Kameth

: Medical Officer

This Centre completes 5 years of its existence in April, 1991. as in the previous years it continued all the activities undertaken Huring the last year with the objectives of early detection of encer, creation of cancer awareness in the community and axtension of therapy to all curable cancers and pain relief for all incurable cancers. Routine work in the Centre included examination of persons who came voluntarily or referred from other institutions, collection and processing of smears, giving suitable midance to cases diagnosed as cancer and follow-up of some Freated cancer cases and advenced cancer cases. In some, whemotherapy was also given. Organisation of cancer detection amps with the aid of voluntary organisations were also undertaken. At those, screening was done, cervical smears were taken ion all women above 20 years and from suspicious lesions in bother cases, clinically suspicious cases were referred to RCC. Cancer cases attending these camps were also given necessary advice. A small talk was also given at the beginning, relating to cancer awareness. Separate cancer awareness talks were also given.

The details of activities undertaken during the last year are being presented in tabulated forms. A noteworthy activity in this year has been a survey held in May/June '90 at Kallepully and neighbouring villages with the help of Vivekananda Medical Mission. First a training was given to volunteer investigators (32 persons) by Dr. Babu Mathew, Head, Community Oncology Division on 25-4-90 and they went to the houses in a Village around Kallepully for survey and individual houses were visited and details collected in the proforma form 27-4-90 to 8-5-90. A total of 4300 persons were surveyed (Male 1932, Female 2368) of which 68 persons were suspected to have malignant or pre-malignant lesions and were asked to attend the cancer detection camp on 12-5-90. The survey results are with community encology division for analysis. This was followed by a cancer detection camp held at a School at Kallepully on 12-5-'90.

Only seven cancer detection camps were held during the year, due to various constraints.

Acknowledgements

Thanks are due to Dr. C. D. Anto, DMOH, Palakkad, for deputing Medical Officers and vehicles for the camps and voluntary organisations for organising the cancer detection camp and cancer awareness programmes.

TABLE I RESUME OF WORK DONE DURING THE YEAR 1990-1991

	1000 100	•••		
	Male	Female	Total	Ca.Cases
total number of persons	477	362	839	50
Number of smears taken for Cytological examina- tion	363	31 1	674	41
fotal number of persons screened in the camp	169	393	562	16
Number of smears taken for cytological examina- tion	33	183	216	6
Total Number of Smears taken	396	4 94	890	
s Total number of Biopsy ≸ent for HPE			34	·
Total number of known ancer cases and suspect- ed cancer cases in the Camps Number of Cancer pati-			26	
ents referred to R.C.C. Trivandrum			77	
Number of cancer patients referred to M.C.H. Calicut		·	21	
Number of Cancer pati- ents referred to other Institutions			15	
Total number of referred Cases			113	

Specimen	Centre	Сатр	Carcin	oma	
			Centre	Camp	Total
Cervix	234	162	20	4	396
Buccal	107	43	9	1	150
Sputum	292		6		292
Breast	19	5	1	1 .	24
Pluid	5				5
Othors	17	6	5	••	23
Total	674	216	41	6	890

TABLE I

Break up of Cytologically detected lesions 1990-1991

TABLE No. III

Analysis of Cervical Smears 1990-91

	Centre	Camp	. Total
 1. Normal	36	37	73.
2. Inflammeticn	122	83	205
3. Hyperkeratotic Cervix		1	` 1
 Inflammation with squamous metaplasia 	23	12	35
 Trichomonas vaginalis Infection 	8	5	13
 Inflammation with reserve cell Hyperplasia 	6	5	1 1

12		Centre	Camp	Total
7.	Inflemmation with Glandular cell Regeneration	7	1	8
8.	Herpes infection		1	1
9.	Inflammation with Mild Dys- plasia	2	3	G
10.	Inflammation with Squamous Metaplasia and Mild dysplasia	3	1	4
11.	Mild Dysplasia	-	2	2.
12.	Moderate Dysplasia	1		· 1
13.	Carcinoma in situ	1	_	1
14.	invasive squamous cell carcinoma	15	3	18
15.	Malignant cells	4	1	5
16.	Suspicious of Malignancy	5	1	6
. 17.	Unsatisfactory samples	1	6	7
	Total	234	162	396

Non-Gynaecological 1990-91

·	Centrø	Camp	Total
Oral No Malignant cells	86	37	123
Phemphigus infection	1	·	1
Suspicious of Malignancy	1 1 -	5	16
Malignant cells	9	1	10
Total	107	43	150
	No Malignant cells Phemphigus infection Suspicious of Malignancy Malignant cells	Ore/ No Malignant cells86Phemphigus infection1Suspicious of Malignancy11Malignant cells9	Ore/ No Malignant cells 86 37 Phemphigus infection 1 — Suspicious of Malignancy 11 5 Malignant cells 9 1

106

ł		Centre	Camp	
Ŧ.	Sputum		ļ	No.
	No Malignant Cells	269	ł	5
	Malignant Cells	ω	ł	200
	Squamous cell carcinoma	2	Ì	in the second
	Adenocarcinoma	-	ł	
	Atypical cells and suspicious			
	of Malignancy 💡	41	[_ _
	Unsatisfactory Samples	6	ţ	<u> Gia</u> r
			 .	2925
,≡	Breast			
	No Melignant Cells	10	ω	
	Malignant Cells	-	-	
	No Cells	69		(0 .)
	Total	19	යා 	24
				ا
1	Pleural Fluid		:	
	No Malignant Cells	ы	Ι	C7
	Total	ы		¢n
	:			
.<	Others			
	No Malignant Cells	01	6	16
	Malignant Cells	ហា	i	сл
	Suspicious of Malignancy	N	ì	N.
· •	Total	17	65 	231
;				ļ

TABLE IN - DETAILS OF CAMPS CONDUCTED IN 1990-91

ş	ч <i>э</i> л	r,	7	i	ş	۴	Ş

SI. No.	Date	Place	Spansored by	No. of partici- pants	Smear Taken	No. of Biopsics	Known Cancer cases	Clinically Disgnosed ca. cases	Cytotogically Diognosd ca. cases	Suspec- ted ca. cases
 1.	12-5-90	Kalleapully	Vivekananda Madical Missio	n 61	24		_	1	_	3
2.		Ottapalam	Rotary Club of Ouapalam	49	20	3	_	5	4	1
3.	30 -9-90		Leo Club of Palghan	45	20	_	—			2
4.	61090		N.S.S. Unit, Govt. Victoria College, Palghat	. 35	9	—	_	_		
5.	7-10-90	Palakkad	Womens Unit of Juran-at-e Islami, Palakkad	165	68	4		2		3
6	14-10 90	Kalladikod	Priyadarsanî Arts & Sports Club, Kalladikode	152	52	2			· 1	
7.	29-11-90	Koppom	Cultural and Charitable Organisation, Koppun	55	23	•	7	2	1	4
				562	216	7	7	10	6	13

LISE OF CANCER AWARENESS PROGRAMMES IN 1990-91	Place Sponsored by Nature Nature Ferticipants	Puduesery P. H. Centre, Puduesery Talk 75	Marutha Road – Vivekananda Medical Mission, Palghat – Training of Fick – 32 Workers	Kallaepułty Field Survoy 4300 Kottaekadu	Kanjikodo Panchuyut Saksharatha Samitbi, Pudussery Exhitritun 200	
	Place	Pudussery	Marutha Road	Keilaepułiy, Kottaekadu	Kanjikode	
	Date	1 9 4 90	25-4- 90	27 -4 -90 to 8-5-90	3-2-91	
	ri g		č.	r,		

IST OF CANCER AWARENESS PROGRAMMES IN 194

No. IV

TABLE

DIVISION OF LIBRARY & INFORMATION SERVICES

Mr. M. Chandrakumaran Nair : Librarian

The research and clinical activities of the Centre is effectively supported by the library and information division which is being organised in its full-fledged form. With the appointment of a Senior Librarian during the period under report, offorts are being made for strengthening the library's collection and organisation of library and information services. A Library Committee has been constituted with Director as Chairman which is meeting periodically to consider all matters concerning the development of the library and its functioning. As on 31st March 1991, the Centre's Library has a collection of 2130 books, 350 bound volumes of periodicals, 350 reprints and reports and receives about 70 journals which include most of the important foreign journals on Oncology. Efforts are underway for the technical processing of documents using Dewey Decimal Classification 20th ed, AACR II and Medical Subject Headings (MeSH). The Centre is in the regular mailing list of various national / international agencies and institutions related to Oncology and its allied areas. Inter-institutional loan arrangements have been made with the neighbouring libraries like Medicai Colloge Central Library, SCTIMST Library, British Library and Centre for Development Studies Library. Facilities are provided for reprographic services, reprint service, and other reference services in the library. MEDLINE search facilities are also being provided by mail service from MEDLARS Centre, New Delhi regularly on demand. As the price of books and journals have been rising at a phenomenal rate of about 20 to 25% per annum, the accepted policy is to build up the collection on its core subject areas of interest and the need for peripheral areas may be met by participation in the resource sharing programmes. In addition to internal users, the library is being utilised by the staff members of neighbouring institutes and other research workers.

