



REGIONAL CANCER CENTRE

THIRUVANANTHAPURAM

1998-99

616-994006054830

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REGIONAL CANCER CENTRE

THIRUVANANTHAPURAM-695 011, KERALA, INDIA

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REPORT OF ACTIVITIES 1998-99

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INTRODUCTION

The Annual Report for the year 1998-99 has a special significance as a record of the continuing achievements of the R.C.C. in the last year of this century. As we are about to enter the threshold of the next millennium, evaluation of the services in the past gives us gratification as well as motivation and hopes for a better future in the years to come. In our crusade, our team believes in the motio "to strive, to seek, to find and not to yield".

Under the scheme of modernisation of Radiotherapy, the Department of Atomic Energy of the Government of India granted Rs.145 lakhs till 1998-99. The scheme was started when Dr. P.K. Iyengar was the Chairman and Dr. R. Chidambaram continued to support us. Health and Family Welfare Ministry of Government of India is providing grant at the rate of Rs. 75 lakhs per annum since 1997-98. During 1998-99 a Simulator was purchased at a cost of Rs. 183.97 lakhs, utilising Rs. 105.59 lakhs from the Grant provided by Department of Atomic Energy. The balance amount required for the purchase was met from the grant provided by Health and Family Welfare Ministry. A high dose rate Brachytherapy equipment at a cost of Rs. 71.58 lakhs was also purchased utilising the grant provided by Health and Family Welfare Ministry. Endoscopy unit was started in the R.C.C. in April, 1998 with a single Fibroptic upper G.1. scope and a Neuropharyngioscope. Steps were taken for setting up a comprehensive Video Endoscopic unit very soon. When fully functional, this unit will be a harbinger for modern diagnostic and therapeutic services. A new modality of Photo Dynamic Therapy has been implemented during this year as a palliative procedure in , advanced head and neck cancers and as a curative procedure in early cancers.

Another area in which much stress was given during the year under report is in Pain and Palliative care services. With the help of the Department of Health, Kerala Government, plans were prepared for ramifying the services to the entire State and making morphine easily available at the periphery. A Palliative Care Centre was inaugurated in the R.C.C. in November 1998 by Cine actor Bharath Suresh Gopi. This will be the first training centre for palliative care in a major cancer institute. We hope that in future this Centre will conduct courses in palliative care, inservice training, short term training programmes and training programmes leading to degree and diploma in palliative care. Smt. Kumari Thankam, Staff Nurse was sent to U.K. for advanced studies on palliative care in Oxford Brookes University. Miss. Gilly Burn of the Cancer Relief India, is helping us a lot for Palliative Care Services. The visit of the famous actress Smt. Suhasinj had a great fillip for further development of this division.

As In the previous years this year also we gave paramount importance to Community Oncology Services, the details of which are given under the Community Oncology Division. The Executive Committee has approved our ambitious project "RCC Institute of Epidemiology Surveillance and Preventive Oncology (RESPO)". When functional this institute will play a very important role in carrying out prevention strategies, trends on cancer treatment results and important epidemiologic studies including training programmes; all these are of International standards.

Studies on the "Natural Background Radiation Cancer Registry" at Karunagappally are nearing completion and we expect to generate certain valuable information. In addition to Palakkad and Ernakulam we have started Early Cancer Detection Contres at Kollam, Pathanamthitte and Kodungalloor.

Right from the beginning we were giving great accent on research activities and at present there are several research projects, aided by foreign agencies to the tune of Rs. 1.25 crores; the details of these are given elsewhere. Ten members of faculty got the opportunity to undergo foreign training in different countries during this year. The fifth Cancer Registry training was conducted in this Centre in February 1999. Dr. Federico Welsh, Dr. John Young and Dr. Steve Roeffers from the National Cancer Institute USA, served as foreign faculty.

This report contains the activities of the various divisions and also the audited statement of accounts for the year 1998-99.

DEPARTMENTAL ACTIVITIES

DIVISION OF RADIOTHERAPY

Dr. M. Krishnan Nair Dr. F. Joseph Dr. B. Rajan Dr. T. Gangadevi Dr. P.G. Jayaprakash Dr. C.S. Rafeeka Beegum Dr. Suresh Chandra Dutt Dr. S. Parameswaran Dr. V. Naravana Bhattathiri Dr. Jayaprakash Madhavan Dr. K. Ramadas Dr. K. Ratheesan Dr. Thomas Koilparambil Dr. Francis V. James Dr. Beela Sarah Mathew Dr. Ajithkumar

Director & Professor Dy. Director & Professor Professor Addl. Professor Addi, Professor Addl, Professor Assoc. Professor Assoc, Professor Assoc, Professor Assoc, Professor Assoc. Professor Assoc. Professor Assoc. Professor Assoc. Professor Lecturer Lecturer

This division is responsible for the primary care of cancer patients attending Regional Cancer Centre. It functions as 3 units with 16 radiotheraplets. As the patient management involves multidisciplinary management with radiotherapy, surgery and chemotherapy, regular clinics of different divisions are being conducted. In association with various departments of Medical College, the following clinics are also conducted. Paediatric tumour board (weekly), Gynaecological tumour board (monthly), Gastroenterology tumour board (monthly), Surgery tumour board (monthly) and Clinico-Pathological meeting (monthly). The staff are also actively involved in conducting clinics at peripheral centres at Ernakulam and Karunagappally for regular follow-up of patients.

Clinical Activities

The division has taken the responsibility of 9002 new cancer patients registered at Regional Cancer Centre during 1998-99. During this period there were 85907 review cases. Out of 6901 hospital admissions, 3120 were under the care of the division. Teletherapy was used in 6248 patients and brachytherapy was used in 546 patients.

Split up of Brachyt	terapy	Number
ISI, (Interstitial Implai		- 81
Surface Mould treatm		- 13
Intra luminal applicati	on for ca. oesophagu	is - 40
Manual after loading	for gynaec tumours	- 100
Selectron for gynaec	tumours	- 288
Micro selectron for gy Micro selectron for oe	naec tumour	- 20
Micro selectron for bro	sophagus	- 2
State Scientific Dic	nonus	- 2

Academic activities

Teaching and training in Radiotherapy was provided for the students :

Dr. Ramachandran V	
Dr. Sajeed A	
Dr. Roy Vergis	M D Dadieth
Dr. Susan Mathews	M.D.Radiotheraphy
Dr. Sivaramakrishnanan R	
Dr. Reghuthaman C K	DUIDE
Dr. Asha Arjunan	DMRT

There were regular weekly journal clubs. Twenty guest lectures were conducted by overseas faculties. Training for house surgeons, nursing students and other paramedical staff was continued.

Dr. B. Rajan organised a CME on Breast Cancer at RCC, Trivandrum on behalf of Indian College of Radiation Oncology on 27th February, 1999. Dr. SC. Sharma, President of Indian College of Radiation Oncology presided. Prof. Richard Peto and Dr. Christina Davies from clinical trial service unit, Oxford gave key lectures.

Awards

- Dr. M. Krishnan Nair was awarded the 'Jeevanrasksha' Medals by the AIDS & Cancer Care society of India, May, 1998.
- Dr. Suresh C. Dutt is elected as the President of Association of Radiation oncologists of India, Kerala Chapter.

Ongoing Research Projects

 Randomised trial of Radiotherapy + Mitomycin C in locally advanced head and neck cancers.



Dr. R. Chidambaram, Chairman, Atomic Energy Commission (II from left) inaugurated Simulator, in R.C.C. on 23-4-1999

:		(Funding agency: In Australia)	ternational Atomic Energy (IAEA),
! .		Principal Investigator	Dr. M. Krishnan Nair
ľ		Co-Investigators	Dr. K. Ramadas, Dr. V.N. Bhattathiri Dr. K. Ratheesan
i ·	2.	Radiosensitivity treats	ment outcome and ras gene mutation
		(Funding agency: Dept.	of Atomic Energy (DAE), Mumbai)
2		Principal Investigator	Dr. Jayaprakash Madhavan
。 1993年1月19日,小田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	3.		
医法		Principal Investigator	Dr. V.N. Bhattathiri
	4.	against shorter	moxifen in Breast Cancer - Longer Randomized clinical trial. S-Clinical Trial Services Unit, Oxford, UK.)
		Principal Investigator	Dr. B. Rajan
n a s	5.	Droloxifene for metasi	tatic breast cancer.
See.		(Funding agency: M/S F	Pfizer Ltd. Mumbai)
		Principal Investigator	Dr. M. Krishnan Najr
		Co-Investigators	Dr. K. Ratheesan, Dr. N. Geetha
	6.		ntre Trial on Liposomal Adriamycin cin in metastatic breast cancer.
342.3A	,	Principal Investigator	Dr. M. Krishnan Nair
n (market		Co-investigator	Dr. Jayaprakash Madhavan, Dr. N. Geetha.
	7.		o treatment with Methotrexate of oral the degree of folate deficiency.
127.7		Principal Investigator	Dr. V.N. Bhattathiri
	8.		iised double blind study of idexifene astatic breast cancer in post meno-

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(Funding agency: Smithkline Beecham Health Care Ltd.) Principal Investigator Dr. M. Krishnan Nair Co-investigator Dr. S. Parameswaran, Dr. N. Geetha.

Randomized study of Gemeltabin Va. Epirubicia in patients 9. with metastatic breast cancer.

(Funding agency: M/S Eli Lilly Ranboxy Ltd., New Delhi.)

Principal Investigator Dr. B. Rajan Co-Investigators

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Dr. Rafeeka Beegum

Dr. Beela Sarah Mathew.

Dr. T.V. Ajith Kumar.

- Role of indigenous medical products as adjuvant to Radical radiotherapy in oral cancers- A randomized controlled study.
- 11. Antineoplastic evaluation of akaloidal principles of amoora rehituka based on flow cytometry (ICMR)
- 12. Radical radiotherapy + Interferon Vs radiotherapy for advanced buccal cancers.

Principal Investigator	Dr. K. Ramadas
Co-Investigators	Dr. B. Rajan,
	Dr.Beela Sarah Mathew,
	Dr. E. Joseph

13. Evaluation of the chemopreventive potential of Vit.A in the prevention of recurrence and second primaries in head and neck cancer.

(Funding agency: IARC, WHO, France.)

- Principal Investigator Dr. K. Ramadas
- Co-Investigators

Dr. Beela Sarah Mathew, Dr. Aswin

Dr. F. Joseph, Dr. M. Krishnan Nair

The department also co-operated with various studies by other divisions in Regional Cancer Centre and departments in Medical Colleges.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF SURGICAL ONCOLOGY

Dr. M. Igbal Ahamed Dr. Paul Sebastian pr. K. Chitrathara

Dr. Jem Prabhakar

Dr. Cherian Koshy

- Dr. Namrata Dhakkad
- Dr. Manoj Pandey Dr. Shaji Thomas

- Assoc, Professor Assoc. Professor
- Asst. Professor (on deputation leave)
- Asst. Professor (on deputation leave)
- Asst. Professor
- Asst. Professor
- Asst. Professor
- Lecturer.

Anaesthesiology

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- Assoc. Professor Dr. Gladys Jeevy Consultant Anaesthetist Dr. K. Gopalakrishnan Dr. Rachel Cherian Koshy - Asst. Professor Lecturer Dr. Mary Thomas

The surgical encology division continues to work as a unit, operating five days a week and conducting out patient service all the six days and special out patient clinics twice weekly for long term review patients.

During the reporting year a total of 1380 surgical procedures were carried out, of which 740 were major procedures done under general anaesthesia (Table - 1). Apart from this, a new modality of photo dynamic therapy using the drug Foscan, as part of a multicentric trial has also been carried out as a palliative procedure in advanced head and neck cancers and as a curative procedure in early recurrent cancers of oromandibular area. The minor procedures included incisional and exclsional biopsies and all curative procedures done under local anaesthesia.

TABLE - 1

Major operations		743
Minor procedures		637
Foscan PDT	-	23
Total	-	1403

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The division used to carry out diagnostic endoscopic procedures, like cystoscopic, nasopharyngoscopic, colposcopic examinations. Since last year, these investigatory procedures are being performed by the divisions of endoscopy and the community oncology.

As in the previous years head and neck cancers including thyroid cancers formed more than half of the major operative work (54%) (Table - 2).

TABLE - 2

Region wise distribution of major operations

Region	Number	Percent
Head and neck	399	53.70
Breast	135	18.17
Genitourinary	96	12.92
Gastrointestinal and retroperitonium	52	7.00
Bone and soft tissues	42	5.65
Skin including malignant melanoma	19	2.56
Total	743	100.00

In the head and neck region, oromandibular cancer (65.6%) was the major site of disease. Surgery was considered as the primany modality of treatment in locally advanced tongue cancers unsuitable for interstitial radium implantation. The majority of the tongue lesions were either locally advanced, which necessitated segmental mandibulectomy and primary reconstruction using myocutaneous flaps or were associated with nodal disease where some form of neck dissection was also carried out. On the other hand, the majority of buccal mucosa lesions were either radio-resistant or recurrent lesions. Salvage surgery in these patients often necessitated primary reconstruction. Surgery as the primary modality of treatment was considered only in those patients with locoregionally advanced disease with skin involvement and/or metastatic nodal disease. Apart from this, 38 patients were treated for metastatic nodal disease only, the primary being controlled either by radiation therapy or previous surgery. Some of these patients had extensive disease with skin involvement and local flaps were used for skin cover after ablative resection. A total of 153 flaps were used in 136 patients, 17 patients requiring two flaps each for lining and cover. In a few patients, folded pectoralis major and latissimus dorsl myocutaneous flaps were used for the above

purpose. The site wise distribution of head and neck cancers and the various flaps used for reconstruction are given in tables 3 and 4 respectively.

TABLE - 3	
ite wise distribution of head and necl	k cancers

S

Site	No	Percent
	112	28.07
Tongue Buccal mucosa	85	21.30
Lower alveolus	46	11.53
Floor of mouth	10	2.51
Lip (upper and lower)	. 9	2.26
Metastatic neck node	38	9.52
Upper alveolus and nasal sinus	18	4.51
Oropharynx	7	1.75
Thyroid	56	14.04
Major sallvary glands	12	3.01
-	6	i.50
		× 00 00
Total	399	100.00

TABLE - 4

Flaps used for reconstruction after radical excision In head and neck region

Flap	No.
Pectoralis major myocutaneous flap	120
Deltopectoral faciocutaneous flap	16
Nasolabial myocutaneous flap	7
Sternomastoid myocutaneous flap	3
Platysma myocutaneous flap	3
Latissimus dorsi myocutaneous flap	2
Tongue flap	1
Trapexius myocutaneous flap	- 1
Total	153

Myocutaneous flaps were also used in other areas after radical excision and also in three cases of breast reconstruction after mastectomy.

Modified radical mastectomy was the standard procedure being carried out for breast cancer. A total of 135 breast cancer patients were treated during the reporting year, and the number of breast conservation has shown a decline (9), compared to previous year, for the lack of patient interest. However three patients opted for breast construction, and the results were satisfactory.

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As in the previous years, the gastrointestinal and genitourinary cancer formed about 20% of the total operative work. In gastrointestinal malignancies, stomach and colorectal together constituted the major sites (Table - 5) and in stomach cancers, a curative resection could be achieved only in about 50% of cases.

TABLE - 5

Region wise distribution of abdominal cancers

Region	No.	
Oesophagus		
Stomach	13	
Colorectum	16	
Retroperitoneum	6	
Suprarenal	1	
Others	8	· ·
Total	48	
A		

Gynaecological malignancies formed about 8% of the total operative work. Interval cytoreduction has been routinely performed in ovarian cancers.

TABLE - 6

Site wise distribution of Genitourinary cancers

Site	No.	
Cervix and uterus	38	
Ovary	23	
Vulva and vagina	2	
Prostate	8	
Penís	12	
Bladder	1	
Inguinal nodes	. 12	
Total	96	

Bone and soft tissue tumours constituted 5.6% of total number of cases. Bone turnours were almost always treated by amputation or disarticulation. However, in soft tissue sarcomas of the extremities, a planned timb salvage surgery could be carried out in majority of patients.

Anaesthesia

In the head and neck surgeries 60% of cases were after radiation or previous surgery with trismus and distorted airway anatomy. Hence blind nasal intubation was done in these cases without going in for tracheostomy. Nasal endotracheal tube was retained over night in 231 cases. They tolerated the tube and respiratory distress due to post operative oederna around the airway and falling back of tongue are avoided.

Tracheostomy was not done in any case for intubatory purpose. There was no anaesthetic death during the reporting year.

In 65% cases there were co-existing systemic diseases as hypertension, ischemic heart disease, pulmonary tuberoulosis, asthma and mental illness. They were taken up for surgery after treating the illness and making them almost up to the optimal condition for anaesthesia in view of the progressive nature of carcinoma.

For post-operative analgesia in abdominal surgeries epidural catheter was kept for 2 or 3 days and analgesics given.

Academic Activities

Post graduate students in general surgery from Medical College, Trivandrum and in oral and maxillofacial surgery from Dental Colleges in Trivandrum and Calicut, and from A.B.Shetty Dental College, Mangalore had regular postings in this division.

Intra divisional journals clubs and symposia were conducted regularly on Saturdays.

Research Projects

 Pesticide exposure of pesticides and risk of breast cancer (Funding agency : Environmental Epidemiology branch, National Cancer Institute, USA)

Supervisor

Dr. Iqbal Ahamed

 Population based screening for oral premalignant lesions through Inspection and oral examination. (Funding agency : IARC, Lyon, France)

Co-investigators Dr. M. Iqbal A

3 Dr. M. Iqbal Ahamed, Dr. Manoj Pandey

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Evaluation of oral visual inspection in the control of oral 3. cancer

(Funding agency : IARC, Lyon, France) Co-investigators Dr. M. Iqbal Ahamed, Dr. Manoj Pandey

Evaluation of chemoprevention of oral cancer with long term 4. administration of vitamin A in subjects at high risk. (Funding agency : IARC, Lyon, France) Co-investigators

Dr. M. Iqbal Ahamed, Dr. Manoj Pandey

- Trivandrum rural cohort in tobacco related mortality (TRM) 5. (Funding agency : IARC, Lyon, France)
- Co-investigators Dr. M. Iqbal Ahamed, Dr. Manoj Pandey
- Case-control study of gall bladder cancer 6. (Funding agency : IARC, Lyon, France) Co-investigators Dr. Manoj Pandey
- 7. Trivandrum quality of life study (Pilot project completed) Principal Investigator

Dr. Manoj Pandey

8. Psycho-social and vocational rehabilitation of cancer survivors.

(Funding agency : Centre for development studies, Trivandrum) Principal investigator Dr. M. Igbal Ahamed

Evaluation of chemoprevention of second primary in 9. patients with head and neck cancer with administration of vitamin A.

(Funding agency : IARC, Lyon, France)

Co-investigators Dr. Manoj Pandey

10. Phase III open labelled single group study into the effect of foscan mediated PDT on recurrent, squamous cell carcinomas of oral cavity.

(Funding agency : Noval scotia, UK)

11. A multicentric open labelled single and multiple dose study of foscan mediated PDT for the palliative therapy of recurrent, refractory or second primary SCC of head and neck in patients considered to be incurable by surgery or radiotherapy.

(Funding agency : Nova scotia, UK)



12. Randomized controled, double blind study into the safety and efficacy of piroxicam as post operative analgesic.

13. The primary progesterone therapy for operable breast cancer a randomized multi-centre control trial.

(Funding agency : Indian breast group TATA Memorial Hospital, Dr. E.Borges Marg, Parel, Mumbai)

Chief investigator Dr. M.Iqbal Ahamed

Awards/ Honours /Fellowship/ Training

Dr. Mano) Pandey

Selected to be featured on the Who's Who in the World : 2000. 17th Edition.

Dr. Namrata Dhakkad

Awarded a ICRETT fellowship by UICC. Underwort training at Memorial Sloan Kettering Cancer Centre, New York, for "Radical pelvic surgery and reconstruction" under guidance of 'Dr. William J., Hoskins, M.D. chief of gynaecological services, 15th August to 30th September 1998.

Dr. Cherlan M. Koshy

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Attended one month training on statistical methods in medicine, health, environment, November, 1998.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF ENDOSCOPY

Dr. Raghukumar

- Lecturer (on deputation)

The Division of Endoscopy started functioning on 23rd April 1998. Dr. M. Krishnan Nair, Director, inaugurated the department in the presence of the Staff of RCC.

With the help of a Fibro-optic upper GI scope and a fibro-optic nasopharyngoscope a total number of 1416 cases of endoscopies were done during the last one year.

Upper GI scopy	22	782
Nasopharyngoscopy	32	385
Bronchoscopy	-	64
Cystoscopy	-	185

The following therapeutic procedures were done during the last one year.

- Oesophageal stenting for inoperable carcinoma of oesophagus
- 2. Sclerotherapy for oesophageal varies
- 3. Band ligation of oesophageal varies
- 4. Bronchial and oesophageal brachytherapy

Orders have been placed to purchase a full Video endoscopic unit including bronchoscope, upper GI scope, ERCP scope, and colonoscope. More advanced therapeutic and palliative procedures can be done for patients with inoperable malignant condition of upper GI, colon and bronchial tree in the near future.

The endoscopy unit at present is functioning in one of the rooms adjacent to the operation theatre complex near the Medical Oncology OP-wing. Construction and fabrication work has already started for the endoscopy unit in one of the operation theatre rooms.

Future plans

We are planning to start training programme for the surgery and medical post graduate students in the field of therapeutic endoscopy.

In the near future we hope this division will become the only centre in South India where all kinds of diagnostic and therapeutic endoscopic procedures will be done under one roof.

Conferences, etc. attended - (Chapter III)



DIVISION OF PAEDIATRIC ONCOLOGY

Dr. P. Kusumakumary

Assoc. Professor

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Dr. T. Priyakumary

Lecturer

Lecturer

Dr. Mini S. The division continues to work for the primary care of patients up to the age of 14 years registered in this centre.

Clinical Activities

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Paediatric Oncology out patient service functions six days a week. The distribution pattern of paediatric patients registered during the reporting year is given below.

Mileral .	Number	Percentage
Acute lymphatic leukaemla	108	29.3
Acute myeloid leukaemia	16	4.3
Chronic myeloid leukaemia	2	0.5
	49	13.3
Brain tumours	24	6.5
Lymphomas Soft tissue sarcomas	5	1.4
•	31	8.4
Neuroblastomas	10	2.7
Wilm's tumour	24	6.5
Bone tumours	8	2.2
Retinoblastoma	11	3.0
Germ cell tumours	3	0.8
Hepatic tumours	9	2.4
Histlocytosis	13	3.5
Carcinomas	18	4.9
Rhabdomyosarcoma		10.3
Non malignant	38	100.0
Total number of new patients	369	6560
Total number of out patient visits		0000

As in the previous years the most common malignancy reported was acute leukaemias (33.6%). 87% of acute leukaemias were acute lymphoblastic leukaemia.

All new patients underwent detailed diagnostic work up and appropriate treatment was given. Paediatric tumour board, with a multidisciplinary team consisting of paediatric oncologist, paediatric surgeon, pathologist and radiation oncologist was conducted Monday at 2 PM and major management decisions were taken by this team.

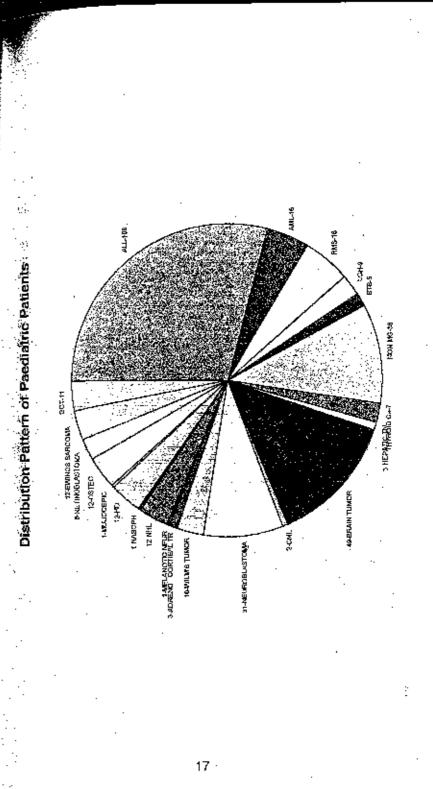
Academic & Research activities

- :'' |i The division actively participated in the teaching and training programme for under graduates and post graduates from Medical College, Trivandrum.

Organised a CME programme on Paediatric Haematology and Oncology at RCC, Trivandrum; 6 January, 1998.

Conferences, etc. attended - (Chapter III)

Papers presented - (Chapter IV) Papers published - (Chapter V)



DIVISION OF MEDICAL ONCOLOGY

Dr. V.P. Gangadharan - A

- aran Assoc. Professor
- Dr. N. Geetha
- Asst. Professor
- Dr. B.M. Hussain
- Lecturer (on leave)

The division is responsible for the diagnosis and management of haematological and lymphoreticular malignancies and solid tumours, where chemotherapy is needed.

About 1500 new cases were seen in this unit during the reporting year. Special procedures like bone marrow aspiration, bone marrow biopsy, liver biopsy and central venous catheter installations were done as outpatient procedures.

About 1000 patients were admitted in the ward for administration of high profile chemotherapy and management of emergencies and complications. Critically ill patients were closely monitored and managed in the ICU.

Academic activities

Post graduate residents in general medicine were given preliminary medical encology training. Teaching sessions included case discussion, seminars and journal discussions. Diagnosis and management of haematological malignancies and the current trends in the management of medical encology problems were taught to them.

In addition, ward nurses were trained in patient care especially the cases of immuno- compromised and neutropenic patients.

Periodic lectures were conducted in 'MEDISAT' programme of General Medicine Department at Medical College, Trivandrum and for the training programme of house surgeons.

Research projects

 Cytogenetic and hematologic remission in CML with Interferon α 26.

Co-Investigator Dr. V.P. Gangadharan

2. GM-CSF in AML – Role In induction.

Co-investigator Dr. V.P. Gangadharan

 Neo adjuvant chemotherapy and limb Salvage in Osteosarcoma.

Co-investigator

Dr. V.P. Gangadharan

A multicentric randomised double blind study of IdoxIfene 40 mg/day vs tamoxifene 20mg/day as first line hormonal therapy for metastatic breast cancer in postmenopausal women.

(Funding agency: Skithkline Beecham Health Care Ltd)

Co-Investigator Dr. N. Geetha

In this the efficacy of Idoxifene 40 mg/day and tamoxifene 20 mg/day are compared in receptor positive women with metastatic breast cancer.

Phase III comprehensive study of combination treatment with TLCD-99 liposomal doxorubicin and cyclophosphamide Vs doxorubicin and cyclophosphamide in metastatic breast cancer.

Co-Investigator

Dr. N. Geetha

Since the cardiac toxicity of liposomal doxorubicin is less, dose escalation is attempted and the toxicities and efficacy are compared.

A randomized, open label comparative multicenter trial of voriconazole Vs. Ambisome for emperical antifungal therapy in immunocompromised patients with persistent lever and neutropenia.

Co-Investigator

Dr. N. Geetha

Training

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Dr. N. Geetha

Visitorship in the Department of Radiation Oncology, University of San Fransisco, California, May 20-28th, 1998.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF DENTAL CARE

Dr. Nalina Kumari, K.R. - Lecturer

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This division provides facilities for extraction, blopsy, pre and post radiation care of teeth, maxillofacial prosthesis, oral prophylaxis conservative therapy for oral cancer patients, management of precancerous and other oral lesions are also done. Preparation of bite blocks and mould are also rarely undertaken. The division functions 6 days of the week. Patients are referred to the division by the division of Radiotherapy for required treatment.

The following are the highlights of activities:

Minor operations for biopsies Dental extractions Oral prophylaxis Conservative therapy Occlusal adjustments Preparation of mould Preparation of maxillofacial prosthesis Preparation of bite blocks Management of precancerous and other oral lesions Pre and Post radiation care of teeth

TABLE 1

Patient attendance during the year 1998-'99.

Total number of cases attended	4734
Total number of new cases	706
ECDC patients	7
CCL patients	, 8
Pre-cancer patients attended	5
- a winder batterite strended	7

TABLE -2

Services rendered during the year 1998-'99,

Service	Number
Biopsies taken	531
Teeth extraction	1895
Post radiation care of teeth	478

Maxillofacial prosthesis prepared	19
Maxilloracial produces Conservative therapy (filling)	10
Conservative theory of a conservative theory of the ry of the conservative	70
Oral prostribute mould propared Bite blocks and mould propared	4
Bile blocks and meeter propured Occlusal adjustments done	4

TABLE - 3

site-wise distribution of biopales done in 1998-'99

Site of biopsy	No.	Percentage
Right buccal mucosa	89	16.76
Left buccal mucosa	104	19.59
Right commissure	13	2.45
Left commissure	11	2.07
Hard palate	20	3.77
Soft palate	8	1.51
Right retromolar region	13	2.45
Left retromolar region	11	2.07
Dorsum of tongue	25	4.71
Left border of tongue	60	11.30
Right border of tongue	41	7.72
Tip of tongue	5	0.94
Under surface of tongue	7	1.32
Floor of the mouth	19	3.58
Left lower aiveolus	,39	7.34
Right lower alveolus	20	3,77
Left upper alveolus	13	2.45
Right upper alveolus	. 4	0.75
Left lower sulcus	4	0.75
Right lower sulcus	5	0.94
Left upper sulcus	4	0.78
Lower lip	14	
Upper tip	2	0.38
Total	531	100.0

Pre and Post Radiation Care of Teeth

It is found that post radiation caries, osteoradionecrosis and sensitivity of teeth are the main complications developing after radiation treatment in patients who are suffering from cancer of the oral cavity, upper part of the oesophagus, lower part of the nasopharynx, maxiliary sinuses, parotid gland etc. To avoid this, total dental extraction was usually resorted to such patients. In this context, the division contemplated developing a preventive programme to tackle the problem of post radiation caries of teeth, sensitivity etc. in young patients. This resulted in the introduction of fluoride therapy for treating this condition.

The pre and post radiation treatment is recommended to cover the following:

- 1. Oral prophylaxis
- 2. Conservative dental treatments
- 3. Occlusal adjustments
- 4. Preparation of vinyl fluoride carriers
- 5. Application of fluoride get
- 6. A good dental follow-up programme

The number of patients who availed of the fluoride treatment has risen to 288. These patients had not yet been any complaints in relation to their teeth.

Other Activities

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- 1. Biteblocks and moulds were prepared for treatment of oral cancer patients in connection with their treatment with radiation and radium implantation.
- 2. Maxillofacial prosthesis for correcting the deformities of the face after doing surgery in some cases of oral cancer.
- For cases of leukoplakia, SMF, lichen planus etc. monthly checkup is conducted to assess the condition of patients who are under treatment.

Research Activ/ties

This division rendered support to the Research Division and Radiotherapy department.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF CLINICAL SERVICES AND MEDICAL RECORDS

Mr.R. Raveendran Nair

- Administrative Officer (Clinical Service)
 Asst. Public Relations Officer.
- Mr. V. Surendran Nair As Mr. G. Rajasekharan Nair - M
 - Medical Records Officer

This division is concentrating more on patient related activities. For the convenience of overall activities the medical records also ingluded in the clinical service under the reporting period onwards. During the reporting year the section has undertaken the management of newly started PAY CLINIC from 31.7.1998 onwards. The following are the main activities of the division.

- OP service: This is managed with the support of nurses and other paramedical workers.
- New registration and income assessment
- Case sheet assembling after registration
- Patient identity card preparation
- Follow-up

- Issue of all laboratory reports, certificates etc.
- Interim filing of case sheets
- Summary typing
- Pay ward booking and its allotement
- Conduct of follow-up clinics at ECDC, Ernakulam
- Co-ordination of CCL, ESI and other schemes
- Assistance to the patient for getting finance aid
- Conduct of pay clinic
- Filing and retrieval of case sheets for follow-up, admission, research, cancer registry.
- Maintenance of death register and death reporting to the registrar
- Send follow-up letters and other patient correspondence
- Maintaining of various registers
- Coding and indexing
- Data entry at various level
- Filing of all laboratory reports
- Abstract and update the case sheet for outside clinic
- Printing and issue of various forms
- Telephone exchange operation
- Security service
- Garden maintenance

A computer chart tracking has been introduced during this peirod and one more computer terminal has extended for entering the ICD code, treatment etc.

During the reporting year, RCC has provided free of investigation and treatment except chemotherapy drug to 53% of total patients and 20% of patients have been provided both investigation and treatment at a conscessional rate. The centre has spent Rs. 37,01,243/ towards the cost of anticancer drug and other supportive medicine to poor patients.

During the year under report 151 new cancer patients received Cancer Care for Life benefits, 573 patients received benefits from ESI scheme, 194 patients received benefits from central health scheme and 103 patients received benefits from other schemes.

The public relation service has been engaged in the following:

- Media relations and co-ordination
- Guidance to patients and public
- Co-ordination of conference, work-shop and public functions
- Managing trip schedule of various vohicles
- Patient welfare activities

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- Issuing press release to various media
- Assistance for publishing article on our activities in various media and preparing write ups for the centre.
- Receive complaints about the services from patients and bring to the notice of the concerned officials.

In addition to the above routine work the wing has been succeeded in the following:

- With the help of State Bank of Travancore, the wing has installed sign boards in various parts of the centre. (Vinyl fluorescent and power coated aluminium boards which cost about Rs. 75,000/-)
- The wing has started to publish a house magazine named Samanwayam from January 1999 (Trimonthly) intended for publishing news about the centre, articles from staff members and other valuable informations.

R. Raveendran Nair was invited as external examiner for the final year students M.App. Science (Medical Documentation) Course at M.G. University, Kottayam.

This section has given training to 3 students of Hospital Administration, 3 students of Medical Documentation from M.G. University, Kottayam, 16 students of MSW from Loyola College, Trivandrum.

We acknowledge thanks to all who has contributed to the poor patients welfare fund.

Table 1.

Patient attendance during current and previous year

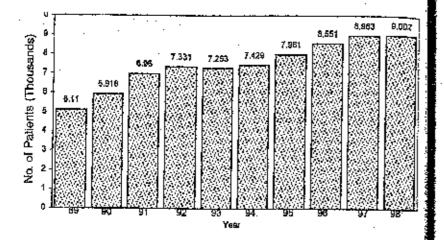
	Current year(1998)	Previous year
New cases registered Review cases Radiation Oncology Surgical Oncology Medical Oncology Paediatric Oncology Total patients (New & Old) Dally average patient Average attendance per pati No of inpatient admission Radiation Oncology Surgical Oncology Medical Oncology Paediatric Oncology Total appointment given	9002 85607 62976 2670 12206 8055 94909 316 94909 316 10.5 6901 3120 764 2149 868 67103	8963 96097 73125 3488 11758 7726 105060 350 11.7 6609 3292 732 2059 526 64142
Total appointment given Attendance from appointmen Average length of stay Hospital Deaths		55806(87%) 10 398

TABLE 2.

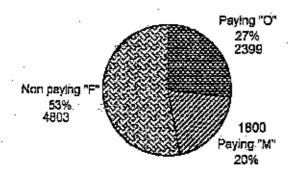
District wise distribution of new cases reported at RCC: 1998

District	No.	Percentage
Trivandrum	2492	27.7
Kollam	1820	20.2
Pathanamthitta	563	6.2
Alapuzha	495	5.5
Kottayam	256	2.8
ldukki	105	1.2
Ernakulam	711	8.0
Trichur	385	4.2
Palghat	250	2.8
Malappuram	325	3.6
Waynad	41	0.5
Calicut	242	2.7
Kannur	315	3.5
Kasargod	35	0.4
Others	967	10.7
Total	9002	100

Number of Patients registered during the last 10 years (1989-1998)



Percentage of paying & non paying cases for the year 1998 (New Registration)



Total Cases : 9002

DIVISION OF NURSING SERVICES

Sr. Vijaya	CNO & Assoc. Prof. of Nursing
Ms. Usha Bai D	Nursing Officer (Temporary)
Ms. Graceamma Joseph	ANO (I/C)

The division aims at rendering comprehensive quality care to suffering cancer patients on a holistic viewpoint, which includes the physical, social, emotional, cognitive and spiritual needs of the individual patient. This includes extending pain relief and palliative care services to patients with advanced cancer.

Outpatient Services

Out patient department consists of cancer clinics, speciality clinics, blood bank, laboratory, Imageology and nuclear medicine. Nurses have a major role in coordinating the outpatient services by providing necessary informations, direction and guidance to patients and in assisting various investigative procedures and diagnostic tests.

Chemotherapy Unit

This unit functions as day care with 20 beds and a few seating arrangements. An average 90-100 patients dally avail the service of this unit. The unit is totally managed by nursing staff except for seeking medical consultancy services in medical emergencies. Total responsibility of preparation and administration of cancer chemotherapeutics is vested on the nursing staff.

Medical Oncology

Nurses in this unit are caring for patients with leukaemias, lymphomas, osteosarcoma and other cancers requiring intense chemotherapy. Nurses role include preparation and administration of cancer chemotherapeutics, management of toxic effects of chemotherapy, providlng psychological support and counseling services, teaching patients on infection control measures and home care. Nurses render individualized quality care to patients as bystanders are not permitted other than visiting hours.

Radio-lodine Unit

It has a bed capacity of 7 and patients with thyrold cancers are admitted for isolation after taking radio active iodine treatment. Mostly patients capable for self care are admitted to this unit and the nurses are on call to the unit through a hot line system. Patients are oriented on radiation hazards and the need for isolation on intake of radio active iodine.

Surgical Oncology

This unit comprises of operation theater and surgical ward. Common surgical procedures include head and neck surgeries, mastectomy, thyroidectomy, abdominoperineal resections, hysterectomy and Aki BK amputations and so on. Nurses in this unit are actively involved in the pre-operative, intra operative and post operative care of surgical patients. Nurses visit patients in the pre-operative period and provide them psychological support, reassurance and necessary informations on surgery and anesthesia.

General Ward

In general ward nurses have diverse roles and responsibilities as they have to care for patients from all divisions of RCC except paediatric cases. Since majority of the patients are elderly, dependent and in the advanced stages of cancer, nurses have a task in providing individualized quality care round the clock, in the absence of bystanders with the patients.

Payward Block

The unit gets patients with all kinds of cancers like paediatric, surgical, medical and palliative. Though bystanders are allowed with the patient, nurses make an earnest effort to render quality care to each patient.

Barchytherapy

The unit has a bed capacity of 10 and accommodates patients for interstitial implantation, intraluminal radiotherapy, intracavitary applications like Low Dose Rate selectron and High Dose Rate selectron. Nursing staff are given training on radiation hazards and radiation precautions.

Paediatric Oncology

Children with leukaemia, lymphoma, neuroblastoma, Wilm's tumour and brain tumours are cared in the unit. Mothers are permitted to stay with children in the unit. The ward is equipped with well furnished playroom and mothers room. Nurses spend much time in engaging children with diversional activities and mothers with psychological support.



Palliative Care

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Palliative care services include pain clinic and palliative care ward. In the pain clinic, nurses assess intensity of pain and other symptoms, dispense pain medications, provide counseling and relaxation therapy and other symptom control measures. Nurses visit patients on admitted in various palliative care wards and provide counseling and relaxation therapy and teaches home care to patients and relatives. A group of nurses have been specially trained on palliative care and their services are utilized in various wards.

Special Oncology Nursing Activities

Selected nurses are given special training on excercises and massage for relief of lymphodema, complementary therapies such as simple stroke, relaxation and foot massage, and carers training on basic home care skills. Carers training has been implemented in every ward on special drugs. These activities of the nursing division are much accepted and appreciated by the patients and relatives.