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SPECIAL CLINICS (Multi disciplinary)

In addition to the routine clinics and morning clinics, the following special clinics with the active participation of faculty members from other departments were conducted regularly.

- Paediatric Oncology All Mondays at 12 noon. Resource persons from other departments. Dr. V. G. Chellem, Professor of Paediatric Pathology, Dr. Mani Ninan, Director & Professor of Paediatric Surgery, Dr. N. Surendran, Professor of Paediatric Surgery.
- II. Head and Neck Clinic All Tuesdays 12 Noon. Resource persons – Staff of E. N. T.
- Trophoblestic tumour clinic All Wednesdays 12 Noon.
 Resource persons Dr. K. Lalitha, Director and Professor
 of Obst. & Gynaecology.
- IV. Clinicopathological Conference on 1st Saturday of every month at 11.30 A.M. Resource persons – Dr. M. A. Aleykutty, Professor of Pathology & Other staff of Department of Pathology.
- V. Pain Clinic All Thursdays at 1 P.M. (Conveners) - Dr. Gladys Jeevy., Dr. Paul Sebastian and Dr. Francis V. James.

SYMPOSIA AND SEMINARS

During the year under report due to certain constraints we were unable to conduct many seminars and symposia. However the following noteworthy seminars were conducted.

I. Medical Physics:

(a) A 2 day Seminar on "Quality assurance in Rediotherapy was conducted on 6–11–1990 and 7–11–1990, with Dr. Edward, S. Sternick, Director, Medical Physics, Dept. of Radiation Oncology, New England Medical Centre Hospital, Massachusettes, U.S.A. as faculty member. (b) A Two day Seminar was conducted on "Prototype Multileaf Collimetor System and" Specifications of a Treatment Planning Computer and High Dose Rate Microselectron, on 20–11–1990 and 21–11–1990 by Dr. John Wilkinson, Principal Physiclet Christie Hospital Manchester, U. K.

Management of Pain

Miss. Gillian Burn, W.H.O., Consultant on Cancer Pain conducted Seminars on Cancer Pain and Palliative Careon 11–3–1991. She also conducted a 2 days Teaching programme for purses on "The Management of patients with advanced cancer".

C	ONFERENCES/SEMINA ETC ATTENDED	RS/TRAINING/WORKSHOPS BY VARIOUS STAFF	10.	M/s. Molykutly John Cytotechnologist	-do-
1.	Dr. V.P. Gengadharan	AIP Kerala Chapter; Cochin	11.	Dr. N. Sreedevi Amma Prof. of Cytopathology	~ do-
	Asst. Prof. of Medical Oncology	April 1990	12	Asso, Prof. of Cytopa-	- do
2,	Mr. Theyel Singh Elias Lecturer in Radiation Physics	International Symposium on Phy- sics of Medical Imaging and Advances in Computer Appli- cation, Hyderabad, July, 1990,	13.	thology Dr. P. G. Jayaprakash Asso. Prof. of Radiotherapy	10th International Conference on the use of Computers in Radiation Therapy (X. ICCR), Lucknow,
3.	Dr. V.P. Gangadharan Asst. Prof. of Medical Oncology	Southern Regional Conference of API; Kodaikanal, August, 1990.	- 25 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Mr. C. A. Davis Asst. Prof. of Radiation	November, 1990. -do
4.	Mr. Thomas Abraham Scientific Officer Cancer Rosearch	C.C.M.B. Hyderabad, September 1990.		Physics Dr. K. S. Thomas Lecturer in Radiotherapy	-do-
_. 5.	Dr. Babu Mathew Assoc. Prof. of Com- munity Oncology	III National Convention of the Indian Academy of Oral Medicine, Bangalore, September, 1990.		Mr. P. G. Gopalakrishna Kurup Asso, Prof. of Radiation	- do -
6.	Dr. Cherian Varghese Lecturer, Medical Oncology	VI Annual Conference of the Association of Radiation Onco- logists of India, Coimbatore, October, 1990.	17.	Physics Dr. T. P. Ramachandran Asso, Prof. of Radiation Physics	-do-
7.	Dr. Prabha, B. Asso, Prof. of Cancer Research	XXIV I. C. A. I. Annual Con- vention, Trivandrum, October, 1990.		Dr. P. G. Jayaprekesh Asso. Prof. of Radio- therapy	Computerised Treatment Plan- ning System in Radiation Therapy for Developing Countries, Bombay November, 1990.
8.	Mr. K. Raveendrøn Pillai Cytotechnologist	XX Annual Conference of Indian Academy of Cytologists, Karnataka; October, 1990.	1 A 1 A 1 A 1	Mr. C. A. Davis Asst. Prof. of Radiation Physics	-do-
9.	Mr. Raveendran Ankathii Scientific Officer Cancer Research	-do-	20.	Dr. K. Ramachandran Lecturer in Imageology	Training in Computed Tomoph- graphy, Japan, November, 1990.
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21.	Dr. Prabha Balaram	Workshop on Cloning and chara cterisation of Animal Genes Calcutta 1990.	32	Dr. Paul Sebastian Asst. Prof. of Cancer Surgery	d a
22,	Dr. Babu Mathew Asso, Prof. of Commu- nity Oncology	Oncology Update by international College of Surgeons, India Section, South Zone, Cochir December, 1990.	n 3 8	Dr. P. Kusumakumary Asst. Prof. of Paedlatric Oncology	-do-
23.	Dr. Paul Sebastian Asst. Prof. of Cancer Surge	-da- ry	34.	Dr. K. Ramadas Asst. Prof. of Radiotherspy	-do-
24.	Mr. K. Raveendran Pillai Cytotechnologist	Symposium on Biological Ox dation and Poly unsaturated fatt acids. Trivandrum, Decembe 1990.	у 🔏 Зээ.	Dr. B. Rajan Asso. Prof. of Radiotherapy	-do-
25.	Mr. Raveendran Ankathil Scientific Officer	Indo-U.S. Workshop on Molecula Cytogenetics in Human Neo	ar 👔 👔	Dr. K. Sasidharan Asso. Prof. of Imagaology	Annual Congress of IRIA Poons, Jenuary 1991,
	Cancer Research	plasms, Bangalore, Decembe 1990.	r. 37.	Dr. N. Sreedevi Amma Prof. of Cytopathology	Symposium and Workshop as Colposcopy and cervical lesions,
26.	Mr. C. A. Davis Asst, Prof. of Radation Physics	International Seminar on Front ers in Imaging, Trivandrun December, 1990.	n.	Dr. N. Sreedevi Amma Prof. of Cytopathology	Colmbatore, January, 1991. CME Programme on Nodular lesions of Thyroid, Kottayam,
27.	Dr. P. Kustimakumary Asst. Prof. of Paediatric Oncology	Indo-U.S. CME in Medical Or cology, Bangalore, Decembe 1990.	r, 👔	Mr. R. Raveendran Nair	January, 1991. Computer in Hospital Workshop,
28.	Dr. V.P. Gangadharan	∽do~્		MR & CSO	Bombay, February, 1991.
	Asst, Prof. of Medical Oncology		40.	Dr. Francis V. James Lecturer in Radiotherapy	XII Congress of Association of Radiation Oncologist of India,
29.	Dr. Jayaprakash Madhavan Asst, Prof. of Radiotherapy	National Conference, Oncolog 91 of Indian Society of Oncolog and CME, Gwalior, January, 199	N S	Dr. Thomas Cherian Asso. Prof. of Cancer	Chandigarh, February, 1991. Breast Cancer Seminar & Work-
30,	Dr. Frencis V. James Lecturer in Radiotherapy	-do-		Surgery	shop on Head & Neck Cancer, Bombay, February, 1991.
31 ,	Dr. Thomas Cherian Asso, Prof. of Cancer Surg	-do	42	Dr. Paul Sebastian Aast. Prof. of Cancer Surgery	-do-
				-	117
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- 44. Dr. V. N. Bhattathiri Asst. Prof. of Radiotherapy
- 45. Dr. Prabha, B. Asso. Prof. of Cancer Research

1st Conference of Indian Society of Radiotherapy and Indo Japanese Symposium on Radio modifiers, New Delhi, February 1991.