Staff Development Programmes

Educational sessions are conducted for nursing staff in their respective units monthly, where nurses present case studies, or doctors take special classes on relevant topics. Besides, there are also discussions on ward problems and other issues in maintaining the standard of nursing care.

Separate meetings for head nurses and staff nurses in general are falso held every month. Echo sharings of conferences / workshops attended by staff are presented in this meeting. This is also a forum for any announcements and instructions. Inservice training programme for all the nursing staff has been organized in batches periodically.

Nurses who show special aptitude, interest or skill are given opportunities for attending workshops / conferences of national and international level. They are helped and encourage to present relevant papers in such programmes.

Pailiative Care Training

An ongoing one month training programme on palliative care for registered nurses sponsored by Directorate of Health Services of Kerala State is organized by the nursing division. The first batch consisting of 12 staff nurses, successfully completed the training and the second batch is beginning very shortly. Kumarl Thankam BSc(N) has been sponsored by Cancer Relief India to undergo diploma in palliative care medicine at Oxford from June '98,

Observation / Orientation Programmes

This division provides for observation / orientation programme for BSc(N) and MSc(N) students from National / International level. All the three colleges of nursing under the State Directorate of Medical Education send their BSc(N) / MSc(N) students regularly for such programme with specific objective. The students of BSc(N) and MSc(N) from college of nursing, Trivandrum are given one month clinical posting in the oncology nursing units regularly. The undergraduate and post graduate students from self financing colleges also benefit from this orientation programmes besides a few colleges from outside the Kerala State.

Volunteer services

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The nursing division co-ordinates the volunteer's service for the centro. Also organizes regular training programmes and other inputs,

> Conferences, etc. attended - (Chapter III) Papers presenied - (Chapter IV) Papers published - (Chapter V)

CLINICAL POSTING AND ORIENTATION PROGRAMME FOR NURSING STUDENTS AT RCC, TRIVANDRUM FOR THE YEAR 1998-'99.

jale	Programme	Institution	No. of
		. <u> </u>	Students
00:04.98 to 16:05:58	Clinical posting in oncology (4 weeks)	3rd yoar BSc(N) students, Coliege of Nursing, Trivandrum	50
26.04.98 to 26.05.98 to 26.05.98 to 31.05.98	Clinical posting (2 weeks)	3rd year BSc(N) students School of Medical Education Gandhi Nagar, Kottayam	5 0
12.05.98 to 30.06.98	Orientation & Olinical Posting (3 weeks)	3rd semester MSc(N) students, Med. Surg. Speciality, College of Nursing, Trivandrum	.04
_ Ŷ\$,05,93 lo . 23,05,98 . :€	Orlentantion and Clinical posting (1 week)	4th semester MSc(N) studants College of Nursing, Kozhikodo	. 04
27,08,98 & 11,07,99	Observation visit	3rd year BSc(N) students Collage of Nursing, Kozhikodo	35 .
06.07.98 to 08.07.98	Orientation programme	Brd semester MSc(N) students of Nursing, Trivandrum	04
13.08.98 & 29.08.98	1 day orientation programme	3rd year BSc(N) College of nursing, Trivendrum	33
01,09.98 to - 15.09.98	Clinical posting in oncology	3rd semastar MSc(N) students College of Nursing, Trivandrum	04
18.09.98 ,	Clinical posting	3rd year BSc(N) students, School of Medical Education, Gandhi Nagar, Kottayam	51
10.11.98	One day orientation and observation visit	3rd year BSc(N) students, School of Medical Education, Kottayam	56
21.12.98	Observation visit	4th year BSc(N) student, Rufaida College of Nursing Jamia Hamdard, New Dolhi	17
15.03.99 to 27.03.99	Clinical posting in Oncology	3rd year BSc(N) students College of Nurising, Trivandrum	26
08.03.99 to 20.03.99	Training in encology nursing (2 weeks)	Mrs Elsamma Thomas,Staff Nurse Mrs. Jasmino V N, Staff Nurse, Pathanamthitta District Hospital	02

DIVISION OF PHARMACEUTICAL SERVICES

Dr. Gangadevi T.

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- Sri, Sivasankara Pillai K. -
- Addl. Professor (MO I/C)

Pharmacist cum Store Keeper This division renders services to supply quality medicines/ equipments, chemicals/ reagents and other disposable items which are required for in patients, out patients, diagnostic departments, research division, other departments and peripheral clinics of RCC. The division continues to issue medicines and other items through computerised

system by which the daily stock position is ascertained and stock replenished. The contral store of this division has 38 anti-cancer drugs, all

injectable first and second line of antibiotics, analgosic, anti-pyretic, anti-histaminic, diuretics, laxative drugs and costly disposables like removable suctions, cavafix, catheters, haemonetics (apharesis) kits, fluids and pain clinic drugs like morphine sulphate labs and liquid morphine.

A considerable number of patients are getting free drugs from this centre. Number of patients for the period under reporting is as follows.

lotal patients reported for treatment		6157	
No. of patients benetitted with tree drugs	-	1309	
Total patients benefitted with CCL		-	
Total patients benefitted with ESt	-	149	
Providence Manuel Milli CO	•	168	

IVISION OF PAIN AND PALLIATIVE CARE

Dr. F. Joseph	-	Prof. of Radiation Oncology (Advisor)
Dr. Vasudevan Mappat	-	Anaesthesiologist (in-charge until 24-8-1998)
Dr. Rachel Cherian Koshy	-	Assistant Professor of Anaesthesiology (in-charge since 25-8-1998)
Dr. Manjula	-	Resident Medical Officer

Dr Paul Sebastian (Associate Professor of Surgical Oncology) and Dr Francis V James (Associate Professor of Radiation Oncology) offered their services whenever required. The services rendered have been with the help of a dedicated team of nurses, nursing assistants and with the support of the Patient Welfare Officer Ms. P.T. Latha from time to time. Professor A.K.Chandrashokharan, Principal, College of Pharmaceutical Sciences and Smt. Pankajakshy, Asst. Prof., College of Pharmaceutical Sciences have been responsible for continued suppy of liquid morphine which is a boon to patients who cannot swallow tabiets.

Palliative care is the active total care of patients and their families by a multi-professional team at a time when the patient's disease is no longer responsive to curative treatment and life expectancy is relatively short. There is ongoing effort to restore a holistic approach that considers not only physical but also psychological, social and spiritual concorns. Majority of cancer patients present in an advanced stage when curative forms of therapy are not effective. In our set up where resources are scarce, provision of good palliative care for advanced cancers is a cost effective option. It is well established that provision of symptom relief, an empathetic approach, honest adequate communication, a multidisciplinary team approach can go a long way in providing better quality of life even for the "incurable" patient and his family. The importance of Pain Relief and Palliative Care Services is being increasingly recognised the world over and this is one of the three major thrusts of the WHO comprehensive cancer control programme (the others being prevention and early detection and curative treatment). The need was felt to set up a model palliative care demonstration and teaching unit. Hence there has been a major re organisation and revamping of this division since August 1998 under the able guidance and encouragement from Dr. M. Krishnan Nair, Director of R.C.C, and supervision of Dr F.Joseph, Deputy Director. The Out patient Pain Clinic was shifted to the sixth floor. Here more space is available for a multidisciplinary team approach. At times patients find it difficult to reach the sixth floor; but once they have reached, the atmosphere is more conducive than a busy outpatient set up to offer a palliative approach.

The WHO step ladder approach is used to manage pain. Patients with moderate pain are given a trial of codeine or morphine to assess their requirement and response. Patients with severe pain are quickly controlled with titrated doses of intravenous morphine and then sent home on equivalent oral doses or hospitalised for better symptom control and for teaching the patient and family to cope and take care of themselves. Control of symptoms other than pain is also undertaken. Patients who do not get adequate relief are considered for admission and thereafter sometimes for invasive methods of pain relief or referred to the oncologist for a review and possible palliative anticancer treatment. Referrals from various wards are also attended. A concerted effort was made to improve the quality and range of services offered and to conduct teaching programmes and research into various aspects of pain relief and palliative care as relevant in the Indian context.

Abdominal paracentesis, Ryle's tube insertion, dressing of fungating infected wounds and fistulae, intravenous fluid administration, nebulisation for relief of bronchospasm, application of infra red heat, TENS and simple nerve blocks, trigger point injections etc. are undertaken in the outpatient unit itself.

Palliative Care Centre was officially commissioned on 24th November 1998 by the cine star Bharath Suresh Gopi. Among the distinguished guests present were Dr Jan Stjernsward, Director of Global Cancer Concern and Ms Gilly Burn, Founder Director of Cancer Relief India. The Palliative Care Centre comprises the outpatient pain clinic, dressing room, counselling room, office room, seminar hall and the in patient wing. Provision has been made for future development of a physiotherapy and rehabilitation service also.

In-Patient Wing became functional on 15th January 1999. The main focus is on patient comfort and improved quality of life. The inpatient unit has 4 single pay ward rooms and 8 general beds. Admission to the inpatient wing is through the outpatient pain clinic. A Day Care unit has also been set up with the active involvement of several volunteers, who have donated furniture as well as television set, music



Suresh Gopi (from R to L) Ms. Gilly Burn Jan Stjernsward, Dr. Hachel C. Koshy. Irration of Palliative Care Centre on 24-11-1998 by Bharath F, Joseph, Bharath Suresh Gopi, Dr. M. Knshnan Nair, Dr. nauguration of ň

Total	33	
Brachial plexus block	1	
Stellate ganglion block	2	
Lumbar sympathetic block	1	
Lingual nerve block	1	
CT guided coeliac plexus blocks	2	
Coeliac plexus blocks	8	

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Inpatient admissions (January 15th -March 31st 1999) - 70 patients

Academic activities

A one day continuing education programme was organised for doctors, nurses, pharmacists and social workers from all over Kerala on 24-11-1998. It was attended by 85 delegates.

Intensive one month hands on Palliative Care training for doctors and nurses was started in March 1998. This Programme has been sponsored by the Directorate of Health Services.

The teaching programmes of the Palliative Care Centre have gained momentum and are being conducted successfully with active involvement and co-operation of faculty members from various divisions of R.C.C.

The following scientists have delivered lectures and provided training on palliative care to doctors, nurses and volunteers at RCC.

Dr. M.V. Pillai. Management of break - through pain, 14th January 1999.

Mrs. Patricia Atkinson. Hospice Movement and Palliative care, its role and relevance in cancer care, 18th January, 1999.

Dr. David Seamark MRCGP, Dr. Clave Seamark MRCGP, Honiton Group Practice, Devon, Exeter 14 8 DD, UK. The interface between General Practice and Palliative Care, February, 1999.

Ms. Helen Pasant, Ms. Gilly Burn conducted a 2 day palliative care workshop in February, 1999 for nurses and volunteers.

Dr. Rachel Cherian Koshy was appointed by the Govt of Kerala as Convenor of Task for implementing Palliative Care in all districts of Kerala.

Dr. Rachel Cherian Koshy was nominated as member of subcommittee for simplification of narcotic drug licensing procedure in Kerala state. (to improve oral morphine availability for needy cancer patients).



Ms. PT. Latha has submitted her doctoral thesis on "Psycho-social adjustments of female cancer patients in southern districts of Kerala on January, 1999.

Conference organised

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One day continuing education programme in Palliative Care for Doctors, Nurses, Pharmacists and Social Workers at RCC, Trivandrum on 25/11/1998.

Patient Welfare Service started functioning from 3/8/1998)

Patient Welfare Officer	-	1
Staff nurse	-	1
Volunteers	-	2 (daily on rotation)

New patients were given orientation about hospital routines, about consultation with doctors and also took efforts to clear their doubts. Information regarding investigations, treatment, low cost charity centre accomodation, railway concession, cancer patients pension scheme, Prime Ministers welfare fund, ESI, reimbursement, melam masala wolfaro scheme, appointment system for follow-up visits are provided.

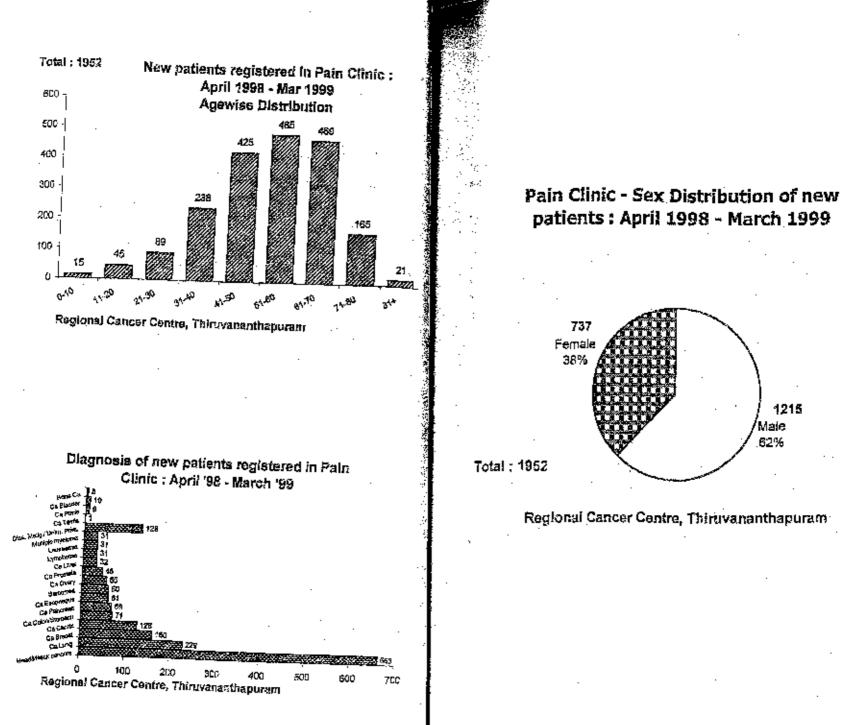
Emotional support was extended to the needy patients at the time of first visit (265 patients). Counselling was given for both outpatients and inpatients with problems like tear of treatment, depression, over anxiety (40 patients).

Financial support was provided to 47 patients through volunteers, well to-do patients and poor patient welfare fund.

Service for Mastectomy patients	Num	ber
Post mastectomy care and exercise	51	patients
Prosthesis provided	261	16
Lymphoedema management by		
exercise and massage	43	16
Pressure bandage	15	16
Blood donation	11	16

Conferences, etc. attended - (Chapter (II))

Papers presented - (Chapter IV) Papers published - (Chapter V)



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DIVISION OF BLOOD BANK

Dr. Javalekshmi P. Mr. Meera Sahib P. Mrs. Ganga Devi C.

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- R.M.O.
- Senior Scientific Officer
 - Senior Technician

During the reporting year there was an increase in the number of component preparations of platelet rich plasma as well as on single donor plasma, as compared to previous years.

An automated Elisa Reader, washer, printer (Brio) was installed . in October, 1998. The blood bank has produced the most advanced equipment, automatic cell separator machine, haemonetics, MCS, With this machine the equivalent of six to eight units of platelets car bo separated from a healthy donor at a time and the procedure can be repeated even on the 5th day, without any health hazard to the donor.

Blood Bank Statistics (01/04/98 to 31/03/99)

•	
Blood grouping	- 17200
Cross matching	 5986
Blood donors	- 4852
Hbs Ag done (donors)	- 4852
Hbs Ag +ve	• 77
HIV ÷ve (denors)	- 9
HCV +ve	- 7
Hos Ag done (patients)	- 1100
Hbs Ag +ve (patients)	- 164
HIV done (patients)	- 2606
HIV ⊹ve (patients)	- NII
Components Prepared	
Packed Red Cells (PRC)	- 4347
Platelet Rich Plasma (PRP)	- 2995

Platelet Rich Plasma (PRP)	-	2995
Singie Donor Plasma (SDP)	-	327
Platelet pharesis	-	36

Conferences attended (Chapter - III)

DIVISION OF CYTOPATHOLOGY

Dr. N.Sreedevl Amma Dr. B. Chandralekha Dr. Elizabeth K.Abraham Dr. Jayasree K Dr. Rekha A. Nair Dr. Raveendran Pillai K Dr. Anitha Mathews	-	Deputy Director & Professor Professor Addl. Professor Asst. Professor Asst. Professor Asst. Professor Lecturer
	•	

Diagnostic Services

Various immunohistochemical tests for precise diagnosis of lymphoma. teukaemia and undifferentiated solid tumours and ER, PR status of breast carcinomas were some of the achievements during the year.

Gynaec Cytology

Cervical smears were examined from 5586 cases of which 4685 cases were from various projects. These include a comparative study of pap smear, cervicoscopy, colposcopy and biopsy (1218), interobserver variation and performance, augmentation in cervical screening (3400) and collaboration with Christian Fellowship Community Health Care at Ambilikkai, Tamilnadu (75) and 901 were from hospital cases. High grade squamous intraepithelial lesions were reported from 20 cases (5 from hospital cases and 14 from project cases).

Non-Gynaec and Aspiration Cytology

From a total of 6878 fine needle aspirations, 1716 malignancies were diagnosed. The major sites of aspiration were thyroid (1948), lymph nodes (1666) and breast (1159). Total number of malignancies at various sites is depicted In Fig. B. Some of the rare and interesting lesions diagnosed by cytology are carcinoma in pleomorphic adonoma, thymoma, adenomatoid turnour, adrenocortical carcinoma metastasis to thigh, anaplastic large cell lymphoma and rhabdomyosarcoma of breast. We reviewed the slides from various early cancer detection centres (30 cases).

Fluid Cytology

A total of 1129 samples of aspirated fluids from body cavities and natural secretions were examined. Maximum number of samples were CSF (455) from acute leukaemia cases at the time of diagnosis after induction and on follow-up.

Bone marrow aspirates and imprints

Bone marrow aspirated and imprints were studied from 2045 cases of which 488 were malignancies. Acute leukaemias were the predominant lesion diagnosed (284 cases). Acute lymphobiastic leukaemias were higher than acute myeloid leukaemia. Special stains for typing leukaemias include POX, PAS, NSE and LAP. Nineteen blast crises of chronic myeloid leukaemia were diagnosed, of which 11 were typed as myeloid and 8 were lymphoblastic. A case of ATLL confirmed by serum HTLV-1 titre was diagnosed this year. Details are given in Fig. 3.

Sputum Cytology

Sputum samples were examined from 999 cases by collecting 3-5 samples from each case and making 2-3 smears from each sample. A total of 59 malignancies were reported. The predominant malignancies were adenocarcinomas (34 cases) and squamous cell carcinomas (12 cases).

Histopathology

Histopathological examinations were done in 6180 cases, of which 4099 cases were surgical specimen from the centre and 2081 were review slides of patients referred from other hospitals. Immunohistochemical staining was done in 273 cases. Frozen section facilities were provided in 47 cases. A total of 3901 malignancies were reported. The predominant sites of malignancy were oral cavity, breast, cervix and lymph node.

Some of the rare and interesting lesions were giant cell turnour of bone osteosarcomatous transformation, broad ligament mucinous cystadenocarcinoma with sarcomatous focus, meconium peritonitis of tunica vaginalis sac, malignant oesophageal stromal tumour, parathyroid carcinoma, primary sarcoma of the lung, extraskeletal mesenchymal chondrosarcoma, PNET of lung, hepatosplenic T gamma/ delta cell lymphoma. Malignant lesions of major sites are depicted in Fig. 1.

Academic activities

The staff of this division have participated in the daily morning clinics and monthly special clinics and other academic activities. Some of the staff were invited to conduct CME's/workshops/ seminars or to give orations in different centre in India.

The division carries out full time cytotechnician's and cytotechnologist's training courses of 6 months and 1 year duration

respectively as part of man power generation in cancer control activities. The division is accredited by Indian Academy of Cytologists (I,A.C.) for diagnostic and examination purposes. We have been honoured by the Indian Academy of Cytologists this year by selecting our centre for the conduct of National Examination for Cytotechnicians and Cytotechnologists.