AMBO International Training Course, Japan, March, 1991

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ADMINISTRATION

MEMBERS OF THE GOVERNING BODY OF THE REGIONAL CANCER CENTRE SOCIETY THIRUVANANTHAPURAM

1. Sri E. K. Nayenar Chief Minister of Kerala

Chairman

: Alternate

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.: Momber

: Member

Vico Chairman

Vice Chairman

2. Sri A. C. Shanmukhadas Minister for Health Government of Kerala

- Sri M. S. Joseph Secretary to Govt. Health & Family Welfare Dept.
- Sri M. Mohankumar
 Commissioner & Secretary to Govit, Finance Department
- 5. Sri V. Krisbnamurthy Secretary to Govt., Planning Dept
- 6. Secretary to Govt. : Member Union Ministry of Health & Family Welfare, Govt. of India or his nominee
- Director General of Health : Member Services, New Delhi or his nominee
- B. Dr. S. C. Gupta
 Director
 Vikram Sarabhai Space Centre
 Thiruvananthapuram
- 9. Dr. M. S. Valiathan : Member Director, Sree Chitra Thirunal Inst. of Medical Science & Technology Thiruvananthapuram

- Dr. Aysha Guharaj Director of Medical Education Thiruvananthapuram
- Ŋr. V. K, Jayapalan Principal Medical College, Thiruvananthspuram

12.

13.

- Dr. K. R. Harilai Principal*;* Medical College, Kottayam
- Dr. M. Krishnan Nair Diroctor Regional Cancer Contro Thiruvenanthapuram

: Momber

- : Member
- - Member
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 - : Convener
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MEMBERS OF THE EXECUTIVE COMMITTEE OF THE REGIONAL CANCER CENTRE SOCIETY

1990–1991

1,	Shri M. S. Joseph, Secretary to Govt.	:	Chairman		Chief Engineer, P.W.D. Buildings & Local Works, Trivandrum		ding Committee upto 5/9/90
2.	Health & Family Welfare Dept. Sri M. Mohankumar Commissioner & Secretary to Govt., Finance Departmant	:	Member		Sri K. Madhavan Pillei, Chief Engineer, P. W. D. Buildings & Local Works Trivandrum.	:	-do- contínuing
э.	Sri V. Krishnamurthy Secretary to Govt. Planning Department	:	Member .	2.	Sri Thomas Panicker, Chief Architect, P.W.D., Trivandrum	:	Member .
4.	Dr. Aysha Guharej Director of Medical Education Thiruvenanthepurem	· :	Member	o.	Dr. Aysha Guharaj, Director of Medical Education, Trivendrum	i	Member
5.	Dr. V. K. Jayapalan Principal, Medical College, Thiruvananthapuram	:	Momber	4.	Dr. V. K. Jayapalan Principal, Medical College, Trivandrum	:	Member
3.	Dr. M. Krishnan Nair Director, Regional Cancer Centre Thiruvanenthapuram	:	Convener	10 Harrisonalistications Harrisonalistications	Dr. M. Krishnan Nair, Director, Regional Cance, Centre, 1 Trivandrum	:	Member
			- - - - -	6. 6.	Sri K. R. Bhaskaran Nair, Finance & Accounts Officer, Regional Cancer Centre, Trivandrum	:	Member
				7.	Sri. G. Ravindranathan Nair, Project Engineer, Regional Cancer Centre, Trivendrum	:	Convener

BUILDING COMMITTEE MEMBERS OF THE REGIONAL

CANCER CENTRE, THIRUVANANTHAPURAM

: Chairman of the Buil-

1. Sri M. J. Mathew,

MAJOR DECISIONS OF THE GOVERNING BODY OF THE REGIONAL CANCER CENTRE DURING THE YEAR 1990-91

The governing body resolved that the recruitment rules of the Regional Cancer Centre as approved by the Governing Body and issued as Govt. Order shall continue as recruitment rules of the RCC with regard to Academic posts. The Governing Body also resolved to reiterate in the service rules that the Society shall observe statutory reservations strictly in such recruitment and to record in the service rules that the RCC shall give preference to internal candidates in recruitments through open advertisement if everything else are equal.

The Governing Body resolved to agree in principle for the construction of an additional building (II phase building of the RCC Master Plan) at a cost of Rs. 4.5 crores. Since the resource position of the RCC was not fully clear due to non-finalisation of the VIII Plan, the Governing Body resolved to authorise the Executive Committee to estimate the resources of the Centre during the VIII Plan period and sanction a construction programme. It was also resolved that the construction shall be started during the financial year itself with the funds available for capital investment.

The Governing Body resolved to handover to the Medical College, Trivandrum the space vacated by National Cancer Registry and Regional Cancer Centre Laboratories in the Medical College block of the Regional Cancer Centre.

The Governing Body resolved to felicitate Dr. M. S. Valiathan who was awarded the Padma Bhushan on the 3rd of June, 1990 under the Chairmanship of the Hon'ble Chief Minister.

The Governing Body resolved to approve the Annual Report of the RCC Society for the year 1989–90 with the comments of the Commissioner and Secretary to Govt. (Finance) as such and resolved to approve the budget proposals for 1991–92 and revised estimates for 1990–91.

MAJOR DECISIONS OF THE EXECUTIVE COMMITTEE DURING THE YEAR 1990-91

The Executive Committee resolved:

- Purchase Theratron 780°C Telecobalt Therapy Unit and Cobalt 60 source and to dispose the radium source available.
- Participation of Dr. M. Krishnan Nair, Director in the preparation of W. H. O. Manual of Radiotherapy at Hamburg, West Germany.
- (iii) Dr. M. Krishnan Nair, Director to serve as a member of Scientific Advisory Board of I.C.M.R., New Delhi.
- (iv) Dr. K. Sasidharan, Prof. of Imageology and Dr. K. Ramachandran, Asst. Prof. of Imageology to undergo training in C. T. Scanner in Japan.
- (v) Shri P. Gangadharan, Asso. Prof. of Cancer Epidemiology (Statistics) to accept fellowship and visit Cancer Research Centre, San Francisco, U.S.A. and the Radiation Research Foundation at Hiroshima, Japan.
- (vi) Dr. Prabha Balaram, Assoc. Prof. of Cancer Research to attend AMBO International Conference on Detection of DNA abberations in Cancer.
- (vii) Smt. G. Padmakumari Amma, Senior Research Fellow to accept WHO Fellowship award and visit U. K.
- (viii) Dr. B. Rajan, Assoc. Prof. of Radiotherapy to be Hon. Consultant in Radiotherapy in Sree Chitra Thirunal Institute of Medical Science and Technology, Trivandrum.
- Dr. M. Subhadra, Prof. of Anatomy, Medical College, Trivandrum being appointed as Honorary Consultant in Genetics.

The Committee also resolved to purchase 8 equipments and to sanction various additional posts for augmentation of Clinical Laboratory, Medical Oncology, Imageology, Surgical Pathology Services, Computational Statistics and Electronic data processing.

The Committee also resolved to permit Dr. V. Padmanabhan, Assoc. Prof. of Nuclear Medicine, Dr. Gladys Geevi, Anaesthatist Dr. K. Ramachandran, Lecturer in Imageology, Shri Reghunethan Nair, Cytologist, Smt. Padmavathy Amma, Senior Technician to join in the Regional Cancer Centre Service.

The Committee also resolved to create a few posts if necessary and make special recruitment to these posts to satisfy the requirement on the statutory reservation of SC/ST Categories. It was resolved to invest the C.C.L. funds to the tune of Rs, 5 lakhs and Rs, 10 lakhs in the Unit Trust of India and CANFIN HOME LIMITED respectively.

It was resolved to give away Cash awards of Rs. 500 each to Shri K. Thankappan Chettiyar and Shri A. Rajayyan (Helpers) in appreciation of their exemplary services.

ENGINEERING DEPARTMENT

This department can feel proud of having finished the first phase of the Building construction, in a record time last year, so that it could be fully commissioned towards the end of 1990, to the best satisfaction of all concorned. Immediately it was decided to embark on the 2nd phase of construction, as proposed and enviseged in the master plan of the Regional Cancer Centre. This was foll very necessary because of the difficulties experienced in physical separations of the OP and I.P. and treatment rooms etc which are at present in far flung places. Further this will enable to release back the five words and other places occupied by the R.C.C., to the Medical College, which will be mutually beneficial.

The II phase building of the centre is proposed to be constructed as 3 tower blocks in 8 floors and another block in 5 floors.

One block will serve as a link block between the OP department and the proposed I.P. wards, facilitating casy transport of men and materials. The Second block, nearly 2400 sq. mts., is mainly intended for the Research Division and in addition will accommodate the utilities, clinical laboratories, postoperative care ward, library etc.

The third block, nearby 12,000 sq. mts. will accommodate, the I.P. wards, operation theatres and ancillary laboratories etc., besides residential accommodation in a tendem fashion.

Another block, a 5-storeyed building with a floor area of 3000 sq. mts., will provide Radiotherapy and connected facilities, .(linear accelerator, interstitie) and intracavitary brachytherapy, simulator etc., rooms) and office rooms for radiotherapists, physicists and technicians.

The foundation stone for the 2nd Phase of Construction was faid by Shri E. K. Nayanar, Hon'ble Chief Minister of Kerala on 14th November 1990 at a function presided over by Shri A.C. Shanmukhadas, Hon'ble Minister for Health & Family Welfare. Dr. I. S. Gulathi, Vice-Chairman. State Flanning Board, Dr. G.

Balamohanan Thampi, Vice-Chancellor, University of Kerala and Dr. Aysha Guharaj, Director of Medical Education made felicitations.

Piling work for the mein building started in August 1990, M/s. Coastal Foundations (P) Limitéd, Ernakulam are doing the piling work at an estimated cost of Rs. 45 lakhs. It is expected that the piling work will be completed by the end of June, 1991. Construction of the superstructure will start from July, 1991. The Project is to be completed in 3 years when it will be ready for occupation.

Two floors of the O.P. Block had to be extended, one floor to accommodate equipment expected from the Japanese Govt., which will arrive in 1991–92. The other floor form extension of the O.P. services in order to reduce the over crowding in the present O.P. This floor will also house a clinical lab., Blood Bank, a small cafetaria and doctors common room.

Civil work estimated at Rs. 30 lakhs will be completed by end of July, 1991. Electrification, Airconditioning, False ceiling work etc., costing about **Rs.** 10 lakhs is also expected to be completed simultaneously.

The Building Committee which controls the construction activities of the Project met soven times during the year under report to discuss planning and implementation of the Project during the current year.

Sri G. Ravindranathan Nair, came back as Project Engineer in April, 1991, Sri R. Asokan Nair, First Grade Overseer joined in January 1991.

ACCOUNTS

1990 - 91

REGIONAL CANCER CENTRE COCIETY, THIRUVANANTHAPURAM

(Regn. No. 67/81)

BALANCE SHEET AS ON AST MARCH, 1591

Rs. P		ASSETS	figures es en 31—3—1990	Es, pa		LIABILITIES	Figures as on 31 -3- 1990
7,25,73,981.2	, _, <u>_, _, _, _, _</u> ,	FIXED ASSETS	5,67,08,080	·		CAPITAL FUND	
	Nīŧ	Machinery at Site	- 8,26,316		4,73,02,557.60	As per Last Balance Sheet	
28,77,815.2		CAPITAL WORK IN PROGRESS	_		79,71,483,52	Add: Transfer of Capital Grants from State Govt.	
		INVESTMENTS			1.27,04,766.00 Nil	From Central Govt. Transfor of Donation	4,73,02,556
		a) Term Deposit in respect of CCL Programme with various	ι.	6,79.78 807,12		-	
	1,40,77,214.00	Banks					
	10,00,000,00 6,00,000,00	 b) Can Fin Homos Ltd. c) Unit Trust of India 					
	.0,00,000.00	 d) In CCL-Non-operational 	•	55,890,46		OTHER SPECIFIC FUNDS	
	2,89,427.55	account with Banks	-	······································			
1,58,66,641.9			1,10,09,880			CAPITAL GRANTS ;	
	2,61,760.00	INVESTMENTS MATURED				 From Government of India, 	
	15,105.00	Term Deposit-Suspense	. —			Miniatry of Health & Family Wolfard	
1,78,865.(2,14,469.(DEPOSITS	2.09,115			a) Vide Ltr. No. 22015/3/90R	
	5	CURRENT ASSETS, LOANS			20,00,000.00	dt. 27-3-91 Dupt. of Health	
		ADVANCES	•	1		a) Vide Ltr, No. DOZ-35011/	
		Clusing Stock of Medicines,				1/88 MG (Val III) under Indo-	
	10,06,111,29	Chemicals, Eng. items atc.	6,40,950			Japanese Grant in aid agree-	
	1,49,713,85	Interest Accrued on Deposits	1,11,089		1,20,00,000.00	ment received in Kind	
	' Nil	Grant Roceivable	6.70,000		1,40,00,000.00		
	7,383.00	Income Tax Deducted at Source	5,484			Lass: Amount utilised for acqui-	
	1,419.00	Prof. Tax-Excess Paid	• –			ring Hospital Equipments.	
	·	ADVANCES				transferred to Capital	
		Considered good 16,31,834.40		1	1,27,04,766.00	Fund	
		- ····································			\$2,95,234.00	-	
		Doubtful 16,363.00				Deleves I'm diligad und trevefored	
	16,47,197.40 3,01,585.85	Considered	10,65 ,976	Nil	12,95,234.00	Balance Unutilised part transforad and abown under utilised Gran(s	· NII
9,17,09,762.0	31,13,410.39	-2	7,12,39,878	6,80,34,497.67		-	4,73,02,558

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REGIONAL CANCER CENTRE.

(Regn. No. 56**7/81**)

BALANCE SHEET AS ON SIST MARCH, 1991

Figures as on 31_3_1990	LIABILITIES		. Rs. Ps,	Figures es on . 31-3-1990	ASSETS		Ra. Ps.
4,73,02,65B	Balance Brought Forward		6,80,34,497.67	7,12,39,878	Balance Brought Forward Sundry Debtors	31,13,410.30 1,95,462.00	9,17,09,762.05
	 From Govt, of Kerele Capita- lised as per Income and Expenditure Account 	87.95.699.5 2	• •	: 287 :	Stamps on hand	Nil	33,08,862.39
· · .	Loss: Amount Utillsed for acqui- ring Equipments and con- struction of Building trans-			; 9,822	CASH ON HAND (including Imprest of Rs. 8,550/- at verious centres) BALANCE WITH BANKS	· · · · · · · · · · · · · · · · · · ·	86,656.65
NI	ferrod to Capital Fund –	67,95,899.52	NI	:	a) State Bank of Travancore MC Br.	· · ·	
	 Donation Received for Pur- chase of Capital Assets 			11,7,2,683	ы) Indian Overseas Bank, Pattom	1,42,690,00	·. ·
	As per last Balance Sheet Add: , Received during the year	84,000.00 10,000.00		4,83,699 9,35,180	 c) Kerala State Co-op. Bank d) Cenaro Bank, Puthenchanthei 	6,32,738.28 17,462.15	
	_	94,000.00		19,84,089	 B) Govt. Treasury, Trivandrum 	45,46,213.00	53,39,101.43
64,000	Loss: Equipment purchased and transfered to NTR project	55,000.00	39,000.00	;	CASH IN TRANSIT		20,00,000.00
	UNUTILISED GRANTS				INCOME & EXPENDITURE ACCOUNT		
	 For putting up Cabalt therapy unit from the Government of India 			:	As per last Balance Sheet Add: Excess of Expenditure over	40,35,543.22	
	As per last Balance Sheet Less: Amount utilised and trens-	54,00.000.00			Expenditure Account	40,53,510.47	
	ferred to Capital Fund dur- ing the year 1989–90	20,00,00 0.0 0		· · · · ·		80,89,053.69	
		34,00;000.00		د ۲	Less: Cancor Care for Life Scheme Balance of Income over	·	
	For Cancer Control Program- me No. 2 (235)/89 TDID				Expenditure account as per Last B/a. 20,31,214,56		
	dt. 14-12-1989 3,60,000 Less: Amount Utilised				Adv: Excess of Income aver Expenditure of CC1. —		
	during 1990-91 3,80,000	Nil -			Scheme 7,03,852.81	27,35,167.37	
4.73,86,663		34,00,000.00	6,80,73,497.57	7,58,25,048	Belance Brought Forward	53,53,896.32	10,24,46;382.5

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REGIONAL CANCER CENTRE

SOCIETY, THIRUVANANTHAPURAM

(Regn. No.