We are also involved in the teaching and training programme of medical and paramedical students of Medical College, Trivandrum and paramedical students of Mahatma Gandhi University, Kottayam. Short term training courses of one month duration are also imparted to pathology post graduates of Dental College, Trivandrum and Medical College, Calicut.

We have organised a locture cum slide discussion on cytology by Dr. Seena Mathew, Pathologist, John Hopkins Hospital, Baltimore, USA, March, 1999.

Organised a CME on 'Role of Pathology in the diagnosis and management of acute leukaemias, March, 1999.

Research projects

Pathologist

1. ATLAS oestrogen receptor (ER) detection on breast cancer In collaboration with Oxford, U.K

Dr. Elizabeth K. Abraham

 Anti metastatic protein nm23 and adhesion molecule CD44 in breast cancer

(Funded by STEC)

Co-investigator Dr. Elizabeth K. Abraham

- Cell cycle regulation in uterine cervical cancer Ph.D thesis.
- Collaborator Dr. Elizabeth K. Abraham
- 4. Study of EBV Association in Gastric Cancer

(Funded by Monbusho International Scientific Programme of Japanese Govt.)

Co-investigator Dr. Jayasree K.

5. Biologic grading of malignant lesions in the bronchopulmonary mucosa – an immunohistochemical analysis.

(Funded by Kerala State Science, Technology and Environment Committee)

Co-investigator

Dr. Raveendran Pillai K.

6. Inter observer variation and performance augmentation (Funded by IARC)

Co-investigator Dr. Raveendran Plifai K.

 Evaluation of unaided visual inspection, cervicoscopy and pap smear in screening for

cervical cancer

(Funded by IARC)

Co-investigator Dr. N. Sreedevi Amma.

8. Trivandrum Oral Cancer Screening Project (TOCS) (Funded by IARC)

Co-investigators Dr. N.Sreedevi Amma, Dr. Elizabeth K. Abraham

 Biological prognostic markers in oral squamous cell carelnoma

(Funded by ICMR)

Co-investigator Dr. Elizabeth K. Abraham

10. Genomic instability in breast cancer

(Funded by Dept. of Science, Technology & Environment, Govt. of Kerala.)

- Co-investigator Dr. Elizabeth K. Abraham
- 11. Molecular epidemiology of cancer of the oral cavity and oropharynx

(Funded by IARC)

Co-investigator Dr. Elizabeth K. Abraham

12. Evaluation of AgNoR, Transferrin Receptors and Radiation induced micromultinucleation as indices of proliferation and radiosensitivity in oral cancer

(Funded by Dept. of Science, Technology and Environment, Govt. of Kerala)

Co-investigators Dr. Chandralekha B., Dr. Jayasree K.

13. Etiopathological studies in Hodgkin's disease with emphasis to the role of Epstein Barr Virus

(Funded by Dept. of Science, Technology and Environment, Govt. of Kerala)

Co-investigator Dr. Elizabeth K. Abraham

14. Effect of tobacco on human buccal mucosa- a cytomorphological study. Thesis work for the award of BSc. (life science) degree, Indira Gandhi National Open University.

Co-investigator Dr. Ramachandran Pillai

Award/Honours/Fellowship/Training

Dr. N. Sreedev! Amma, Editorial board of Journal of Cytology, IAPM Kerala chapter, Governing body member of Amala Cancer Hospital Trichur, Governing body member of RCA.

Dr. B. Chandralekha, Member of IAC, Treasurer IAC, Editorial board member of Journal of Cytology, IAPM Kerala Chapter and Executive member of RCA.

Dr. Elizabeth K. Abraham, Member of IAPM, IAC, Review committee member of LJMR, Research committee member of RCC and Governing body member of RCA.

Dr. Jayasrea K., had undergone training in in-situ hybridization and technique of polymerase chain reaction for two weeks, October-November 1998, Department of Public Health, Faculty of Medicine, Kagoshima University, Japan.

Dr. Raveendran Pillal K, Executive member of life science chapter of Kerala Academy of sciences.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

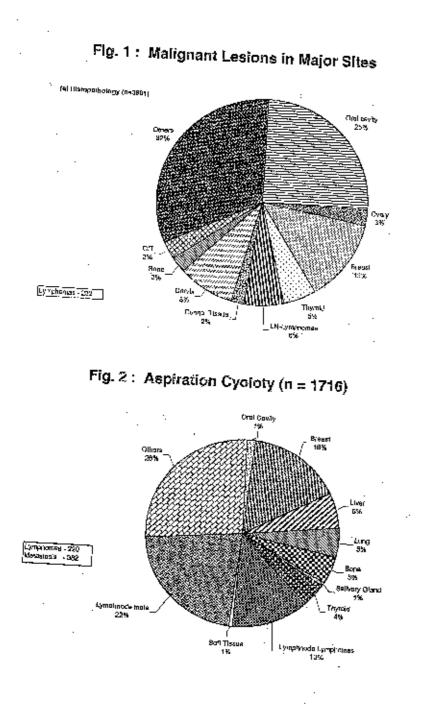
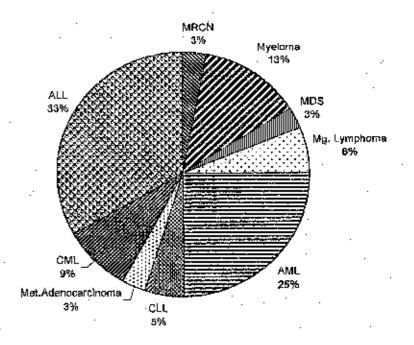


Fig. 3 : Heamatological Malignancies (n = 488)



DIVISION OF IMAGEOLOGY

Dr. K. Sasidharan	-	Professor
Dr. Alex K. Ittyavirah	-	Assoc. Professor (Resigned duty on 10/07/'98)
Dr. K. Ramachandran	-	Assoc. Professor
Dr. A.S. Krishnakumar	-	Assoc. Professor
Dr. Fathima T.K.	-	Resident Medical Officer (Joined duty on 19/08/'99 and relleved duty on 16/03/'99)
Dr. Bejoy Thomas	-	Lecturer (Joined duty on 11/01/'99)

Diagnostic and interventional studies done during the period under reporting are as follows:-

Plain X-ray		13,3 47	
X-ray tomography	-		
	-	12	
Barium study	-	185	
I/V contrast study	ъ.	18	
(IVP & Venogram)	-	2	
I/Thecal contrast study (Myelogram)	-	12	
Mammogram	-	867	
CT Scan	-	5607	
C.T. & guided procedures	-	210	
Ultrasound		6252	
Doppler studies	_		
	-	238	
Ultrasound Guided FNAC	-	60	

Academic activities

Six weeks training on ultrasonography for post graduate degree/ diploma holders continued this year also and 18 candidates completed the training. Teaching of undergraduates and post graduates on basic principles of modern imaging techniques was continued. The film reading sessions every day morning and the monthly meeting of Trivandrum Radiology Club provided opportunities for discussion of interesting and problematic cases for diagnosis. **pr. Ramachandran K** was examiner of the Dr. MGR Medical University, Chennai, for DMRD on 8th October, 1998 and for MD, DMRD Examinations from 8-10 April, 1999.

pr. Ramachandran K was examiner of the Calicut University for DMRD, Medical College, Calicut on 21* November, 1998.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF NUCLEAR MEDICINE

Dr. V.M. Pradeep Dr. A Sreekumar Assoc. Professor Lecturer

The division provides diagnosis and therapy with open radioactive sources. Thyroid disorders occupy the centre stage of activities in this unit. A total of 10171 patients attended the division for evaluation of various thyrold disorders. The break up of investigations for thyroid area is shown in Table 1.

lable 1		
Category	Number	·
Total number of thyroid cases	10,171	
Thyroid scans	2,303	
Thyroid uptake	1,427	
Thyroid ultrasound	243	
Thyrotoxicosis	183	
Ca. thyroid	410	

There was an increase in the number of patients registered for immunoassay test, as compared to that of previous year. A break up is shown in Table 2.

Table 2		
SI, No.	Assay	Number
1.	⊤3	10,360
2.	74	10,360
3.	TSH	10,360
4.	HCG	7,800
5.	AFP	1,200
6.	CEA	1,400
7.	Ca-125	1,350
8.	FT3	420
9.	FT4	420
10.	1 ATG	400
11.	AMC	400
12.	Cortisol	400

13.	GH	180
14.	Progesterone	50
15.	Testasterone	360
16.	17 OH progesterone	120
17.	TG	2,000
18.	FSH	720
19.	LM	720
20.	PRL	960
21.	PSA	650
22.	PTH	360
23.	ACTH	60

Radionuclide scans on the gamma camera were as follows.

Bone	• • •	1,032
Renal	-	361
Liver		24
Meckel's	-	5

Currently we are planning to introduce hewer scanning agents such as Tetrofosmin. Therapy was given for 133 cases of thyrotoxicosis and 247 cases of carcinoma thyroid.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV)

Papers published - (Chapter V)

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DIVISION OF RADIATION PHYSICS

Dr. V.Padmanabhan Sri.C.A.Davis Sri.Thaval Singh Elias Sri.L.S.Arunkumar Dr.Raghu Ram.K.Nair Sri.P.Raghukumar

- Professor
- Assoc. Professor
- Asst. Professor
- Asst. Professor
- Asst. Professor Lecturer

Highlights of activities

Clinical Physics

Calibration of Radiotherapy Equipments

Quality Assurance

Treatment Planning

Dose Computation

Radiation Safety

Intercomparison Studies using TLD (WHO/BARC)

Daily Maintenance, checking & repair of all Teletherapy & Brachytherapy equipments

Patient Services

Treatment planning and related dose computation were carried out routinely for patients undergoing external beam therapy and brachytherapy. Few cases were treated in the newly installed Microselectron HDR. Radiotherapy simulator (Siemens simview 300) installed on 24-2-1999 and 127 cases done till March, 1999. The number of patients treated during the reporting year is as follows:

	Number	Number of patients	
External beam radiotherapy	:	6248	
Brachytherapy			
Intracavitary Ca Cx micro selectron HDR	:	24	
Oesophagus	:	2	
Bronchus	:	2	
Selectron LDR	:	288	
Manual	:	100	
Oesophagus	:	40	
Interstitial implants	:	81	
Mould	:	13	
Total	:	550	

Mould Room				
Pop Shell		:	24	
Orfit / Acqua plast			456	
Bite block		:	309	
Wax bolus		:	59	
Mould		:	13	
Modia	Total		861	

Academic activities

Teaching and training in Medical Physics were imparted to the following categories of students.

1. Diploma in Radiological Technology (DRT)

- 2. B.Sc.(MLT), DMLT
- 3. B.Sc. Nursing
- 4. M.Sc. Nursing
- 5. MBBS
- 6. DMRT
- 7. DMRD
- 8. MDS(Oral Radiology)
- 9. MD (Radiotherapy)
- 10.MD (Radiodiagnosis)

Training programme

Conducted CRA/DRT Refresher Programme. Upto March 99, a total of 65 students have been trained in Imageology / Nuclear Medicine and 22 students in Radiation Physics / Radiotherapy. Dr.RaghuRam.K.Nair, Mr.L.S.Arunkumar, & Dr.K.Ramachandran coordinated the programme.

Research projects (completed)

Fabrication and evaluation of pencil shields used in Radio-1. therapy for Co^{es} gamma rays and 4MV X-rays.

Ms.V.K.Harita	M.Sc Applied Physics
Ms.Indu.S.Gopal,	Dept of Physics, Kariavattom.

Guides

Mr.L.S.Arunkumar, Dr.V.Padmanabhan and Dr.S.Devanarayanan.

Pencil shields of different dimensions corresponding to optical shadows of diameters 1 cm, 1.5 cm, and 2.0 cm, on the skin surface were fabricated locally as per the clinical requirement and they were evaluated dosimetrically both in Theratron 780 and Clinac 4. All the shields are found to be acceptable and used routinely.

Development of indigenous wedge filters for megavoltage 2. X-rays and Cobalt 60 Gamma radiations used in Radiotherapy.

(Funded by : Dept. of Science, Technology & Environment, Kerala),

Principal Investigator Mr.L.S.Arunkumar

Co-Investigators Dr.V.Padmanabhan, Dr.M.KrishnanNair

A total of 23 wedges were fabricated. For Co[®] there were for field size 12x12 cm², 10x10 cm² & 8x8 cm², for wedge angles 15°, 22.5°, 30°, 37.5°, 45°, 52.5° & 60° in lead and for non conventional angles 22.5°, 37.5° & 52.5° were fabricated in Ilpowitz. For 4MV X-ray the field sizes were10x10 cm², 15x15 cm² & 20x20 cm². The wedge angles used were the same as for Cobalt beam. Dosimetry of each wedge was worked out using small volume ion chamber and water phantom system.

Natural background radiation registry (Physics studies on-3. going)

(Funded by : The Department of Atomic Energy Govt. of India.) Dr.RaghuRam.K.Nair supervises the Physics studies.

Radiation measurements stand completed. Data analysis in progress.

Research projects (ongoing)

1. Dosimetry of early head and neck cancers, mantle field treatment and cervical cancer using Indigenous remote afterloader applications with special reference to radiation protection.

(Funded by Atomic Energy Regulatory Board, Mumbal) Principal Investigator Mr.T.S.Elias Co-Investigators

Dr.V.Padmanabhan Mr.C.A.Davis, Mr.L.S.Arunkumar

Data collection is in progress

Development of indigenous afterloader system in the treat-2. ment of Carcinome of Cervix Uteri

(Funded by : Dept of Science & Technology, New Delhi and Regional Cancer Centre, Trivandrum)

Principal Investigator Co-Investigators

Mr.T.S.Elias Dr.V.Padmanabhan, Mr.C.A.Davis, Dr.M.Krishnan Nair

The development of the system is in progress. BRIT has been approached for Cs137 Source. Grant extra Rs. 5 lakhs sanctioned.

Dose measurements in patients undergoing diagnostic X-3. ray examinations including special investigations.

(Funding agency : Atomic Energy Regulatory Board, Mumbai)

Dr.RaghuRam.K.Nair Principal Investigator Co-Investigators

Mr.L.S.Arunkumar,

Dr.V.Padmanabhan,

Dr.M. Krishnan Nair

Studies have been completed in 384 patients for various organ. doses. The study is in the second year and data is being collected.

A Phase ill multicentre, open labelled single group study 4. into the effect of Foscan - Medicated PDT on recurrent squamous cell cancers of oral cavity.

(International trial by M/s Quarta Nova USA.)

Mr.C.A.Davis Co-Investigator

Twenty patients have been treated in this trial at this Centre

Research projects (New)

1. Fabrication of beam direction device for external beam radiotherapy

(Submitted to STEC (Govt. of Kerala) under consideration)

Mr. T.S. Elias Principal investigator Mr. C.A. Davis, Dr. V. Padmanabhan, Co-investigator Dr. B. Rajan

Awards /Honours/Fellowship/Nominations / Training

Dr.V.Padmanabhan

- MD (Fladiotherapy) examiner The T.N Dr.M.G.R Medical Uni-Ť. versity, Chennai on 8.10.98.
- Momento on 25 years service to Medical Physics AMPI 2. (Karnataka) chapter

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- External Examiner Ph.D / Public viva Examination Cancer Institute, Adayar on 14.12.98.
- 4. Convenor, Ph.D open defense University of Kerala on 7.4.99,
- MD/DMRD Examiner University of Kerala on 24-25 June-98, 23-24 Dec-98.
- 6. Member, Board of Trustees AMPI, TARP
- 7. Life member AROI, Indian Society for Radiation Biology (ISRB).
- 8. Member, National Hon. Advisory Committee and Chairman, Scientific. Session Imaging Physics - ICMP 98, New Delhi.
- Member, Organising Committee 24th IARP Conference, Kakrapar Atomic Power Station, Surat
- 10. Member, Selection Committee Regional Cancer Centre Lecturer, Radiation Physics on 5-8-98.

Mr. C.A. Davis

- Microselectron HDR & Plato Treatment Planning system at Azienda Ospedaliera Pisana, PISA, Italy and at M/s Nucletron Oldelft BV. Netherlands from 8.5.98 to 24.5.98.
- Foscan Photo Dynamic Therapy (PDT) at National Medical Laser Center, University College, London Medical School, London on 10.9.98.
- 3) Vice President of KAMP (1997-99)
- 4) Member Executive Committee of ISRP (1998-2000)

Dr.Raghu Ram.K.Nair

Two weeks training in Radiotherapy Simulator in the University Hospital, University of Regensburg, Germany, January, 1999 by Siemens.

Mr.T.S.Elias

- 1. Undergone a training on teaching course ESTRO, Belgium
- Under the auspices of KAMP & R.C.C released a book on Short questions on Physics of Radiotherapy & Radiotherapy techniques. [7.8.98]
- 3. Review Committee meeting held at R.C.C. Trivandrum "Remote Afterloading System". [7.8.98].

Ph.D Thesis

Guide

 Mr.G.Bamakrishnan was awarded Ph.D degree by the University of Kerala for his thesis entitled " Quality control and physical parameter in diagnostic units" (1998)

: Dr.V.Padmanabhan.

 Mr.L.S.Arunkumar submitted his thesis on "Design, fabrication and dosimetric aspects of beam modifying devices in Radiotherapy. University of Kerala (1998)

Guide : Dr.V.Padmanabhan

3. Ph.DThesis by Dr.G.Ramakrishnan (1999) University of Kerala, Trivandrum

Topic : Quality Control & Physical Parameters in Diagnostic Units

The major observations in the study are:

Majority of x-ray machines are not subjected to any form of acceptance or quality control tests.

X-ray machines installed in narrow rooms, absence of Pb lined doors, no collimation etc.

Among routine x-ray examinations highest skin entrance dosewas measured for LS spine lateral (16.69mSv) and in specialprocedures Barium meal (75.92 mSv) Testis doses were higher due to the absence of gonadal shielding.

In dental radiography panoramic exposure yielded a significant reduction in dose when compared to full mouth routine dental radiography.

Mammography mean grandular dose measured was 5.61 mGy. In CT procedures, head plain with contrast contributed for maximum dose (22.56 mSv)

For DSA a maximum dose was measured (321.43 mSv) during posterior head four vessel angiography.

> Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF CANCER EPIDEMIOLOGY AND CLINICAL RESEARCH

Dr. Cherian Varghese
Dr. Aleyamma Mathew
Ms. Padmakumary Amma
Mr. P Gangadharan

Assoc. Professor Asst. Professor Medical Statistician Emeritus Medical Scientist (ICMR), Consultant.

The division runs the Hospital Cancer Registry, Population based cancer registries in Trivandrum and Karunagapally and conducts epidemiological and clinical cancer research. This division is the nodal point for planning, implementation and evaluation of cancer control programmes and provides consultancy for various studies.

This division received a project to establish a cancer care centre in Pathanamthitta district hospital at Kozhencherry and a unit with facilities for cancer detection, surgical oncology, medical oncology and palliative care is getting ready for inauguration in July 1999.

A cancer patient follow-up clinic was established in Kannur in association with the Malabar Cancer Care Society.

The UNFPA has sanctioned a project as an operational research programme in cancer control in the Northern Districts of Kerala.

Progress is being made to provide cancer care online and will be the first Telemedicine project in the country. This is a joint activity with the Electronics Research & Development Corporation, India, Trivandrum.

This division provides training to MSW students from Loyola college and students of medical documentation from MG University, Kottayam on a regular basis.

The RCC Institute of Epidemiology, Surveillance and Preventive Oncology (RESPO).

The division has expanded into a major training and research organisation and to make this more fruitful a proposal was made to a establish an Institute within RCC. This proposal is accepted by the Executive Committee and will be realized very soon.

5th Cancer Registry Training Programme, Regional Cancer Centre, Trivandrum.