BALANCE SHEET AS ON

11ST MARCH, 1991

;67/81)

31-3-1990	LIABILITIES		Rs. Ps.	Figures es on 31–3–1990	ASSETS		Rs. Ps.
,73,86,558	Balance Brought Forward iii) From World Health Organi-	34,00,000.00	6,60,73,497,57	7,58,25,648	Balance Brought Forward Add: Unprovided depreciation	53,53,886.32	10,24,46,382.52
·	sation as per last Balance Sheet 1,60,728,20			∵ 20, 04,32 9	for carlier years from 1986–87 to 1989–90	1,28,38,989.00	1,81,92, 875.3 2
	Lass: Amount utiliaed during the year 1990–91 37,227.20	1,23,501.00	·				
	iv) Central Government Grant for 1990–91 transferred from Capital Grants	12,95,234.00					
39,20,728	RESEARCH PROJECTS Cancer care for life fu		48,18,735.00 2,41,262.38				
	Add: Receipts during the year as per term deposit Amount	38,17,513.00		2			
	Arta: Balance on CCL Inoperative Account 2,89,427.55						
	Less: Balance as on 1-4-90 in CCL Inoperative Account 38,163.95	2,61,263.60					
	———·	1,46,78,406 . 60					
,06,09,630	Less: Amount Refunded	202.00	1,48,78,204.60	and the second second			· ·
	SECURED LOAMS : 1) On Loan sgainst Fixed Deposit Receipts of Cancer Care for Life Project from : c) State Replied Transmoster Di-	9,09,978.00				·	
	a) State Bank of Travancore-DL b) State Bank of Travancore-OD	7,60,612.51					
	 On Equitable Mortgage of title deeds of Lend and Building and on Hypothecation of all movable stoms from: 						
		16,70,690,51	8,78,11,659.55	7,78,29,978			12.06.39.257.84

REGIONAL CANCER CENTRE SOCIETY, THIRUVANANTHAPURAM

(Regn. No. 67/81)

BALANCE SHEET AS ON IST MARCH, 1991

Figures as on 31–3–1990	LIABILITIES	· · ·	Rs, Ps,	Figures as on 31-3-1990	ASSETS	Rs. Ps.
6,19,16,916	Balance Brought Forward	16,70,590.51	8,78,11,690.65	7,78,29,978	Balance Brought Forward	12,06,39,257.84
1,04,99,524	a) Indian Oversees Bank b) Canata Bank	38,56,979.80 37,16,284.10	30,43,854,41			
22,13,048	UNSECURED LOANS	Nil	Nij			·
	CURRENT LIABILITIES & PROVISIONS					. <u>*1</u> . *
	SUNDRY CREDITORS :					
	For Buildings For Purchases "For Expenses For Othera	10,76,229.00 10,35,499.00 3,26,389.00 5,70,207.77				
	RECOVERIES PENDING REMITT/ Provision for Stationery Provision for Depreciation a) In respect of earlier years from 1986–87 to 1989–90 1,28,38,989 Current Year 78,04,047.3	63,305.00 00			 	
32,00,490		- 2,06,43,036.31	2,37,83,703-B8		· .	
7,78,29,978	Totel		12,06,39,257.84	7,78,29,978	TÓTAL	12,06,39,257.84
			Sd/- Director nul Cancer Centre		Vido our Re Fai	aport of even date attached SANKAR & MODRTHY Chartered Accountants
		·	Trivandrum⊷ 11 -			- KRISHNAMOORTHI Partner
· · · · ·			· · · · · ·	1 1 2		
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REGIONAL CANCER CENTRE

SOCIETY, THIRUVANANTHAPURAM

567/81)

(Regn. No.

INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31ST MARCH, 1991

Figures as on 31–3–1990	EXPENDITURE		Rs. Ps.	Figures as on 31–3–1990	INCOME		Rs. Ps
3,72,816 21,31,664	To Opening Stock of Medicine, Films, Chemicals etc. ,, Purchase of Medicines, Films,		6,40,950.00		BY GRANT RECEIVED From Government of Kerala, Health and Family Welfare		
	Chemicals etc.		00.70.00		Department.		
33,52,834	,, Salaries, Wages & Allowances		30,73,227.00		a) 1st Instalment as per Letter		
27,532	, Consultation Service Fee		51,36,126.28		No. GO/Rt. 1524/90 H&FWD		
24,337	., Uniform		57,100.00		dt. 10th May 1990	42,00,000.00	
8,250	Rent, Rates & Taxes		34,956.30			1999 (1997) (1998) (1993)	
1,10,829	., Postage, Telegram & Telephone		25,345.00		b) Ind Instalment as per Letter		
1,10,862	, Printing & Stationery		1,53,916.00		No. GO/Rt 2494/90 H BFWD		
1,92,311	"Travelling Expenses		1,63,667.00		dt. 7th Aug, 1990	45,00,000.00	
55,045	, Advertisement Charges		1,72,386.70		c) IIIrd Instalment as per Letter		
4,07,960	,, Electricity Charges		1,12,700.00		No. GO/Rt 3302/90 H&FWD		
8,500	, Legal Expenses		6,05,695.00		dt. 3rd Jan, 1991	50.00,000,00	
	Remuneration to Auditors		5,500.00	-		00,00,000.00	
	in contained and to Huditora				d) IVth Instalment as per Letter		
10,000	For Audit	8,500.00			No. GO/Rt 598/91 H&FWD		
	For Tax Representation	1,500.00	200		dt. 25th Feb. 1991	58,25,000.00	
			10,000.00		e) Vth Instalment as per Letter		
					No. GO/Rt 1025/91 H&FWD		
E 22.000	., Repairs & Maintenance		198		dt. 27th March 1991	11,47,000.00	2 1 2 2 1 1 2
5,23,363	Equipments	5,52,240.90	10.00		di arti March 1391	11,47,000.00	
86,646	Buildings	2,11,784.90				2,06,72,000.00	
1,06,093	Vehicles and Others	2,76,695.35	1223-1221 (Sec. 2010)				
	-		10,40,721.15		Less: Part of the Grant Capitalis-		
			1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 -		ed and transferred to Capital		
15 o M	,, New Building Inauguration &				Fund Representing the cost		
93,853	Shifting Expenses		Nil		of Hospital Equipments	22	
15,44,335	,, Interest & Bank Charges		14,59,128.00	*	acquired and for constructio of Building		
	., Service Contract Charges		1,95,210.00		of building	79,71,483.52	1.27,00,516.48
			1,00,010100				1,27,00,010140
91,68,230			1,28,86,628.43	67,85,742			1,27,00,516.48