The 5th Cancer Registry Training Programme was held from 6th to 14th January 1999. There were 27 participants from different cen-

tres in India. They included Hospital based Cancer Registries (HCR) and Population based Cancer Registries (PBCR) under ICMR, NCRP and non-ICMR registries. There were participants from other Cancer Hospitals and Medical Colleges interested in starting cancer registries.

The course was inaugurated by Dr. N. Babu, Vice-Chancellor, University of Kerala, in a meeting presided over by Sri. V. Vijayachandran, Secretary to Health and Family Welfare, Govt of Kerala. Dr Welsch and Dr John Young offered felicitations and Dr MK Nalr, Director RCC, welcomed the gathering. Mr P Gangadhran, Emeritus Medical Scientist, RCC, was honoured in the meeting for his contributions towards the National Cancer Registry Programme and the Regional Cancer Centre, Trivandrum. Dr D K Jain was also felicitated in the meeting for his efforts in NCRP,

The course material and reference books were provided by the National Cancer Institute, USA and the course manual ran into 400 pages. The topics included, methods of cancer registration, ICD-O coding, staging and extent of disease classifications, abstraction of case records etc. A pre-test and post test were held and the post test scores showed remarkable improvement in the scores.

The faculty included

Dr John L Young Jr. Professor of Epidemiology, Emory University, Atlanta, Georgia.

Mr. Steven Roeffers , Clinical Instructor, Emory University, Atlanta, Georgia.

Dr Federico Welsch, Associate Director for International Affairs, National Cancer Institute, USA.

Dr. DK Jain, Deputy Director, ICMR, New Delhi.

Mr P Gangadharan

Dr Aleyamma Mathew

Dr Cherian Varghese (Co-ordinator) Regional Cancer Centre, Trivandrum.

Workshop on Cancer Registration and Surveillance

A workshop was organised for Medical Records Officers and staff of the vital statistics offices in Trivandrum Corporation and the adjoining community development blocks on 11th of July, 1998. There were 35 participants and the workshop dealt with all aspects of medical documentation with special reference to cancer registration and surveil-

lance. The workshop was inaugurated by the Worshipful Mayor of Trivandrum Corporation, Sri.V. Sivankutty.

Ongoing projects

1. Hospital Cancer Registry.

The Hospital Cancer Registry (HCR) covering the Regional Cancer Center and Medical College Hospitals in Trivandrum has abstracted, analyzed and presented the report for the year 1996. The HCR database is a source for various research programs.

Cancer pattern in RCC, Trivandrum, in 1996

Six thousand seven hundred and fifty seven (6757) cases were reported during the year 1996. The distribution of cancer cases with respect to site, age and sex are given in Tables 1 & 2. The male: female ratio was 1.2:1. The peak age frequency in males was observed in the 7th decade and in females in the 6th decade. The age distribution of males and females are shown in Fig. 1. Ninety two percentage of cases had microscope verification of diagnosis. In the 5267 previously untreated cases 10 % were in the early stages. Among the who reported for treatment 25.8% were palliatively treated and 58.8% were treated with a curative intent. Analysis by type of treatment showed that 46.92% received radiation as the only form of treatment and 67.86% in combination with other forms of therapy.

Leading Cancers

Lung was the commonest site of cancer among males and among females it was breast cancer. The ten leading sites of cancer are shown in Table 5. The system wise distribution of cancers are shown in Fig. 2.

Childhood Cancers

Childhood cancers formed 4.6% (312) of the total cancer cases. The leading sites were leukaemia 132(42.3%), central nervous system 40(12.8%) and lymphoma 27 (8.6%).

2. Trivandrum Cancer Registry (Population based)

A population based cancer registry has been established covering the population of Trivandrum Corporation and the adjoining Community Development blocks-Trivandrum rural, Kazhakuttam and Chirayinkil (covering a population of 10,66,322 as per 1991 census). The establishment of this registry was made possible by a financial assistance from the Unit of Descriptive Epidemiology, IARC, Lyon,



France. About 30 hospitals and vital statistics offices in 18 panchayats and Trivandrum Corporation are covered by the social investigators to collect data on cancer cases from the population. The report for the year 1991-92 was published in the WHO publication "Cancer Incidence in Five Continents Vol. VII 1998" and is a testimony to the credibility of the data generated. Tables 4 and 5 presents the age-specific and age-adjusted cancer incidence data for the years 1991-1995 for men and women respectively. Figs,3 and 4 presents the leading cancer sites in men and women.

 Molecular Epidemiology of Paediatric Leukaemia and Lymphoma in Kerala, India (1997-1999).

(Funding agency Key Kendall Leukaemia Fund, UK)

investigators

Dr. Cherian Varghese, Dr. Kusumakumary, Dr. Thomas Abraham, Dr. Rekha, Dr. M. Krishnan Nair.

Collaborators

Dr. Gareth Morgan, Prof. R. Cartwright (Uni. of Leeds)

A unique attempt to study the risk factors and molecular markers of paediatric acute Leukaemia in Kerala, India. This study has recruited **97** cases and 130 controls so far.

4. Pesticide exposure and breast cancer (1997-1999)

(Funding agency National Cancer Institute, USA).

investigators Dr. Cherian Varghese, Dr. Aleyamma Mathew, Dr. Iqbal Ahammed, Dr. M. Krishnan Nair. Collaborators Dr. Susan Sturgeon, Dr. Reshmi Sinha (NCI, USA)

An exploratory study to address the levels of pesticide residues in breast cancer cases, 125 cases have been accrued and analysis is in progress.

5. Occupation and cancer.

(Funding agency International Agency for Research on Cancer, Lyon).

Investigators

Dr. Cherian Varghese, Dr. Aleyamma Mathew

Collaborator

Dr. P. Boffetta (Unit of Environmental Epidemiology, TARC, Lyon)

The data management and analysis of this study are in progress.

6. Natural Background Radiation Cancer Registry, Karungappally,

This registry continues to monitor the cancer incidence and mortality in the region. Systematic measurement of radiation levels and studies on other variables in the population are in progress. The cancer incidence data from this registry was published in the WHO publication "Cancer Incidence in Five Continents, Vol VII, 1998".

Crude, Age-adjusted and truncated (35-64 years) inidence rates and total cancer cases in Trivandrum Cancer Registry 1991-1995

Area		~ CR	AAR (WP)	TR	Total cases
Urban	Male	77.0	94.4	160.3	1024
	Fomale	73.0	82.5	167.2	995
Rural	Male 👘	64.4	78.3	140.6	870
	Female	64.6	715	135.0	915
Total	Male	70.5	85.8	150.5	1894
	Female	68.6	76.4	150.4	1910

CR: Crude rate, AAR(WP): Age-adjusted incidence rate (World population), TR: Truncated rates

Awards /Fellowships /Honours/Training

Dr Cherien Varghese

- WHO/IARC Travel Fellowship to attend the IARC, International Course on Infections that increase the risk of cancer. Annecy, France, 13-18 December, 1998.
- Young investigator Travel award to attend the International Symposium Workshop on Epidemiology & Prevention of Cancer. Bangkok, Thailand, Nov 2-5 1998.
- Travel Scholarship to attend the international Association of Cancer Registries Annual Meeting in Atlanta, Georgia, USA. August 1998. "Hospital cancer registry, RCC, Trivandrum, A model for Developing countries"

Dr. Aleyamma Mathew

Advisory board member of the Journal of the Academy of clinical microbiologists.

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142	Salivary. C		-	'	2		-		67 2	2	'	۰ť	ŗ		6 73	-	-	20	0.55
	Cum .			'	'		-		ŝ	-	5	12	ø,	15	r••	-	01	7	1.96
144	Floor of mouth		•	,	•	'	'			ы	9	0 7	۲.	63	•	<i></i>	-	44	122
145	Other mouth	'	. '		'	—		۳ م	es	72	38	ß	8	Ş	14	8	12	280	174
1	Ornaharumx		•		'			.—	e79	4	Ξ	17	22	24	44	†]	80	. SEL	3.18
4	Mrsnnhnrung	. '		'	~	2		.–	-	194	4		2	r-	2	-	ę.	53	0.64
142	Hunnharvax	'					:	.		9	S.	17	Ņ	11	20	5	P ~	911	3.2]
DFI.	Phonyna, ett	'	•	'		'	'	,	'		'		-		-	,		m	0.08
. 5	Desarchmens	'		•		. —			01		2]	22	5	4	ų	ġ	17	226	<u>و</u> يک
5	Shandi	'	'	'	-		-	ц	473		~	15	2	ŝ	14	1	D.	E	3.07
6	Small Intes	'	'		'	.'	•	-	'					-				. 4	0.11
	Calen	'	2	ŗ.	'		63	673	6 7	6	9	£	чъ	4	ম্ব	4	ŝ	6	1.58
5	Rectum	'	'	'		2	-	9	-0	ц	6	D'	9	-00	లు	27	Ŷ	R	¥6.1
155	Liver		-	•	2	-	5 77	11	39	6	Ξ	DI	e	5	در .	יי	2	66	171
156	Gal blodder		'	•	'	'	'		~	24	•	,	ŝ					÷	0.27
5	Panceus	'	'	'	'	ľ	'			.	5	5	-9	F ~	2	4	•	8	6610

TABLE

•	Retroperit								35-37		14 17	50-54	55- 59	6D 64	44-67	70-74	75+	Total	8
60		-	-	-	-	-	-	23		ĩ	3	1	2	-	· 1		-	B	0.30
	Kasal cavity		-		-		-	2	2	Э	3	2	4	7 .	3	2	2	30	0.83
6]	Earymx	-		-	-	-	1	2	4	6	19	24	30	45	52	23	12	218	603
62 .	Lunag ·	-	-	-	-	1]	6	5	20	39	60	99	89	89	52	16	477	13.1
63	Pleura	-	-			-	-	1	2	·	-	-	1	-	2 .	-	-	6	0.1
64	Thymus	-	-		1	1	1	1		-	-	-	2		·l		-	7	0.15
70 .	Bone	-	2	9	25	1	8			1	3	1		-	-		-	56	1.5
n -	Conn. Tissue	5	-		4	5	6	·4	3	8	5	1	4	4	4	2	2	57	1.5
72 3	Skin mela	-	-		-	1	2	1	l	4	1	3	2	3	6	5	2	31	0. 8
73 :	Skin olber	-	-	-	-	1	-	2	2	3	4	5	4	6	3	6	8	44	1.2
75	Breast male	-	-		-	-	-	-	-	-	۱		2	-2	1	1	1	8	0.2
85 i	Prostate	-	• -		-	-	-	-	-	2	-	4	4	9	12]]	8	48	1.3;
86	Testis	6	1	-	-	3	6	5	2	-	1		-	1	-	_	_	25	0.6
87	Penis, etc	-		_	-	-	2	3	2	3	3	4	5	4	6	1	2	35	0.9
66 I	Uri, Bladder	-	-		-	-	-	2	-	3	6	3	7	1.	п	36	8	61	1.6
89	Kidney -	6	-	Ŧ		2	1	1	1.	3	-	B	6	-	2	1	1	33	0.9
90	Eye	5	-	-	-	-	-	3	-	T	-	· _ ·	_	-	-	-	-	7	0.1
9i I	Brain	· 2	15	8	5	5	6	14	13	5	4	ł	5	6	З.	3	1	96	2.6
92 I	Nervous sy		-	-	2	-	-			1	-	-	-	-	-		-	3	0.08
93 -	Thyraid Gl	-	t]	3	5	7	7	13	10	9	2	7	8	7	5	5	90	2.49

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Table 1 Contd....

(0 9	Site	. 0-4	5.9	10 14	15-19	20-24	25-29	30-34	35 3Y	40-44	45-49	50-54	55-5 9	6D-64	65-69	70-74	75+	Total	%
194	Other endo, Gl	2	3	2	Ī	-	-	-	Ī	-	1	-	. ·	-	-	-		10	0.28
195	lä def, site	1	-	-	-	-	-		-	-	-	-	1	-	-	-		2	0.06
196 .	Sec. Lymph N	. 1	-	-	E	1		2	6	7	18	8	14	14	12	6	8	98	271
197	Sec. Res. etc.			-	-	-			3	3	3	5	8	12	7	4	6	52	1.44
198	Sec. Other	-	3	-			1	-	4	2	1	6	13	14	14	9	- 6	74	2.05
200	tymphosorc	-	2	2	7	7	7	4	5	9	12	Э.	7	9	14	6	7	102	2.82
201	Hodgkins D	1	6	4	3	5	4	3	3	2	4	Э	1	1	1	-	1	42	1.16
202	Oth. Lymph	1	4	3	3	5	4	9	5	8	7	12	9.	12	13	7	8	110	3.04
203	Madt. Myel	-	· -	-	-	-	-	-	1	1	3	8	6	14	36 ·	4	4	57	1.58
204	Leak. Lymph	26	<u>22</u>	16	15	8	6	I	4	3	3	3	2	3	1		-	1]3	3.13
205	Leuk, Myelo	4	3	7	11	6	11	8	5	14	5	5	7	3	2	7	4	102	2,82
208	Leuk, Uns		-	-	۰.	1	-	· 2	-		1	-	1	-	2		1	8	0.23
	Total -el	60	62	54	91	72	86	125]6]	228	320	35 1	469 -	506	494	321	216	3616	

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			N	egnere	i Cance	r Centro	8 - Irr	Vitandrur	n : Ca <u>a</u> c	er Cose	is et A	ge and	Sita - F	ensales	r : 1996	ú			-
D9	Site	04	5.	9 10-1	4 15-19	20-24	25-25	9 30-34	35-39	40-44	45-49	50.54	55-59	£9-84	65-65	70-74	75+	Teac	%
40	lip	-	-	-	-		-		-	1	7	1	. T	8	3			15	0.48
41	Tongue	-	-	-		2	1	4	3	4	9	14	17	11	13	7	Ţ	85	2.86
42	Salivory, Gl	-			2	2	-	-	1	1	3	2	_	1	1		-	11	0.35
43	i Gunn	-	-	-	1	-	-	-	-		3	4	6	6	10	ŦO	11	51	v.55 1.62
i44	Floor of mooth	-	-	-		-		-	-	-		_	-	2	1	-		3	0.j0
45	Other mouth	-	-	2		Ĩ	1	2	5	4	13	11	24	28	28	18	15	150	4.78
46	Orophorytog	-		-		-	1	-		1	2	-	1	1	1		-	7	4.7a 0.22
47	Nosopher yes:	1	1	. 1		-	3	2]	2		-	1	,		-	12	0.22 9.3 8
48	Нурорлагулх		-	-	-	-	1	-	1	-	1	5	5	4	3	3	-	23	0.73
49	Phorynx, efc	-	-	-	-	-		-	-	-		-]	1	-	20	
50 .	Oesophagus	-	-	-		-		-	-	3	5	10	7	12	10	13	4		0.06
51	Stornach			-		-	1	-	2	-	4	.3	, 5	3	5	3		67 ·	1.97
52	Sinal Intes,	-	-	-		-	-	-	F	-	-]	,			_	T	27	0.85
53	Colon	-	-	-		ı.	-	3	2	1	1	6	 1	-	-	ì	-	2	0.66
54	Rextorm		-		-	I	1	3	1.	5	្វ	3	י 7	3 7]	1	1	2]	0.67
55	Liver	ſ	1			1	ì	2	3	4	1	о 1			9	3	. 4	48	1.53
56	Gall ideodder	-		· _	-	-			5	т	·	1	2	-	4	-		21	0.67
57	Panareas	-	-			1	;	· ·	-	-	2		2 2	1		1	-	6 6	0.79 0.79
										•									
tve 2	2 Contd																		
}9	Site	04	5-9	10-14	15 19	20-24-2	5-29	30-34	35-39 4	10-44 4	15-49 5	0-54	55-59	60-64	65-69	70-74	751	Tetal	%
8	Retroperit	1	1		-	-	-	1	-		1.	1	-	1			-	6	0.19
D	Nosal cavity	-	-	1	-	1	-	-	1	1	1	3	1	3	2	4	2	18	D, 57
1	Larytix			-	-	-	-	-	· 1	1	-	1	1	1	- '	-	l	6	0.19
2 ·	lung	-	-	-	-	-	1	1	1	1	1	5	9	5	9	5	1	42	1.34
3	Pieuro	-		-	-	-	-		-	-	-	-	1	2	3	ļ	-	7	0_22
4	Thymus	1		-	1	2	-	-	-	1.	-	1	-	2		-	-	6	0.19
0	Bone	2	ł	4	7	4	-	-	2	-	2	-	-	2		-	-	27	0.86
]	Conn, Tissue	2	2	4	4	1	1	2	3	5	1	1	1	2	3	1		33	1.05
2	Skin mela		-	-	-	-	-	2		1	-	1	•	-	1	1	ì	7	0.22
3	Skin other	1	-	-	-	-	-	-	1	1	4	1	3	l	3	2	2	22	0,70
4	Breast	-	-	ļ		2	25	49	101	1 36	153	86	97	57	52	18	14	791	25.18
9	Utierus Nas	ļ	-	-	-	-	-]	1	-	1	2		-	i	-	-	7	0.22
0	Carvix	-	-		-	-	1	10	37	40	68	70	93	85	71	22	33	530	16.87
i	Placenta	-	-			-	-	1	-	-	-	-	-	-			-	ł	0.03
2	Body Uterus		-	-	-	-	ł	1	2	4	ÿ	Ģ	12	9	9	4	1	6]	1. 9 4
3	ûvary	-	-	4	5	8	16	19	20	20	30	23	28	22	15	10	10	229	7.29
					-							•						20	0.02

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TABLE 2 Regional Concer Centre - Trivandrum : Cascer Cases of Age and Site - Feraules : 1996

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 \mathfrak{S}_{i}

. Eye

Yagina

Kidney

Uri, Sladser

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Table 2 Contd....

100 9	Sile	0-4	5.9	30-14	15-19	20-24	25-25	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Total	%
191	Brown	3	5	7	5	1	4	4	· 11	10	2	3	5	2	2	· _	_	64	2.04
1 93 -	Thyraid Gl	-	-	6	17	23	39	26	51	21	32	14	15	7	10	6	2	269	8.56
194	Other endo, Gl	4	-	-		1	-	-	-	-	1	-	-	-	-	-	1	6	0,19
195	lil def, site	4	-	÷		-		-	-	-	-	1			_			۳. 5	D,] 6
196	Sec, lymph N	1	-	-	-	1	1	6	2	3	4	ŝ	7	3	5	3		39	1.24
197	Sec. Res. etc	-	-	1	-	-	2	_	Э	7		4	5	4	6	6	2	37 40	1.29
198	Soc. Other	-		-	-	۱	1	1	2	6	5	6	1	5	4	4	5	4]	1.31
200	lymphosore	-	2	1	2	2	ī	4		4		5	4		, 9	3	4	41 41	
201	Hodgkins D		1		7	1	2	2	-	-		1		-	2		99 1	18 18	1.31
202	Ofh Lymph		-		1	2	2	4	3	5	4	4	6	ģ	5	-	ו א		0.57
ZØ3	Molt Myel	-	-		-	,	-		2	2	3	5	6	4	6	2	4	52 bo	1.66
204	Leuk Lympb	18	7	14	п	2	1	1	2	2	2	4	1	9 2	0 1	2	3	33	1.05
205	Louix Myelo	5	2	6	6	4	ġ	4	3	2	4	י ז	2	23	ן זי	۲ ۱	1	70	2.73
208	Look UNS	2		-	-	-	í	-	3	T	4	2	1	J	3	l	1	56	1.78
	Total	58	27	51	70	64	120	154	268	302	382	326	385	- 324	31 8	- 156	136	5 3141	0.16

Table 3 Average annual age-specific, age-adjusted (WP) and truncated (35-64 years) incidence rate per 100,000 persons. Sex: Fermie: Year: 91-95. Trivandrom Cancer Registry

					5e)	c: Fem	aie, Ye	ar: 91	-95, 11	ivand	iom Co	INCOT K	egistry	1							
(D 9	Site	0.4	5-9	10 -14	15-19	20-24	25-29	30-34	35-39	40 44	4 5 4 9	50-54	55-59	60-64	65-69	70-74	75+	(R	AAR	ŞΈ	īΑ
140	lip	-	-	-	• -	-	-	-		-	0.7	1.0	-	24	3.1	7.9	2,3	0.4	۵.5	0.1	D.
141 .	Tongue	-	-	-	-	-	0.8	0. 9	27	3.6	5.1	14.1	27.3	20.8	24.9	34,4	18.5	4.2	5.2	65	10
142	Solivery, G	-	-	0,4	0.4		-	0.5	-	-	1.5	1.0	-	-	1.6	5.3		0.3	0.4	0.0	Q.
143	රියක		-	-	-		-	-	0.4	0.6	2.9	2.0	24	7.3	7,B	7.9	16. Z	1.Z	1.4	0.3	2
144	Floor of mouth	-	-	-	-	· •	-	-	-	-	3.6	2.0	3.6	-	3.1	26	6.9	0.6	07	0.1	· E
145	Other mouth	-	-		-	-	-	0.5	1.3	2.4	5.8	23,1	23.7	33.I	18.7	37.0	41.6	4.8	6.2	0.5	12
146	Orophorynx	-	-			-	-	0.5	9.4	6.6	4.4	8 .D	15.4	15.9	124	13.2	23.1	25	3.1	0.4	6.
]47	Nasopharynx		-	-	0.4	0.1	0.4	0.5	-	-	1.5	2.0	2.4	1.2	1.6	26	2.3	0.5	0.6	0.2	1
148	Hypopharynx	-	-	-	-	-		-	-	1.2	2.2	5.0	2,4	4,9	17.1	Zð	13.9	0.3	1.6	0.3	2
149	Paarynx, etc	0.4	-	-	-		-	-	-	-	-	-	2.4	-	-	-	-	0.1	0.i	0.0	0
150	Oesophogus	-		-	-	-		0.9	0.9	-	3.6	9.0	13.0	8.6	26.4	15.9	18.5	25	3.1	0.4	5.
151	Stornach	-	-	-	-	-	-	0.9	2	Z.4	5.1	13.0	15.4	15.9	37.3	21,1	25.4	3.5	4.5	20	1
152	Small Intes.			-	-	-	• -	D, 5		-	0.7	20	-	1.2	-	-	2.3	0,2	0,3	0.0	0
153	Colon		-	-	0.4	0.8	-	0,5	0,9	1.B	4.4	5.0	7.1	3.7	7.8	10.6	11.6	1.6	1.9	0,3	3
154	Rectum	-	-	-	-	-	-	1.4	0,9	1.8	1.5	5.0	11.9	4.9	9.3	1 3.2	18,5	1.8	2.2	0,3	3
155	Liver	0.4	-		-	-	0.4	1.8	1.8	3.0	3.6	3.0	8.3	7.3	15.5	5.3	16.2	20	2.4	0.3	4
156	Gal blodder	-	-	-	-	0.4	-	-	-	-	0.7	2.0	1.2	-		26	• -	0.2	0.3	0.0	0

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Parateas Betroperit Giher dig. sys. Nasal Cavity Lorynx, Lung	-		TO-14	-	0.4	-	ť.4		_							• - T	- CR	ÁA.	્ર	TA
Other dig. sys. Nasal Cavity Lorynx	- -	-	-		0.0		1.9	0.9	1.2	5.1	5.0	5,9			_				_	-
Nasal Cavity Lorymx	-	-			3.0	-		-	-	2.1	1.0	3,7	3.7		10.6	6.9	Ĭ.6		0.3	3 _ 3 /
Loryex	-			-	-			-	_	-	-	-	1.2	47	2.6	-	0,3		0.0	0 02
		-	-	-	-	-	-	_	ę.6	-	•	•	-	•	-	-	D.0		6 .0	0.0
Lung .		-		-	-		0.5	6.4	2.4	-	-	• • •	3.7	1.6	5.3	5.9	0.4	0.5	0.1	0.6
			-	-	ð,4	-	0.5	0.9	2.4 3.6	7. <u>2</u> 7.2	9.D	15.4	20.8	31.1	75,9	23,]	3.1	3.9	0.4	7,1
Pievra	-			-	-	_	.	V.7	0.0	7.3	16, j	40.3	51.4	31.1	66 .]	27J	6.3	8.0	0.6	16.7
Thymus	-			04	04	л. Л.Л.	- 6 C	-	-	-	-	•	•	-	-	-	0.0	0,0	0 .0	0.0
Offhør resp.	-			-	V. 7	V.9	u.9	-	1.2	-	-	1.2	·		-	-	6.3	0.2	0.0	0.4
Barie	-		-	20	- -	- D 4	-		-	-	•	-	·	-	-	-	0.6	0,7	0.0	1.0
Conn. Bissue	08	_			9.8			6,4					1.2			-	0.6	0,7	D, Q	1.0
Skin melo	-			-	-	V.D		•	ιá				6.1	4.7	-	23	1. Q	1.2	0,0	21
Skin other	-			-	-	-	0,3		•				2,4	6.2	5.3	2.3	0.5	0.6	0.2	Û.B
Broust male	-	_		-	-	-	-		0.6	0.7	6.0	5.9	2.4	7,8	7.9	9.2	1.1	1.3	0,3	2.5
Frostote	-		•	-	-	-	-	0,4		-		-	-	1.6	26	2.3	0.1	0.2	۵.1	0,1
Testis	-	- R.4	-	- 10		-	-	-	•	0.7	3.0	8.3		31.1	37.0	78.5	3.6	4.6	0.5	4,4
	_	u, 1	-	U. O	0.4	0.5			1.8	-	-	-	1.2	-	-	-	0.4	0.4	0,0	0.7
	_	•	•	-	-	-	-	0,9	•			4.7	3.7	-	7.9	6.9	07	8,9	0.]	1.9
	19	-	•	-	-	-	-	-				0.7	3,7 i	10.9	26.4	3.9	1.6	2,0	0,3	2.9
· · .		-	•	-		-	-	- '		15	3.0	2.4	2.4	4.7	5.3	2.3	0,7	0.9		1.4
-10	U. 4	•	-	-	-			- '	ů, 6	-	-	-	I.Z		•	-	Q.)	0.1		0.3
										•										
	Other resp. Bane Conn. Iissue Skin mela Skin other Broast male Prostate	Other resp. Bane - Conn. Bissue 0.8 Skin mela - Skin other - Broust male - Prostate - Prostate - Prostate - Natis, erc - Si, Bladder - Didney 1.2	Other resp. Bane - Conn. Jissue 0.8 - Skin melo - Skin other - Broust male - Prostote - Stis - 0.4 Paris, etc - Si. Blodder - Si. Blodder - Jidney 1.2 -	Other resp. Bana Cann. Bissue 0.8 - 0.8 Skin melo Skin other Broust malo Prostate Prostate Stis - 0,4 - Nis, Bladder Si, Bladder	Other resp	Other resp. - - 2.0 0.8 Bana - - 2.0 0.8 Conn. Hissue 0.8 - - - Skin melo - - - - Skin other - - - - Browst malo - - - - Prostote - - - - Strin State - - - - Bank - - - - - Browst - - - - - - Bank - - - - - - - - Browst -	Other resp. - - 2.0 0.8 0.4 Bana - - 2.0 0.8 0.4 Cann. 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Bane - - 0.4 0.4 0.4 0.4 0.5 1.2 - 1.2 - - 0.3 0.2 0.0 Bane - - 0.6 0.7 0.0 0.6 0.7 0.0 1.2 1.2 3.1 - 0.6 0.7 0.0 Conn. Bissue 0.8 - 0.3 1.4 0.6 1.5 3.0 3.6 6.1 4.7 2.3 1.0 1.2 0.0 Skin other - - - 0.5 - 0.7 1.0 1.6 2.4 6.2 5.3 2.3 0.5 0.6 0.2 Skin other - - - 0.7 1.0 1.6 2.4 6.2 2.3 0.1 0.2 0.1 Strostate - - - 0.4 - - 1.6 2.6 2.3 0.1 0.2 0.1 Positis - - - 0.4 0.8 0.4 0.8 2.4</td>	Other resp. - - 2.0 0.8 0.4 - 0.4 0.6 0.7 2.0 3.2 1.2 Bone - - 2.0 0.8 0.4 - 0.4 0.6 0.7 2.0 3.2 1.2 Conn. Sissue 0.8 - 0.8 0.4 - 0.4 0.6 0.7 2.0 3.2 1.2 Skin mela - - 0.8 1.4 0.6 1.5 3.0 3.6 6.1 Skin mela - - - 0.5 - 0.7 1.0 1.6 2.4 Skin other - - - 0.9 0.6 0.7 6.0 5.9 2.4 Broast male - - - 0.4 - - - 1.2 - - 1.2 - - 1.2 - - 1.2 1.2 - - 1.2 1.2 3.0 8.3 20.8 - - 1.2 1.5 3.0 10.7 3.7 1	Other resp. 2.0 0.8 0.4 - 0.4 0.6 0.7 2.0 3.2 1.2 3.1 Bone - - 2.0 0.8 0.4 - 0.4 0.6 0.7 2.0 3.2 1.2 3.1 Conn. 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Bone Conn. iissue 0.8 0.8 0.4 0.4 0.6 0.7 2.0 1.2 1.2 3.1 Conn. iissue 0.8 0.8 0.8 0.8 1.4 0.6 1.5 3.0 3.6 6.1 4.7 2.3 Skin melo $ 0.5$ $ 0.7$ 1.0 1.6 2.4 6.2 5.3 2.3 Skin other $ 0.9$ 0.6 0.7 6.0 5.9 2.4 6.2 5.3 2.3 Browst male $ 0.9$ 0.6 0.7 6.0 5.9 2.4 7.8 7.9 9.2 Browst male $ 0.4$ $ 1.6$ 2.6 2.3 Forstote $ 0.7$ 3.0 8.3 20.8 31.1 37.0 7.9 6.7 Tests, efc	Implies Implies	Implies $ 0.4$ 0.4 0.4 0.4 0.5 1.2 $ 1.2$ $ 0.3$ 0.2 Bane $ 2.0$ 0.8 0.4 $ 0.4$ 0.6 0.7 2.0 1.2 1.2 3.1 $ 0.6$ 0.7 Gonn, iissue 0.8 $ 0.8$ 0.4 $ 0.4$ 0.6 0.7 2.0 1.2 1.2 3.1 $ 0.6$ 0.7 Gonn, iissue 0.8 $ 0.8$ 0.4 $ 0.4$ 0.6 1.5 3.0 3.6 6.1 4.7 2.3 1.0 1.2 Skin thelp $ 0.5$ $ 0.7$ 1.0 1.6 2.4 6.2 5.3 2.3 0.5 0.6 Skin other $ 0.9$ 0.6 0.7 6.0 5.9 2.4 7.8 7.9 9.2 1.1 1.3 Browstimale $ 0.4$ $ 1.6$ 2.6 2.3 0.1 0.2 Positis $ 0.4$ 0.8 0.4 0.8 0.9 1.8 $ 1.6$ 2.6 2.3 0.1 0.2 Positis efc $ 0.9$ $ 4.6$ 4.7 3.7 7.9 6.9 0.7 0.9 No.8 1.2 $ 1.2$ 1.5 3.0 10.7	Other resp. 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ICU 9	Site	04	59	10.14	15 19	29 24	25 29	30-34	35- 39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	CR.	AAR	SE	TAR
191	Brain	1.6	1.5	1.2	1.2	1.5	1.2	0,9	0.9	3.0	2.9	3.0	5.9	3.7	7.8	5.3	9.2	2.1	2.3	0.3	3.0
192	Nervous sy.	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0	0.0	6.0
193	Thyroid 61	-	-	0.4	0.B	1.9	ł.2	1.8	3.1	3.0	1.5	6.0	3.2	4.9	47	2 ú	2.3	1.7	1.7	0.3	32
194	Other and o Gl	0.4	0,4	0.4		-	-	-	-		1.5	-	-	-	-	-	-	0.2	0.2	0.0	0,
195	III def. Site	0.4	-	-	-	-	-	-	-		-	1.0	-	2.4	-	-	-	0.1	0.2	0.0	0_
196	Set. Lymph N	-	-	-	-	-	-	-	-	3.0	2.9	5.0	11.9	12.2	47	7.9	23.1	1.9	2.3	0.3	5.
197	Set. Res. ett	-	-	-	-	-	-	0,5	0, 9	1.8	3.6	3.0	3.6	4.9	6.2	5.3	-	1.0	1.2	6.0	23
198	Sec. Other	9.8	-	-		0,4	-	0,5	-	1.2	3.6	3.0	4,7	4.9	7.8	7,9	18.5	1.4	1.7	0.3	2.3
199	Ptim. UNK				0.4	-	0.4	1.4	1.8	4. B	5.8	13.9	22.5	18.4	34,2	29.1	55.4	4 .B	5,9	0.5	9
200	Lymphosare				· ·	0.4			-	2.4	0.7	Ŧ.0	1.2	2,4	1.6	10.6	4.6	0.6	0.8	0.2	1,5
201	Hodkins D	-	7,0	9,4		D.4	1.2	0,5	-	0.6	-	2,0	1,2	1,2	3.1	-	-	0,7	0,7	D, Q	0,1
202	Oth. Lymph	14	1.2	-	0,4	0.4	0.8	1.8	0,9	4.2	5.1	7.0	-	8.6	3.1	5.3	2.3	1.8	2.0	0.2	4.3
203	Muli Myel	-	-	-	-	-	-	-	-	1.2	2.2	4.0	5.9	6.1	10.9	2.6	9.2	1.2	1.5	0.3	2
204	Leuk lymph	4.4	1.6	1.9	1.2	1.9	1.2	-	1.3	-	-	2.0	• -	3.7	3.1	2.6	2.3	1.6	1.7	Q.1	L
205	Leuk Mydo	0.4	0.4	0.4	8.0	1.1	0.4	0.9	0.4	0.6	3.6	1.0	12	3.7	3.1	-	6.9	1.9	1.1	0.1	1.
206	Leuk Monac	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0	6.0	0.
207	Leuk Misc.	-	-	-	-	-		0.5	-	-	-	-	· _	-	-	-	-	0.0	0.0	0.0	0.
208	Leak Uns	6.4	-	0.4	-	6.4	-	-	-	-	6.7	1.0	1.2	1. 2	-	-	2.3	0.3	0.3	0.0	D)
	Total	12.0	7.6	6.3	10.0	12.1	15.4	22.5	24.3	57.6	103.3	205.3	297.8	331.4	426.4	454.3	535.7	70.5	85.B	2.6	150.

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C.R. - Crucie Rete, AAR - Age Adjusted Rote, TAR, Truncoted Adjusted Rote (35 64), SE - Stondard Error

Table 3 Conid.

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Table 4 Average annual age-specific, age-adjusted (WP) and truncated (35-64 years) incidence rate per 100,000 persons. Sex: Female, Year : 91-95, Trivandrom Cancer Registry

100 9	Site	0-4	59	10-14	15-19	20 24	25-29	30-34	35-39	40-44	45 49	50.54	\$5.50	60.64	66.60	70 74	71.			4-	
140		-	_	_								24-2-1	_	_			_	CR	AAR	SE .	74 5
141	Tongue		-		_	-	0.4	0,4	- 4 D	-	-		-1.9	1.1	1.4	2.3	1.8	0.2	0,2	0.1	0,4
142	Solivery, Gl	-	-	0.4	0.4	-	0.4 0.4	0.4 0.4	0.9 D 4	1.4	2.2	6.8	107	9.1	9.6	117	21.2	21	2.4	0.3	4.5
143	Gura	-	-	-	0.4	-	U.4	0.4	0.4 0.4	-	-	1.0	1.0	1,1	•	4,7	1.8	0.4	0.4	0 .1	D,5
j44	Floor of mouth		-		0.7	•	-	-	U .4	-	2,2	1.0	1.9	9.1	9.6	14.]	8.8	1.2	1.4	0.2	21
145	Other mouth		-		-	•	•	-		-	-		1.0	1.1	- '	-	1.8	0.1	D.1	0.0	0,3
146	Oropherynx			•	-	-		-	0.4	-	1.5	3.9	9.7	20,4	20.6	14.1	35.3	2.7	3,1	0.4	4.9
147	Nesopharyny		-	-	0.4		0.4	-	-	-	1,5	1.0	1.0	1.1	$2J_{\rm c}$	23	1.8	0.4	0.4	0.1	D.7
1-1.8	Нурарнагулх	•	-	•	0.4	-	-	0.4	-	0.7	0.7	1.0	1.0	23	-	-	-	D.3	0,3	0.0	0,9
149	Phorynx, etc	-	•	-	-	-	D.4	-	0.4	-	15	2,9	1.0	1.1	27	43	-	0.5	0,6	0.0	1.1
150	Desophagus		-	-	-	-	-	-	-	•	-		-	-	-	-		0.0	0,0	0.0	0.0
151	Cesophagos Stomach	•	-	-	-	-		-	-	•	0.7	2,9	5.8	3.4	55	7.0	3.5	0.8	0,9	0.2	1.8
52		-	-	-	-	-	0.4	0.4	-	1.4	3.7	3,9	3.9	6.8	15.1	7.0	7.1	15	17	0.3	3.0
	Small Intes,		-	-	-	•		-	-	-	67		-		-	-		0.0	0.0	0.0	0,1
153	Colon	·	-	- '	-	-	0,4	-	0.4	21	07	2:9	1.0	4.5	6.9	4 7	1.8	0.8	0.9	0.2	1.8
54	Rectum	-	-	-	0.4	0.3	0,4	0 .4	0.4	1.4	1.5	2,9	3.9	9.1	8.2		12.3	1.7	1.9	0.3	2.8
55	Līver	~	-	-		0,3		0.4	-	14	0.7	1.9	1.9	5,7	27	11.7	1.8	0.8	0,9	0.2	1.0
56	Gall bladder	-	-		-	-	-	-	64	-	-]_[]	3.9	1,1	-	1.3	3.8	0.3	0,7 D,4		
57	Pancreas	-	-	-	-	-		-	-	÷	3.0	2.9	3.9	3,4	4]	7,0	1.8	0.8		Ú.T	0,9
58	Retroperit	-	-		-	-	- .	-		0.7			-	ч.т	1.4	7.0	1.0		0.9 n a	0.2	2,0
													-	-	1.4	7.0	-	0.2	Ø.Z	0.0	Ø.1

ICD 9	Sile	64	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40:44	45-49	50-54	55-59	60-64	65-69	70-74	75+	(R	aar	SE	TAR
159	Other dig. sys.	· 		-	-	-		-	-	_	-	-	-	-	-		-	0.0	0,0	0.0	0.0
160	Nasal Cavity	-	-	-	-	-	-	-	-		1.5	2.9	-	3.4		7.0	35	0.5	0.6	Ô.1	1.2
161	Lorynx		-	-	-		-	-	-	-	-	-		1.1	1.4	2. 3	3.5	0.2	0.2	0.1	D.1
162 🧳	Lung		-	-			07	0.9	0,4	-	-	1.9	1.9	10,2	8.2	9.4	8.8	1.2	1.3	0.2	
163	Pleum	-	-	-	0.4	-	-	-		·	-	-	1.0	-	-	-	-	0,1	0.1·	0.0	
164	Thyrnus	-	-	-		·_	-	-	0.4	0.7	0.7	-	-		-	-	-	D.1	0.1	0.0	
165	Other resp.	-	-	-		-	-	-	-	-	-	-	-	-	- 1	-	-	0.0	0.0	0.0	
170	Bone	-	-	1.9	0.7	0.3	-	D.9	-	1.4	-	1.0		-	1.4	-	-	0.5	0.5	0.0	0,4
171	Conn. lissue			0.4	0.7	0.3	0.4	0.4	-	-	1,5	3.9	2.9	-	2.7	2.3	-	0.6	0.7	0,0	
172	Skin melo	-	-	-	-	-	-	-	-	· -	-		1.0	-	-	-	3.8	0.1	0 .1	0.0	
173	Skin other	-	-	-	-	0,3			0.4	-	0.7	29	1.0	57	8,2	2.3	8.8	0.9	1.0	0.2	1.
174	Breast	-	-	-	-	1.3	25	9.2	20.6	41.2	42.7	57.A	49.5	475	52.1	53.9	44.1	15.5	17.4	0,8	42.0
179	Uterus Nos	-		-	-	0.3	0.4	-	0.4	0.7	6,7	-	1.9	-	-	2,3	1.8	0.3	0.3	0,1	0.6
180	Cervix	-	-	-	-	-	0,4	4.4	85	20.6	31.5	36.0	40.8	38.5	39.8	. 58.6	24.7	10.2	11.8	0,7	
181	Placenta ¹		~		-	· -	-	-	-	-	-			-	-	-	-	0.0	0.0	0.0	
182 ·	Sody uterus	-	-		-		-	0. 9	0.4	4.1	3.7	3,9	97	7.9	6.9	11,7	5.3	1.7	2.0	0.3	4,5
183	0vory	-	-	0.4	2.2	1.3	1,4	1.3	27	5.5	11.2	11.7	4.9	9.1	19.2	9,4	7.1	3.4	37	0.4	1.4
184	Yagina	0.4	-	-		-	-	-		07	07	1.9	2.9	23	2.7	-	1.8	0,5	0.6	0.0	1.3
188	Uri, Blodder	-	-	-	-	-	0.4	-		-	0.7	1.0	-	-	6.9	- ·	1.8	0,3	0.4	0.0	0.3
189	Kioney .	-	-		-	-	1.1	0,4	-	2.1	-	1.0	-	1.1	1.4	2.3	1.8	0.4	6.5	0,1	
190	Evo	0.3	-	0,4	-	-	-	-	-	-	-	-			-	-	-	0.1	0.1	0.0	
191	Brain	1.3	0.4	2.7	1,1	-	1.8	2.6	0.9	1.4	-	1.0	5.8	6.8	4.1	-47	1.8	17	1.8	0.7	2.2

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Site D.4 59 T0.14 15.19 20.24 25.29 30.34 55.9 40.44 56.9 56.9 50.74 75.4 C 44.8 57 52 53 53 53 53 53 53 53 53 53 53 53 53 53 53 53 53 53 53 53 43 42 03 01 00 60																						
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Table 5
Fen leading sites of cancer in males and females Regional Cancer Centre, Trivandrum, 1996.