REGIONAL CANCER CENTRE SOCIETY, THIRUVANANTHAPURAM

No: 567/81) (Regn.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 1991

Figures es on 31–3–1990	Ř8. P3.		EXPENDITURE .	Figures as on 31–3–1990
67,85,742	1,28.86,628.43		Balance Brought Forward	91,68,230
16.74.204			To Conference, Seminars &	50,933
37,205	52.981 <u>.25</u>		Workshop	
	8,841,50		" Computor Expenses	
\$ 3,750	38,445.10 ·		" Books & Pariodicals " Early Cancer Detection	1,02,907
7,000			Centre Expenses	
. · —		4,71,147.60	"Salaries & Allowance	3,29,308
: · · 45,577		47,004.76	., Travelling & Other Expenses	51,481
	6,18,162,35		Proportionate Share of	
			Netional Tumour Registry Project	1,19,088
•	1,38,342.00 1,10,348.95		, Miscellaneous Expenses	67,880
÷.	63,305.00		" Provision for Stationery	
	78,04,047.31		" Provision for Depreciation	.—-
8,40,950	5,381.00		Prior Period Expenses	—
6,25,379			· · · · · · · · · · · · · · · · · · ·	
	i			
99,85,807	2.16,26,472.89		TOTAL	98,89,807
	Sd/- Director nol Cancer Centre . Trivendrum-11	. Regiona		
			- •	
		··· · ··· -·		· -

s es an -1990	INCOME	fis, Ps,
7,85,742	Balance Brought Forward	1,27,00,516.48
3,74,204	By Investigation Fee	39,24,634.50
37,205	., Interest Received	1.31,553.92
3,750	" Cytotechnician Course Fee	2,875.00
7,000	 Fee on Ultrasonography Training Computer Application Course 	11,000.00 1,800.00
45,577	"Miscellaneous Recolpto	63,108.15
8,40,950 6,25.379	Closing Stock of Films Chemicels Medicines Outer Surgical Instruments Excess of Expenditure over Incomo transfered	7,37,474.37 40,53,510.47
6,25,379	"Incomo transfered	40,53,510.47

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TOTAL

Vide our Report of even date attached For SANKAR & MOORTHY Chartered Accountant

.....

\$d/-H. KRISHNAMOORTHI Partner

2,16,26,472.89

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REGIONAL CANCER CENTRE SOCIETY, THIRUVANANTHAPURAM (Regn. No. 576/81)

CANCER CARE FOR LIFE SCHEME

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 1981.

Figures as on 81–3–1990	EXPENDITURE	As ps	Figures as on 31-3-1990	INCOME		
47,139	To Salaries & Allowances	48,317.00	12,660	By Sale of Application Forms		· · · · <u> </u>
10, 570	Advertisement & Publicity	19,000.00	9,71,298	" Interest on Fixed Deposite	and	
21,782	 Processing of Application Forms Mailing Cards etc. 	17.884.00		ather investments		12,14,785.76
- 55,324	 Cost of Return of L'aused Application Forms 					·· ·
31,758	,. Printing & Stationery	41,083.00				•
_	,. Postage & Telophone	7,184.00		· ·	·	· ·
1,212	" Travelling Expenses		:			·· " ·
13,417	,. Maintenance of Motor Vehicles	16,252.95				
1,07,137	,, Cost of Medicines and Expenses re-Imbursed to patients	3,35,419.00				
'430	" Miscellaneous Expenses	1,214.00				
6,95,379	, , Excess of Income over Expenditure	7.03,952.61		• • •		
9,84,148	TOTAL	12,14,785.78	9,84,148	TOTAL		12,14,785.78
• • •		Sd/- Director Rogional Cancer Centre Trivandrum-11.				eport of even date attached SANKAR & MOORTHY Chartered Accountants
· ·			• • • • • •			Sd/- H. KRISHNAMODRTHI Partner
						·•.

REGIONAL CANCER CENTRE SOCIETY, THIRUVANANTHAPURAM

(Regn. No. 567/81) Schedule of Fixed Assets as on 31st March, 1991.

		. GROS	S BLOCK		DEPREC	DEPRECIATION BLOCK			NET BLOCK		
Description of Assets	Cost as on 1-4-1990	Additions	Sales/ Adjustments	Cost as on 31-3-1991	Upto 31-3-1990	Additions	Total upto 31–3–1991	As on 31–3–1991	As on 31–3–1990		
	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.		
Building (Old)	8,60,110.25			8,60,110.25	1,61,486.25	34,931.00	1,96,417.25	6,63,693.00	6,98,624.00		
Building	2,23,93,884.47	3,31,223.00		2,27,25,107.47	11,19,349.68	10,80,287.89	21,99,637.57	2,05,25,469,90	2,12,74,534.79		
Boundary Wall	1,27,118.63	1		1,27,118.63	12,393.63	5,736.00	18,129.63	1,08,989.00	1,14,725.00		
Vater Supply	9,03,999.00	89,905.00		9,93,904,00	1,35,600.00	1,28,746.00	2,64,346.00	7,29,558.00	7,68,399.00		
Furniture & Fixtures	11,52,904.02	4,23,479.17	-	15,76,383.19	2,26,539.12	1,34,984.07	3,61,523.19	12,14,860.00	9,26,364.90		
Office Equipments	1,09,883.90	1,89,292.00	2,250.0	00 2,96,925.90	60,828.90	35,415.00	96,243.90	2,00,682.00	49,055.00		
elephone Equipments	5,15,695.00	2,21,319.00		7,37,014.00	77,354.00	98,949.00	1,76,303.00	5,60,711.00	4,38,341.00		
lospital Equipments	1,78,92,884.02	1,37,12,002.55		3,16,04,886.57	98,22,385.02	43,56,500.55	1,41,78,885.57	1,74,26,001.00	80,70,499.00		
lectrical Installation & Fittings	59,93,872.90	1,61,108.00	_	61,54,980.90	8,99,080.90	7,88,385.00	16,87,465.90	44,67,515.00	50,94,792.00		
Air Conditioning	—	59,77,346.35	1000	59,77,346.35	1	8,96,601.35	8,96,601.35	50,80,745.00			
Computer (Hardware)	_	1,95,525.00		1,95,525.00	-	78,210.00	78,210.00	1,17,315.00			
/ehicles	4,38,492.95			4,38,492.95	1,34,597.95	60,779.00	1,95,376.95	2,43,116.00	3,03,895.00		
ibrary Book	1,96,340.55	2,00,365.45	_	3,96,706.00	1,15,951.55	42,113.45	1,58,065.00	2,38,641.00	80,389.00		
lft/Elevator	4,89,480.00		-	4,89,480.00	73,422.00	62,409.00	1,35,831.00	3,53,649.00	4,16,058.00		
Air Conditoning (under Installation)	56,33,400.35		56,33,400.35	10 10 20 4				<u></u>	56,33,400.38		
	5,67,08,066.04	2,15,01,565.52	56,35,650.35	7,25,73,981.21	1,28,38,989.00	78,04,047.31	2,06,43,036.31	5,19,30,944.90	4,38,69,077.04		

purchase of Hospital and Laboratory Equipments and construction of Building respectively out of the Grant in aid Received from Central Government.

Jirector Regional Cancer Centre Trivandrum-11.

H. KRISHNAMOORTHY Partner

SANKAS & MOORTHY Chartered Accountants

Telephone : 68366 Gandhari Amman Coil Street Trivandrum-695 001

The Governing Body, Regional Cancer Centre Society, Rogn. No. 567/81, Thiruvananthapuram.

AUDIT REPORT

We have examined the books of accounts of REGIONAL CANCE/t CENTRE SOCIETY, Rogn. No. 567/81, THIRUVANANTHAPURAM for the year ended 31st March, 1991 and report that the Bulance Sheet as at 31st March, 1991 and the Income and Expenditure Account annexed thereto for the year ended that date together with the Notes attached thereon, which we have signed under reference to this report, are correct and are in agreement with the books of accounts and other records kep(by the Society so far as it appears from our examination subject to the following:

- Internal Control in respect of Fixed Assets, Stores and Engineering Items are not commonsurate with the size and magnitude of the Society.
- Provision for doubtful advances amounting to Rs. 15,363/- has not been made in the accounts as referred to in Note No. 11.
- Accounts relating to various Research Projects remain unaudited for which an advance of Rs. 3,74,700/- has been received from ICMR/Other Governmont Departments.
- Allocation of Grant of Rs. 206.72 Lakts received from Govornment of Kerala between Capital and Revenue at Ra. 79.72 Lakts and Rs. 127.00 Lakts respectively, on the basis of the addition to Fixed Assets made during the year 1990-91 as referred to in Note No. 5.
- a) Land at Pulayanarkotta measuring 17 Acres in Sy. No. 2122, assigned by the Government of Korala vide order No. GO/MS-1054/22/RD dated 17-11-1982 has not been brought to the accounts for want of ulgar document of Title es referred to in Note No. 8.
- The balance in "CCL Fund" and the investments made thereof in earlier years has not been reconciled. The difference in respect of above amounting to Rs. 15,106/- has been shown as Tarm Deposit Suspense as referred to in Note No. 6.