		Male		Fern	ale
Site	No	%	Site	No	%
Lung	47,7	13.19	Breast	791	25.18
Mouth	280	7.74	Cervix	530	16.87
Lymphoma,HD	254	7.02	Thyroid	269	8.56
Oesophagus	226	6.25	Ovary	229	7.29
Leukaemia	223	6.17	Mouth	150	4.78
Larynx .	218	6.03	Leukaemia	1 31	4.17
Tongue	207	5.72	Lymphoma, HD	111	3.54
Hypopharynx	116	3.21	Tongue	88	2.80
Oropharynx	115	3.18	Brain	64	2.04
Stomach	111	3.07	Oesophagus	62	1.97

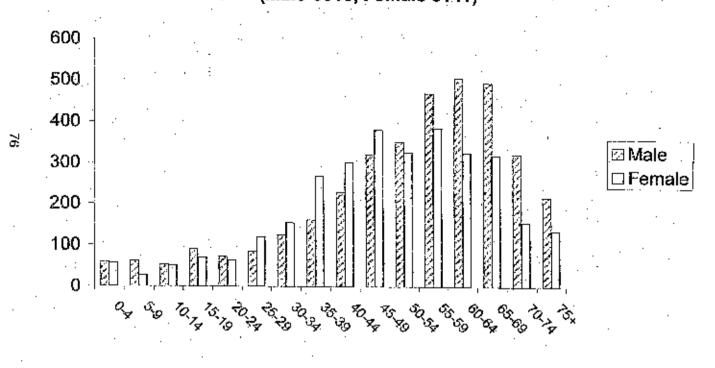
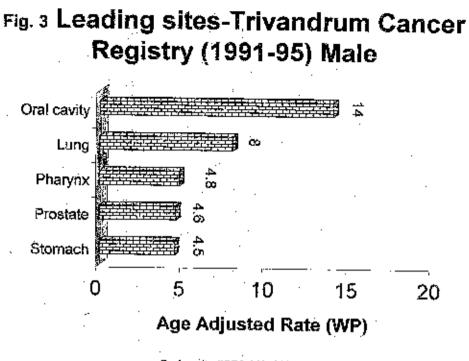


Fig.1. Distribution of cancer cases by Age group -1996 (Male-3616, Female 3141)

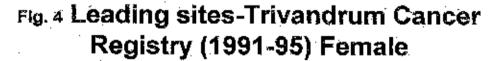
FIG. 2:

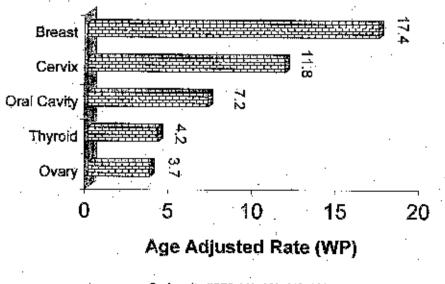
REGIONAL CANCER CENTRE, TRIVANDRUM SYSTERWISE DISTRIBUTION OF CANCER CASES -* 1995

BRAIN & NERVOUS SYSTEM 2.7 2.0 ORAL CAVITY & PHARYNX 24.3 11.5 2.5 THYROID 8.6 20.4 RESPIRATORY SYSTEM 2.5 0.2 BREAST 25.3 9.3 OESOPHAGUS & STOMACH 2.8 OTHER DIGESTIVE ORGAN 7.8 3.5 URINARY TRACT 2.6 0.6 з.о REPRODUCTIVE SYSTEM 27.3 5.2 BONE,CONN.TISSGE,SKIN 2.8 6.2 LEUKAEMIA 4.2 LYMPHOMA, HODEKINS DISEASE 7.0 3.5 ALL OTHERS 8.3 5.4 M 3616 Total: 6757 F 3141



Oral cavity (ICD9-140, 141, 143, 144, 145) Pharynx (ICD9-146, 149, 149)





Oral cavity (ICD9-140, 141, 143, 144, 145) Pharynx (ICD9-145, 148, 149)

NATURAL BACKGROUND RADIATION CANCER REGISTRY, KARUNAGAPPALLY, KOLLAM DISTRICT.

(Funded by the Department of Atomic Energy, Govt of India)

PRINCIPAL INVESTIGATOR - DR. M KRISHNAN NAIR

Co-Principal Investigator - Dr. N. Sreedevi Amma Co Investigators - Mr. P. Gangadharan, Dr. V. Padmanabhan, Dr. T. Gangadevi, Dr. Paul Sebastian, Dr. S. Parameswaran, Dr. Jayaprakash Madhavan, Dr. Ravi Ankathil, Dr. V.M. Pradeep, Dr. Cherian Varghese.

BARC Collaborator - Dr. U.C. Mishra, Director, Health Safety & Environment Group, BARC.

FIELD OFFICE: VAVVAKKAVU, KARUNAGAPPALLY TALUK

Officer-in-charge		Ms. P. Jayalekshmy (Sociologist)
Cytotechnologist	-	Mr. K.S. Mani
Senior Research Fellow (Statistics)	4	Mr. S. Jayadevan
Radiation level measurements supervised by	÷	Dr. Raghu Ram K. Nair

The objectives and study method as detailed in the 1996-1997 annual report of the Regional Cancer Centre, Trivandrum remained the same during 1998-1999. The main objective of the study was to investigate whether the cancer occurrence was related to the natural radiation occurring in the area. The progress achieved during 1998-99 is reported here under.

Natural Background Radiation Cancer Registry project was started in January 1990 and is continuing. Radiation level measurements were done by portable Scintillometer inside 66306 houses and 75,052 readings were taken outside the houses. These were entered in the computer and the distribution of the radiation levels in the entire taluk is obtained and are summarised in the Table below. It was observed that Neendakara panchayat has higher radiation levels than other panchayats. Between panchayat wards there was wide variations in the radiation levels.

Radiation levels	Inside house level % of houses	Outside house level % of houses
< 5mGy/Yr	93	85
> 5mGy/Yr	7	15

A total of 2291 cancer cases were identified for the 7 year period 1990-96 in the taluk which gave the crude incidence rates of 92.4/100,000 males and 74.0/100,000 females. Adjusted to World population these rates were 102.6 for males 79.8 for females. Data analysis is continuing.

Annual radiation levels measured by TLD have been completed in 1088 houses, SSNTD in 603 houses. Soil analysis for Uranium, Thorium and Potassium has been completed in 203 samples, Thoronin-breath studies done in 129 persons. Results of these are being studied. TLD measurements were done to obtain annual dose. From the spot scintillometer readings annual dose was estimated which, when compared with the TLD measured annual dose gave a correlation r > 0.95. This enabled us to pursue radiation measurements using scintillometer.

A strong component of the project has been the cancer patient services. These have helped to improve community support and also to enhance the scientific quality of studies.

Cancer patient follow-up clinics were held every month. 688 patients were followed up in the clinics which were conducted by oncologists from RCC. Cytology services, Cancer registration, Radiation level measurements and enumeration were going on simultaneously. 469 cytology smears were examined, FNAC was done in 385 patients. Sputum cytology examination was done for 54 patients. These services have helped many cancer patients and we received good support for these activities from the medical doctors in the taluk. The cytology services have resulted in a high rate of microscopic verification of cancer cases in this registry.

Community oriented programme on cancer awareness

On 19.07.98 a seminar on "Environment Conservation" and a question answer session on "CANCER" was held in Chavara by 'NBRR' with support from 'The State Committee on Science, Technology & Environment, Kerala. Several leading personalities participated in the programme including Sri. Premachandran (M.P), Dr. M. Krishnan Nair (Director RCC), Sri. M.K.Bhaskaran (President, Kollam Jilla Panchayath), Sri. Devendrakumar Singh (District Collector) and Dr. T. Vijayakumar (STEK).

Other programmes conducted by the NBRR were:

Cancer awareness talk (27/01/98) Cancer Screening and Detection (26/09/98) " (25/03/99)	 Kerala Kaumudi Readers Club, Alumkadavu, Karunagappally. "ECHO" Club, Geethanjali, Kayamkulam.
Салсег awareness talk (14/08/99) Fellowships	 Thevalakkara PHC under "Peoples Plan Programme". Puthukkad Arts & Sports Club Puthukkad P.O, Chavara.
Mr. Jayadevan got (ng programme on the analy <i>Conterences, o</i> <i>Papers pro</i>	CRETT travel fellowship to attend a train- /sis of cancer incidence data in Japan. etc. attended - (Chapter III) esented - (Chapter IV) Iblished - (Chapter V)

DIVISION OF RESEARCH

tdl. Professor
soc. Professor
sst. Professor
sst. Professor
sst. Professor
clentific Officer

Understanding the biology of carcinogenesis and making this knowledge available for application in dlagnosis, assessing prognosis and management have always remained the prime objective of this division. Research projects from various external funding agencies covering various basic and application oriented aspects of cancer biology have helped us to work towards achievement of the above objective. The results of these studies are in various stages of publication (21 publications) in national and international journals and have been presented at various scientific meetings. Efforts are still on and lots more needs to be done to unveil the never ending enigma of cancer.

Ongoing research projects

 Role of viral genes, oncogenes and tumour suppressor genes in relation to aggressiveness in gestational trophoblastic diseases(1996-1999)

(Funding agency: Council of Scientific and Industrial Research, New Delhi)

Principal Investigator	Dr. Prabha Balaram
Co-Investigators	Dr. T.N. Rajalekshmi
e	Dr. Molykutty John

This study, continuation of the previous year, aims at identifying the molecular alterations and viral associations involved, if any, in gestation trophoblastic diseases GTD. Serological studies revealed antibodies against viruses such as CMV, HSV and RSV (Respiratory Syncitial Virus) in both normal placenta and molar placenta with a higher geometric mean titre of antibodies to HSV and RSV in the GTD cases. Presence of HPV antigen in 20-30% tissues of GTD was confirmed by immunohistochemistry and PCR techniques suggesting an association of HPV with GTD. The association of RSV and HSV is being studied.

Among the various cell cycle regulatory genes, apoptotic genes and antimetastatic genes studied immunohistochemically, expression of c-erbB2, p53, Rb and PCNA showed significant difference in GTD In comparison to gestational age matched placenta. The results also suggest an interaction of the nm23 gene with the Rb , bcl2, p53 in both normal placenta and GTD and with ras in GTD suggesting concommitant overexpression of ras and nm23 to be an indicator of GTD. Analysis of the cell cycle regulatory genes suggest GTD to be a disease of accumulation of cells in the S phase and not due to a higher rate of proliferation when compared to normal placenta and hence it cannot be termed a hyperproliferative condition.

 Genomic Instability in relation to progression in oral cancers and precancers (1996-1999)

(Funding agency: Board of Research in Nuclear Sciences, Dept. of Atomic Energy, GOI)

Principal Investigator:Dr. Prabha BalaramCo-Investigators:Dr. Ramdas K, Dr. Ratheesan K,
Dr. Nalinakumary KR, Dr. Anita Balan

As a continued study from the previous year, the results show the expression of Rb and c-myc to be related to malignant transformation more than the alteration in the p53 gene with the expression of Rb protein being down regulated with the carcinomatous changes. This finding has been confirmed by mRNA studies and suggests a strong correlation of Rb gene expression with differentiation. The p53 expression in precancerous lesions was affected by tobacco habits more than by alochol while the Rb protein was affected both by tobacco and alcohol habits. Focal areas of p53 and Rb positivity was noticed in many of the precancerous and cancerous lesions suggesting field cancerisation effect. Even though the c-myc gene, another cell cycle regulatory gene, though showed a correlation with the expression of the p53 gene, did not show any difference based on the habits. The study is in progress.

 Molecular epidemiology of cancer of the oral cavity and oropharyox; A multicenter case-control study.(1996-1999)

(Funding agency: International Agency for Research on Cancer,Lyon)

Principal Investigators Dr. Prabha Balaram (RCC), Dr. Nubia Munos (IARC) Co-Investigators:

Dr. Ramdas K. (RCC), Dr. Nalinakumary K.R.(RCC), Dr. Elizabeth Abraham (RCC).

The study was carried out to analyse the prevalence of human papilloma virus in oral cancer patients and hospital controls. The study involves samples from 5000 oral cancer patients and an equal number of age and sex matched hospital controls from 28 countries, 600 of them being from 3 centres in India, namely, Trivandrum, Madras and Banglore. The prevalence of HPV and its subtype infection are correlated with patient characteristics such as age, sex, habits, (tobacco, alcohol use), associated Infections, sexual behaviour etc. The data is in the process of being analysed.

Genomic instability in breast cancers (1998-2000)

(Partly funded by Department of Science, Technology & Environment, Govt. of Kerala)

Principal investigator Dr. Prabha Balaram

Co-investigators

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Dr. Iqbal Ahmed, Dr. Elizabeth Abraham

The study was started in order to evaluate the nature of genomic instability observed in patients with cancer and benign lesions of the breast. The major parameters being analysed are the alterations in the cell cycle regulatory genes, the apoptotic and proliferative indices, the metastatic potential, the inherent DNA damage repairing capacity by cornet assay, and the status of the BRCA1 and BRCA2 genes using PCR and SSCP analysis. The role of the antimetastatic gene nm23 expression is controversial in literature and our results show no correlation of nm23 expression with the metastatic potential of the tumour. Preliminary results suggest a down regulation of some of the adhesion proteins and apoptosis in invasive breast cancers.

 Evaluation of metastatic potential in GTD using adhesion proteins and antimetastatic genes as indicators (1998-2001) (Funding agency: Indian Council of Medical Research, New Dethi)

Principal Investigator Dr. Prabha Balaram

Co-Investigators:

Dr. Chandrika Devi, Dr. Molykutty John

Expression of adhesion proteins play the most important role in the metastasis of tumours. Placenta, in many ways, behave like a malignant tissue. The status of the adhesion proteins in this tissue is not known. GTD, a pathological condition of the palcenta is very often invasive and markers are not as yet available to identify the lesions with high invading capacity. In this study we address the question whether the expression and alteration of adhesion proteins could be helpful in identifying invasive lesions of GTD. Preliminary data suggest down regulation of some of the adhesion proteins in the invasive cases of GTD much more than that in the normal placenta of corresponding gestational ages. The study is continuing with the aim of assessing the usefulness of the above parameters either alone or in combination with other parameters to identify lesions with higher invasive capacity.

6. Establishment of Familial Cancer Registry

Investigators

Dr. Ravindran Ankathil,

Dr. Aleyamma Mathew, Dr. M. Krishnan Nair

The study is continued with the objectives to investigate the incidence of familial cancers at the Regional Cancer Centre, through pedigree analysis, to compile the pedigrees and estimate the relative cancer risk of the family members and to establish a registry for the familial cancers.

Among cancer patients registered at RCC, the most frequently occurring familial cancers are those of Oral cavity (29%), Breast (22.5%), Colorectum (16.1%), Uterine cervix (10.7%), Lung (6.5%), Thyroid (4.3%) Ovary, Stomach and Prostate.

 Evaluation of haematologic and cytogenetic response of interferon treatment in CML patients (1998-1999)

(Funding agency: Fulford India (Pvt.) Ltd.)

Investigators Dr. Ravindran Ankathil,

Dr. V.P. Gangadharan, Dr. N. Geetha

Chronic myeloid leukaemia (CML) is characterized cytogenetically by the reciprocal translocation t(9;22) (q34;q11). This results in a derivative chromosome 22, the philadelphia (Ph') chromosome, which is present in 90 to 95% of CML patlents. Ph' chromosome serves as a marker for the malignant clone and allow the cytogenetic diagnosis and follow up of the disease. Recently, Interferon alpha therapy has been useful in suppressing a relapse of Ph' positive cells. Interferons have the potential to control progression in the chronic phase and with the definitive suppression of cytogenetic clonal evolution, provide effective treatment of more advanced stages of the disease. This study, which aims to evaluate the hematologic and cytogenetic response of Interferon alpha treated CML patients, is being continued.

8. Eticpathological studies in Hodgkin's disease with special emphasis to the role of the Epstein Barr Virus (1996-1999) (Funding agency: Kerala State Dept. of Science & Technology) Principal Investigator Dr. Ravindran Ankathil

Co-Investigators

Dr. Elizabeth Abraham, Dr. Joy Augustine

This aim of this project, which has entered into the third year of study, is to elucidate the association between Hodgkin disease (HD) and Epstein Barr Virus. The study subjects included a total of 82 HD patients consisting of 12 paediatric cases and 70 adult cases. For comparison, 85 age and sex matched healthy normal controls were also included. Eighty patients (97%) and 57 controls (67%) had IoG antibody in their sera against the Epstein Barr Viral Capsid Antigen (EBVCA). Compared to controls, HD patients had significantly higher antibody titres against EBVCA, thereby indicating that HD is clearly influenced by the presence of EBV. Immunohistochemical staining for EBV specific Latent Membrane Protein-1 (LMP-1) was restricted to Reed-Sternberg cells and their variants in almost all cases. Overall, 58 patients (71%) showed positivity for EBV LMP-1. Based on the age groups, highest percentage of EBV positivity was observed in children (83%) and elderly adults (77%). According to histologic subtype, highest EBV positivity was in lymphocyte depletion (80%) and mixed cellularity (75%) subtypes. Hence the data generated from serological and immunohistochemical studies suggest that EBV plays a major role in the etiopathogenesis of a significant proportion of patients with Hodgkin disease.