7. An amount of Rs. 1,27,119/- booked under buildings, included in Fixed Assets representing the cost of construction of boundary wall at ECDC Palghat around 69 Cents of land assigned to Regional Cancer Centre Society vide GC, B19/ 88-RD dated 28-7-1988 for which the receipt of Patte in favour of the Society is yot to be obtained as referred to in Note. 7.

For SANKAR & MOORTHY Chartered Accountants

Trivandrum, 28–10–1991. -Sd H. KRISHNAMOORTHI *Partner*

Remarks of the Regional Cancer Centre on the points raised in the Audit Report.

- The remarks are noted. Internal control procedures will be strengthened.
- Out of Rs. 15,363/- a decree in favour of R. C. C. to realise an amount of Rs. 15,000/- has been obtained from Court. The execution patition filed in accordance with the decree is now under the consideration of the Court.
- 3. In future, it will be ensured that Investigators of the Research Projects get their accounts audited, by the prescribed authority.
- 4. No remarks.

- Action is pursued with revenue authorities to get documents of Title of the property.
- 6. The difference of 8s. 15,105/- will be verified and reconciled.
- Action is pursued with revenue authorities to get patta of the land.

Sd/-DIRECTOR

Regional Cancer Centre Society, Trivandrum NOTES FORMING PART OF ACCOUNTS

- Unprovided Depreciation amounting to Rs. 1,28,38,989/has been brought to the accounts during the year under review. For the year 1990-91, rates applicable as per Schedule XIV of the Companies Act, 1956 has been adopted.
- Stock of Medicines, Chemicals and Other Surgical Instruments amounting to Rs. 7,37,474.37 are brought to the accounts as valued by various Departments.
- Capital Commitments panding execution as at 31st March, 1991 works out to Rs. 48,00,012/- consisting Rs. 17,75,704/- representing Building Works Extension of Phase I and Rs. 30,24,308/- for Piling Works for Building Phase II.
- Grant-in-Aid from Central Govornment includes an amount of Rs. 1.20 Crores representing the Capitelised Value of Equipments received as per Indo-Japanese Grant-in-Aid Agreement through the Ministry of Health and Family Wolfare, New Delhi vide letter No. DOZ-35011/1/88 MG (Vil. III).
- 5. Out of the Grant received from Government of Kerala amounting to Rs. 206.72 Lakhs, an amount of Rs. 79.72 Lakhs have been transferred to Capital Fund representing Fixed Assets and other Equipments acquired/constructed during the year. The balance of Rs. 127.00 Lakhs has been treated as Revenue Grant and taken to Income and Expenditure Account in the absence of any stipulation as regards the nature of the Grant.
- 6. The amount credited to Cancer Care for Life Fund Account in earlier years upto 1989–90 could not be reconciled with the corresponding investments to the tune of Rs.15,105/-. This has been accounted for as Term Deposit Suspense and disclosed in Balance Sheet.
- The land assigned by the State Government vide Order GO/619/88 RD dated 28-7-1988 measuring 69 Cents at

Palghat, and the building constructed there in for Rs. 1,27,119/- for which the receipt of Patta has not been received.

- Land at Pulayanarkotta measuring 17 Acres assigned by the Government of Kerala vide Order No. GO (Ms) No. 1054/ 22/RD dated 17-11-1982 has not been brought to the accounts since the clear document of Title has not been received.
- Claim made by the Executive Engineer, Special Buildings, P. W. D. amounting to Rs. 3,45,615/- for deposit works carried out for R. C. C. has not been acknowledged as debt and hence treated as Contingent Liability and not provided for in the accounts.
- 10. Previous years figures has been grouped wherever necessary.
- An amount of Rs. 15,363/- included in advances viz. Purchase Advance Rs. 363/- and Other Advance Rs. 15,000/- has not been provided for in the accounts, since the matter is pending negotiation.

For SANKAR & MOORTHY Chartered Accountants

> Sd/-H. KRISHNAMOORTHI Partner

SANKAR & MOORTHY Chartered Accountants Phone: 68356 Gandhari Amman Coil Street Thiruvananthapuram-695 001

UTILISATION CERTIFICATE

Certified that the Grant of Rs. 2,06,72,000/- (Rupees Two Crores Six Lakhs Seventy Two Thosand only) received during the year 1990-91 by the Regional Cancer Centre Society, Thiruvananthapuram (Regn. No. 567/81) from the Health and Family Welfare Department, Government of Kerala, as per the Government Orders:-

				Lakhs
GO/Rt. 1524/90 GO/Rt. 2494/90 GO/Rt. 3302/90 GO/Rt. 598/91	 H&FWD H&FWD	dt. dt.	7-8-1990 3-1-1991	42.00 45.00 50.00 58.25
GO/Rt. 1025/91				11.47

has been utilised by the Society during the year 1990-91 for the purpose of Chemotherapy and Nuclear Medicine and Allied. Services and also for the overall development and maintenance of the Institution and other working expenses, implementation of projects, construction of buildings, functioning of Early Cancer Detection Centre and National Tumor Registry.

> For SANKAR & MOORTHY Chartered Accountants

> > -/Sd H. KRISHNAMOORTHI Partner

28-10-1991

SANKAR & MOORTHY Chartered Accountants Phone -- 68356 Gandhari Amman Coil Street Thiruvananthapuram-695 001

UTILISATION CERTIFICATE

Certified that the Grant of Rs. 7,04,766/- (Rupees Seven Lakhs Four Thousand Soven Hundred and Sixiysix), out of the Grant received amounting to Rs 20 Lakhs from the Ministry of Health and Family Welfaro, Government of India vide Letter No. 22015/3/90R dated 27-3-1991, has been utilised by the Society during the year ended 31st March, 1991, for purchase of equipments in connection with the development of the Regional Cancer Centre.

28-10-1991

For SANKAR & MOORTHY Chartered Accountants

Sd/-H. KRISHNAMOORTHI Pattnor

CANCER CARE FOR LIFE SCHEME

Modern medical management of cancer is expensive on account of the enormous cost for diagnosis and treatment. As such a number of patients especially of the wearker section do not comply with the stringent requirements of modern treatment. The R.C.C. sought to relieve the problem to a certain extent by offering to the residents of Kerala, a welfare scheme called "Cancer Care for Life". It was introduced with effect from 1-7-1986. and period of enrolment continued upto 30-6-1991. Anyone who is not a cancer patient could become a member of the schome by filling in an application form for membership and making a one-time remittance of Rs. 101/- to a designated bank. A membership card was issued to those joining the scheme. The membership in the scheme entails the applicant to receive cancer diagnostic and treatment facilities at the R.C.C., Trivandrum in the unfortunate event of getting cancer snytime during his life-time after 2 years from the date of enrolment. R.C.C. meets Bus/Railway fare from residence in Kerala for the first trip to the Centre and accommodation charges according to the rules of the Centre. If the Academic Forum after due consideration of various facts recommend advanced treatment elsewhere such expenses are also met by in the Contre.

The details of working of the scheme are given below:

	· · ·	Uptn 31–3–1990	During 1990–91	Uptu 31,-3–1991
	,	Hs.	Rs.	Rs.
٤.	No. of persons enrolled in the scheme	1,05,000	37,800	1,42,600
°2,	Investment under the scheme	1,10,10,000	48,57.600	1,5 <u>8,</u> 87,000 .
3.	No. toć members who have claimod benefits under the schemer	50	გ1	. 111
4.	Expenditure incurred in granting benefit to members	1,28,000	3,35,400	4,83,400

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LIST OF STAFF

Director	—	Dr. M. Krishnan Nair
Superintendent		Dr. N. Sreedevi Amma
Hon. Secretary (Academic)		Prof. A. Joseph

RADIOTHERAPY

.

Dr. M. Krishnan Nair		Director & Pro
Dr. N. Balakrishnan Nair		Professor
Dr. F. Joseph	_	Associate Profe
Dr. B. Rajan	_	
Dr. T. Gangadevi	_	
Dr. C.S. Rafeeka Beegum	_	
Dr. P. G. Jayaprakash		
Dr. V. Narayana Bhattathiri	_	Assistant Profe
Dr. Jayaprekash Madhavan	_	
Dr. K. Ramedas	_	.,
Dr. G. Suroshchandra Dutt	_	•
Dr. K. Ratheeson		
Dr. K. S. Thomas	_	Lecturer
Dr. Francis V. James		
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DENTAL WING

Dr. K. R. Nalinakumari

IMAGEOLOGY DIVISION

Dr. K. Sasidharan	 Associate Professo 	ж
Dr. V. Padmanabhan	— "	
Dr. V. M. Pradeep	- Assistant Professo	r
Dr. K. Ramachandran	— "	
Sri. K. Reghu Ram Nair		
Smt. B. Vimala	 Radiographer 	
Sint, V. Sheela	— "	
Sri Joe D'Cruz		
Smt. B. R. Suja	_	
Smt. S. I. Sathvalekha	"	

-	Dr. N. Sreedevi Amma
	Prof. A. Joseph
	Director & Professor Professor Associate Professor
_	, r
—	
	12 August 1
	Lecturer
_	71
	Lecturor

RADIATION PHYSICS

Dr. T. P. Ramachandran		Associate Professor .
Sri. P. G. Gopalakrishna Kurup		0
Sri, C. A. Davis	—	Assistant Professor
Sri. Thayal Singh Elias		Lecturer
Smt. Suseelamma, S.	. .	Radiographer
Smt. C. Anitha	_	7 7
Sri N. Sadasivan Nait	-	11
Smt. T. G. Radhamony Amma		"
Smt. M. Leels	_	11
Sri. C. Viswanathan		
Smt, P. Seetha	—	<i>n</i>
Sri. P. Ramabhadran		11 A.
Smt. Susamma George	-	

CYTOLOGY

—	Professor
_	Associate Professor
	Assistant Professor
	Senior Scientific Officer
	Cytologist
—	Cytotechnologist
	Lab, Technician
—	Technician

SURGICAL ONCOLOGY

Dr. Thomas Cherian		Associate Professor
Dr. Gladys Jeevy		Anaesthetist
Dr. Paul Sebastian		Assistant Professor
Dr. Santhosh John Abraham		Lecturor
Dr. D. K. Vijayakumar	—	17
Sri, R. Harikumar		Theatre Assistant
Sri, K. Thankappan Chettiar	-	Helper

PAEDIATRIC ONCOLOGY

Dr. P. Kusuma Kumari		Assistant Professor
Dr. S. Rajeev Kumar	—	Lecturer

MEDICAL ONCOLOGY

Dr. V. P. Gangadharan

.

Assistant Professor ____

COMMUNITY ONCOLOGY

Dr. Babu Mathew Dr. Ramani S. Wesley

Associate Professor Lecturer ___

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CANCER RESEARCH _ _

Dr. Prabha Balaram		Associate Professor
Sri, Raveendran Ankathit	_	Scientific Officer
Sri. Thomas Abraham	_	
Smt. Molykutty John		Lecturer
Smt. P. Ramani	5313	

CLINICAL LABORATORY

Smt. B. Padmavathy Amma	_	Technical Officer
Smt. C. Gangadovi		Lab. Technician
Smt. J. Usha	-	
Smî. P. Benuka	_	
Shit, A. Leela		Animal House Keeper-cum-
		Altender

Sri, K. Vikraman Nair

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HOSPITAL CANCER REGISTRY AND MEDICAL RECORDS

Sri. P. Gangadharan	—	Assoc. Prof. of Cancer Epide- miology (Statistics)
Dr. R. Sankaranarayanan		Assoc. Prof. of Cancer Epide- miology & Clinical Research
Dr. Cherian Varghese	<u> </u>	Asst. Prof. of Cancer Epide- miology & Clinical Research.
Sti. R. Ravoendran Nair		Medical Records & Clinical Services Officer
Smt. G. Padmakumari Amma		Medical Statistician
Smt, Aleyamma Mathew		Lecturer in Computational Statistics

•		
Smt. P. T. Latha		Social Investigator
Smt. Anita Nayar	-	
Smt. V. Jalajakumari	—	Clork
Sri. L. G. Amaidas		0
Sri, G. Rajasekharan Nair		· · ·
Smt. C. Sreedevi Kutty	-	Typist
Smt. D. Chandrika	—	Coding Clerk
Sri. B. Sreekumar		·
Smt. P. G. Sarladevì	—	Cashier
Smt. R. Sheelakumari		<i>n</i>
Sri. C. Mohanachandran		Clinical Records Assistant
Sri, K. Anilkumar	_	
Smt. Siju R. Nair	_	o
Smi, S, Sreelatha		
Sri. K. B. Rajendra Presad	—	Telephone Operator-cum-Re-
-		ceptionist
Sri S. Rajayyan	_	Helper
PHARMACY DEPT.		
Smt. K. C. Maya	_	Pharmacist - cum - Store keeper
SECURITY SERVICES		
Sri. S. Vijayan Nair	_	Sorgeant
Sri, K. Thankappan Nair		
Sri, N. Achuthan Nair	_	
Srj. G. Sukumaran Nais		
Sri, B. Somasekharan Nair	_	
Sri. K. P. Rajeswaran	_	
Sri, B. Stellace		
Sri, B. Sahadevan	_	0
Sn. B. Sanaoevan		
NURSING SERVICES		
Sr. Vijaya	_	Nursing Superintendent
Smt. P. M. Aleykutty	_	Staff Nurse
Smt. S. Geetha		**
Srnt, V. S. Anithamony		· · · · · · · · · · · · · · · · · · ·
Smt. K. C. Nirmala	-	· ,/
Smt. S. Prasanna Kumari		· · · · · · · · · · · · · · · · · · ·

Smt. P. Premalatha	_	<i>,</i> ,	
Smt. Sheela Rodreguez			
Smt. C. P. Zaina	_		
Smt. V. Christeen			
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Smt. B. Savithri Amma		Confidential Assistant
Sri. P. Antony		Helper

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Srl. G. Sadasivan	<u> </u>	Administrative Officer
Sri. K. R. Bhaskaran Nair	—	Finance & Accounts Officer

Sri, K. J. Raj⊎	—	Financial Assistant
Sri, K. Sasikumar	-	Cashier
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Smt. S. Mallikadevi		
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Sri. S. V. Sasikumar		Office Assistant
Smt. N. Beena	—	
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Sri, P. Krishnan Nair	_	Driver
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Shri T, P. Krishnadasan		**
Sri. M. Subair		Helper
Sri. K. Devaraja Panicker	—	17
Sri. G. Surendran	-) r
Sri, R. Anil Kumar	_	0
Sri. C. Hari	—	0 ·
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Sri, L. Balachandran	_	**
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Sri. John Evidus	_	"
Sri, A. Krishnan Kutty		
Sri, R. Sasikumaran Nair	_	Helper-cum-Watchman

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Sri.	Ģ.	Raveendranathan Nair	 Project Engineer
Srí.	А.	Rajan	 Maintenance Engineer (Elec.)
		Vijayakumar	 Asst. Maintenance Engr.
			(Mech.)

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Sri. R. Ashokan Nair	_	Ist Grade Overseer
Smt. P. Suseela		Confidential Assistant
Sri. A. R. Santhosh Kumar		Supervisor
Sri. N. Sasidharan		
Sri, K. R. Rajendran		
Sri. B. Rajeevan		<i>1</i> 7
and a surface south		<i>9</i> 2

EARLY CANCER DETECTION CENTRE, ERNAKULAM

Dr. B. Syamala Kumari	8 <u>—</u> 3	Cytopathologist
Smt. Mercy Joseph	_	Cytotechnologist
Sri. K. Sujathan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sri. K. S. Jayalal		Cytotechnician
Sri. James Thomas		
Smt. L. Madhavikutty Amma	-	Staff Nurse
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Smt. N. Santhakumary	_	Hospital Attender Gr. II
Sri. P. M. Abdul Rahiman	-	Helper
Sri. V. Soman	-	<i>i</i> ,

EARLY CANCER DETECTION CENTRE, PALGHAT

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Smt. C. Radha	-	Cytotechnologist
Sri. B. Anujan	0.	
Sri. A. Nataraj	_	Cytotechnician
Smt. P. C. Bhavani		
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Sri. T. C. Luise	-	

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