Genetic susceptibility studies in breast and ovarian cancer families (1997-2000)

(Funding agency: Dept. of Science & Technology, Govt. of India)

Principal Investigator	Dr. Ravindran Ankathil
Co-Investigators	Dr. Thomas Abraham,
	Dr. Jayaprakash Madhavan,
	Dr. V.P. Gangadharan

We have identified several families in which breast and/or ovarian cancer aggregate among family members. Information is lacking concerning possible genetic defects or genetic susceptibility risk

in close relatives of these cancer families. This study aims to develop a sensitive and practical genetic assay by which genetically susceptible high risk relatives in breast and ovarian cancer families, might be specifically identified and distinguished from their low risk relatives. The affected and unaffected family members in these cancer families will be analyzed at the molecular and cytogenetic levels, for genetic susceptibility markers. At the cytogenetic level, constitutional chromosomal abnormalities, chromosomal fragile sites and mutagen induced chromosome sensitivity were investigated employing peripheral blood lymphocyte microcultures. G banded karyotype analysis of all the study subjects showed normal pattern. No constitutional chromosome abnormalities of any numerical or structural types were encountered in these subjects. But with respect to mutagen sensitivity, there was significant difference between the study subjects. Mutagen induced chromatid break/cell (b/c) values in familial and sporadic breast cancer patients were significantly higher than the b/c values observed in unaffected relatives and controls. The lymphocytic DNA from the familial breast cancer patients had been isolated and kept at -80°C for future analysis of the germline mutations of the breast cancer susceptibility gene BRCA1.

10. Biological prognestic markers in oral carcinoma (1997-2000)

(Funding agency: Indian Council of Medical Research) Investigators Dr. S. Kannan, Dr. V.N. Bhattathiri,

. Dr. Elizabeth K. Abraham,

Dr. K.R. Nalinakumari

The treatment response and survival in oral cancer patients vary widely from one patient to another. The present clinical as well as pathological features of the lesions possess only limited ability to predict treatment response. In order to assess the biological behaviour of the tumour and for individualized management, the present study analyzed the expression pattern of a set of proteins involved in the crucial steps of cell cycle progression in oral carcinoma. The cell cycle regulators such as p53, CDK-4, CDK-6, Cyclin-D1, p21, p16 and Ki-67 is being immunohistochemically analyzed in the pre-treatment biopsies. In addition to this, an angiogenic factor VEGF and anti-apoptotic protein bcl-2 and precentage of apoptotic cells (TUNEL method) are also being analyzed in these tissues.

The preliminary analysis showed some interesting associations between expression pattern of these proteins and tumour behaviour.

The univariate analysis showed that VEGF has some significant association with recurrence, and expression pattern of bcl-2, p53 and cyclin D1 of which strongest relation is with recurrence. As VEGF showed strong association with recurrence, we also studied the relation between recurrence and other clinico-biological variables. None of the clinical variables showed any relation with recurrence while except bcl-2, other biological variables showed significant relation. Multivariate analysis clearly demonstrated that VEGF expression pattern alone has independent relation with early disease recurrence in oral carcinoma and thus can be a potential marker to assess tumor aggressiveness.

11. Cell membrane changes in relation to tumour progression, invasion and metastasis in oral and breast cancers using lectins (1996-1999)

(Funding agency: Dept. of Science, Technology and Environment, Govt. of Kerala.)

Principal Investigator Dr. P. Remani

Co-Investigator

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Έ.

Dr. Elizabeth K.Abraham

 The invasive squamous epithelial cells synthesize and secrete the glycoconjugates, including glycoproteins, glycolipids and gangliosides on to the cell membrane surfaces. The terminal sugar substitution on the glycoconjugates have common structures which project from the cell surfaces intercellularly. Lectins have been shown to have specific affinity for complimentary binding sites on terminal sugar linked to horse radish peroxidase or biotinylated. The lectins have been used to localize terminal sugars in tissue sections. The study is conducted with the objectives aim to investigate staining properties of primary oral and breast cancer tissues with jack fruit lectin and pea-, nut lectin to see whether these lectins can be used to predict the distant metastasis of these tumours. Scrape smears and wax embedded tissue sections from 72 cases of oral cancer and aspiration smears and wax embeded tissue sections from 46 cases of breast cancer cases were used for the study. Jack fruit lectin and peanut lectin were used for staining. The number of turnour cells with membrane and cytoplasmic staining were noted and expressed in percentage. The frequency of lectin binding cells varied from 52% to 100% among the different patients studied.

12. Cell surface changes in leukemic cells - A study using plant lectins (1999-2002)

(Funding agency. Dept. of Science, Technology and Environment, Govt. of Kerala.)

Principal Investigator Dr. P. Remani Co-Investigator Dr. Rekha A. Naír

Classification of various leukemias according to the cellular origin of their pathologic cell is of diagnostic and therapeutic importance. However such a classification is hampered by the scarcity of lymphoid or myeloid subpopulations at specific stages of their differentiation. Lectins have proven to be valuable tools in the investigation of the molecular differences between tumour cells and normal cells by their ability to detect distinct changes in the cell surface glycoproteins. Previous studies have shown that peanut agglutinin binds to immature mouse thymocytes, fetal liver lymphocytes and hemopoietic stem cells in mouse bonemarrow and spleen. In this study, our aim is to investigate the cell membrane alterations in cells from patients with leukemia using lectins isolated from indigenous plants of Kerala. The main objectives of this study are (1) to assess the agglutinability of plant lectins to teukemic cells (2) to evaluate the responsiveness of leukernic lymphocytes to stimulation by plant mitogens (3) to study the binding properties of lectins to different types of leukemic cells and to see whether, these lectins can be used for the typing of leukemias,

13. Evaluation and classification of radiation induced acute immediate nuclear cytoplasmic changes in oral epidermoid carcinoma cells (1997-1999)

(Funding agency: Dept. of Science, Technology and Environment, Govt. of Kerala.)

Principal Investigator Ms. L. Bindu

The study is continued to Identify and characterize the various radiation induced changes in the nuclei and cytoplasm of cells from oral cancers and classify these changes on the basis of their relation to radiation dose. Sixty histologically confirmed squamous cell carcinoma of oral cavity which had undergone fractionated radiotherapy to a dose of 5250 cGy 15 Fr and 6000 cGy 25 Fr were selected. Pre and post treatment (after 2nd, 5th, 8th and 11th fractions) smears, stained with Papanicaiau technique were evaluated for various radiation induced nuclear and cytoplasmic changes and analyzed, to see which of these has relation to the radiation dose. The results showed that parameters such as cytolysis, karyolysis, nuclear pyknosis and

micro and multinucleation frequency have significant association with total dose of radiation. The pre-radiation cytolysis of 10.7% of cells was raised to 40.1% at 11th fraction. Karyolysis increased from 1.5% of cells in pre-treatment smears to 10.3% at 11th fraction. Percentage of cells with nuclear pyknosis varied from 19.4% to 44.3%. Similarly frequency of micronuclel increased from 1.1% to 7.4%. The findings suggest that various nuclear abnormalities show statistically significant increase with radiation dose. This may be useful in the development of in vivo models to cell kill in human cancer radiotherapy.

14. Role of cathepsin D in gestational trophoblastic diseases

(Funding agency: Science & Technology, Govt. of Kerala)

Principal Investigator Dr. Molykutty John

(Young Scientist award project for the year 1997)

Cathepsin D expression was noted as extensive granular cytoplasmic immunostaining in both cyto and syncytiotrophoblastic cells in nearly all cases of placental tissue, spontaneous abortion cases and in hydatidiform mole. Higher cathepsin D expression was noticed in GTD and especially in the persisting lesions. A similar phenomenon was noticed with lesions in the chemotherapy group. The strong immunoreactivity for cathepsin D in trophoblastic tumours suggest its role in trophoblastic cell transformation, proliferation and invasion. The activities may be important both in higher rate of proliferation and in the maintenance of the higher proliferative rate in trophoblastic tumours. The study is in progress.

15. Expression of epidermal growth factor and transforming growth factor alpha in relation to aggressiveness in GTD. (1999-2001)

(Funding agency: Indian Council of Medical Research, New Delhi)

Investigators:

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Dr. Molykutty John,

Dr. Prabha Balaram,

Dr. Chandrika Devi C.G

GTD, reported to be a hyperproliferative condition of the placenta was analysed for the expression and concentration of epiderreal growth factor and transforming growth factor alpha and their receptor EGFR. The growth factors and receptor were highly overexpressed in the GTD lesions and the concentrations of these were more than 1000 fold increased in GTD. The results suggest that the increased growth factors and receptor could result in an autocrine stimulation of proliferation of the trophoblasts. The study is in progress.

Academic credits		
Dr. Prabha Balaram		
Examinership		Thesis
M.Phil and Ph.D Examination		evaluated
- Mahatma	Garidhi University, Kerala	1
Anna Univ	/ersity	1
Referee for projects and public	cations	Nos
Indian Onumerity of the second		1998-99
Indian Council of Medical Resear	rch,Govt. of India	_
Council of Scientific and Industria	il Research, Govt. of India	4
Science and Tech	nology,Govt. of India	3
Dioscietices Journal		2 .
Biomedicine		3
Assistant Editor	- Biomedicine	0
Executive Committee member	 Indian society for Radiation Biology 	
Courses conducted	Two months Immunol training for Microbiolo	logy
045	students, Medical Col Trivandrum - Annual	gy Jege, i
CME organised	 National CME program and workshop on imm histochemistry and in- hybridization Jan. 18-2 1999 Trivandum 	uno- situ 22,
Lecture on Environment and Ca programme for postgraduate teacher April 1999.	Door for E	ement /am.26
Dr. Rewindow Auto		

arandran Arikatnij	
Human Karyotype Analysis -	Calicut University Principles and practical applications to students of B.Sc MLT course of MG University, Kerala,

Motykutty John, Awarded American Cancer Society Fellowship for Beginning Investigators (ACSBI) fellowship of UICC for 12 months (1998-1999).

Research Supervision

Dr. Prabha Balaram

 \mathbb{P}_{λ}

- Genomic instability in breast cancer
- 2. Molecular biology of gestational trophoblastic disease
- Molecular alterations in oral cancer with special emphasis on oncogenes and tumour
- . suppressor genes
- Adhesion protein as metastatic markers
- Immunomodulatory activities of rasayana

Dr. Ravindran Ankathil

- Cytogenetic and epidemiological studies in breast and colorectal cancer families
- Etiopathological studies in Hodgkin's lymphoma
- 3. Genetic susceptibility studies in breast/ ovarian cancer families
- Cytogenetic and hematologic response in studies of biotherapy in patients with hematologial malignancies
- Cytogenetic studies in myelodysplastic syndromes
- Genetic studies in Down Syndrome patients with and without malignancies

- Ongoing doctoral programme - Ms.Prlya Srinivas Ongoing doctoral Programme
- Ms.Swapлa Enose
- Ongoing doctoral programme - Ms. Prishla Varghese
- Ongoing doctoral programme - Ms Maya Madhavan Ongoing doctoral programme - Ms. Smriti Krishna

Ph.D degree awarded in June, 1998. - Jyothis B.

Ph.D degree awarded in June, 1999. - Ms. Chandinl R

Ongoing doctoral programme

Ongoing doctoral programme - Hariharan S

Ongoing doctoral programme - Roshini Thomas Ongoing doctoral programme - Sheeja V.R 7. Cytogenetic studies in fetal abortuses

MD thesis - Dr. Vidya Lekshiny, SAT Hospital.

- R. Jayasurya

Ms. Smitha LS.

Ongoing doctoral programme

Ongoing doctoral programme

lgM

IoA

Dr. S. Kennan

Studies on cell cycle regulatory proteins in oral carcinoma

Dr. Remani P

Plant lectins and their applications in oncology

Routine investigations undertaken

(1)	Karyotyping from peripheral blood		
	lymphocyte microcultures		- 309
(2)	Bonemarrow karyotyping		· 157
(3)	Serum immunoglobulin estimation	laG	
	Que de la constantion	9.0	- 361

erum immunoglobulin estimation

- 361

- 361

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF LABORATORY MEDICINE & TUMOUR BIOLOGY

Dr. M. Radhakrishna Pillai - Assoc, Professor

Scientific investigation at the fundamental and applied levels of life are crucial in our search for answers to why the disease cancer develops, ways in which the process can be arrested and how it can be prevented. Molecular medicine, the primary focus of this department is now at the translational research level aiming at the ultimate affective prevention, control and cure of cancer. Our preliminary results are now getting appreciated and recognized, well reflected in Prhe eighty seven lakhs of rupees obtained as research funding. Dur-The the year 14 of our reports were published in leading international gournals. These significant advances have helped in the understandind of the complex relationships existing between tumor associated dene function, apoptosis, treatment outcome and the role of viruses 🗐n oncogenesis.

We have had continuing success with breast cancer research. Recent investigations have demonstrated the clinical significance of intralesional mean vessel density (ILVD), as a marker of tumor angiogenesis. The role of growth factors in mediating angiogenesis has also been well documented. Transforming growth factor beta (TGFb) belongs to a family of polypeptides with diverse biological functions. We could demonstrate an inverse association between TGFb expression and ILVD as evident by CD34 labeling. TGFb expression did not correlate with either apoptosis or cell proliferation. CD34 and TGFb expression also had no relationship with histopathological grade. No correlation was observed between CD34 and apoptosis, although a statistically significant correlation was observed between CD34 and Ki 67 expression. Although TGFb is known to inhibit growth of fibroblasts, epithellal cells and endothelial cells in vitro, a focal injection in vivo is known to stimulate angiogenesis. Thus TGFb can stimulate as well as inhibit anglogenesis. To our knowledge, this is the first time that an inverse correlation between TGF b expression and angiogenesis has been demonstrated. These results suggest that breast cancer cells synthesize TGFb which, through paracrine mechanisms, may inhibit proliferation of vascular endothelium rather than their own growth. Moreover the data also suggest that decreased expression of TGFb was associated with an increase in neovascularization, which in turn would increase the tumor proliferative fraction.

Human papillomavirus (HPV) and epithelial cancer research program continues to produce exciting results. We had previously demonstrated the molecular epidemiology of high risk human papillomaviruses (HPVs) in relation to many squamous carcinomas including those of the cervix, oral cavity, larynx, hypopharynx and esophagus. However other molecular factors involved during HPV infection in these tumors still remain to be elucidated. We have recently described possible mechanisms involved in HPV mediated carcinogenesis. Both p53 mutation dependent and mutation Independent pathways are associated with HPV mediated carcinogenesis, the former mainly in upper aero-digestive tumors (UADT) and the latter in cervical tumors. In cervical tumors, inactivation of the p53 tumor suppressor protein by the E6 gene product of high risk HPVs and mutation of the p53 gene in UADT is associated with alterations in the apoptotic regulatory bcl-2 and bax genes leading to down regulation of programmed cell death (PCD) and increased cell proliferation. HPV Infection also results in increased tissue angiogenesis and activation of telomerase. Moreover, altered kinetics of telomere fragments is evident in HPV infected tissue. We therefore believe that the combined manifestations of all these factors may contribute to the development of a "condemned mucosa syndrome" which would then facilytate the development of cancers of the UADT and cervix. A possibly distinct step in the pathogenesis of both types of tumors may only be in the mode of p53 inactivation whereas all other events appear to be strongly correlated to the presence of HPV. The development and validation of such a molecular model has significant clinical priority. It can be used to identify target populations or individuals for intervention, to monitor the effects of intervention and to determine which individuals or groups at increased risk of developing cancer.

We have also defined the pathogenetic processes modulated by ras genes in the development of rectal cancer. Although activation of the ras family of oncogenes is well established in colorectal carcinogenesis, little is known on the relation between ras gene mutation and apoptosis in the development of rectal carcinoma. There was significant correlation between histology of rectal tissue and the presence of ras mutations. While normal rectal mucosa showed no evidence of ras gene mutation, 17% of adenomas showed the presence of K - ras 12 (13) point mutation. Almost 57% of all invasive rectal tumors showed K - ras 12 (13) mutation. There was also significant correlation between reduced apoptosis and presence of K - ras mutation in invasive tumors. Normal rectal mucosa and adenomas showed the least extent of apoptosis while the values were much higher in invasive tumors. The extent of apoptosis also correlated to the expression of bol - 2, accumulation of p53 and Ki - 57 expression. These results therefore emphasize the importance of ras gene mutation and programmed cell death in the development of rectal carcinoma.

Our radiobiology program has produced results of considerable significance. We were able to develop a cell kinetic model to explain tumor response to radiotherapy for cervical carcinoma. We defined the role of pre-treatment expression of the tumor suppressor p53 protein and the anti apoptotic protein bcl-2 and their relationship to tumor response to radiotherapy in cervical carcinoma. Correlation analysis was done between pre-treatment status of the two gene products and clinical outcome following radiotherapy. There was no correlation between p53 immunoreactivity or presence of mutant p53 protein and disease status after treatment. Expression of bcl-2 protein however showed significant pre-treatmont correlations with the final disease outcome. Bcl-2 protein functions in an anti-oxidant pathway to prevent apoptosis. Since radiotherapy efficacy depends on adequate DNA damage caused by free radical generation, increased expression of bel-2 may result in tumors becoming less responsive to radiation. Mutation of the o53 gene however was found to be a rare event in cervical cancer. Since bcl-2 is negatively regulated by p53, it could be presumed that the p53 detected in the tumor cells may be nonfunctional or inactive possibly due to interaction with proteins such as E6 or mdm-2.

State State

We also characterized the role of pre-treatment tumor growth fraction in cervical cancer and its relationship to the clinical course of the disease. The extent of tumor proliferation significantly affected treatment outcome. Slower growing tumors responded poorly to radiotherapy. Expression of the growth factors epidermal growth factor (EGF) and its receptor (EGF-R) also showed significant pre-treatment correlations with the final disease outcome. Both these factors were expressed more by patients with residual disease or developing recurrent disease. The opposite was the case for transforming growth factor alpha (TGF a) where patients responding well had higher values. The other growth factor investigated, TGF-b also showed a conspicuous differential expression in the two groups of patients, with those doing well showing mostly mild to moderate expression while most of the patients who fared poorly were negative for the growth factor. Ongoing research projects (1998-99)

 Tumor response to radiation therapy in carcinoma of the uterine cervix - the role of ras gene mutation (Funding Agency Indian Council for Medical Research.) Principal Investigators Dr M. Krishnan Nair.

Dr M. Radhakrishna Pillai

2. Radiosensitivity, treatment outcome and ras gene mutation in rectal carcinoma.

(Funding agency : Department of Atomic Energy, Govt. of India.) Principal Investigators Dr Jayaprakash Madhavan,

Dr M. Radhakrishna Pillai

3. Molecular regulation of programmed cell death. (Funding Agency : Department of Science & Technology, Govt. of India)

Principal Investigator Dr M. Radhakrishna Pillai

 Programmed tumor cell death and proliferative fraction ratio in the staging of thyroid cancer.

(Funding Agency : Indian Council for Medical Research.) Principal Investigators Dr V.M. Pradeep,

Dr M. Radhakrishna Pillai

 Telomere dynamics, telomerase activation and epitheliai tumor progression.

(Funding Agency : Council for Scientific and Industrial Research.)

Principal Investigator Dr M. Radhakrishna Pillai

Cellular immortality and apoptosis during tumor progression in the uterine cervix.

(Funding Agency : Indian Council for Medical Research.) Principal Investigator Dr M. Radhakrishna Pillai

 Significance of programmed cell death in pediatric acute lymphoblastic leukemia

(Funding Agency: Dept of Science & Technology, Govt. of India.)

Principal Investigator

Dr P Kusumakumary, Dr M. Radhakrishna Pillai, Programmed tumor cell death and proliferative fraction ratio in the staging of breast cancer.

(Funding Agency : Kerala State Committee for Science, Technology & Environment)

Principal Investigator Dr M. Radhakrishna Pillai

Tumor cell immortalization and de novo programmed cell death in tumor response to radiotherapy.

(Funding Agency : Department of Atomic Energy, Government of India)

Principal Investigator Dr M. Radhakrishna Pillai

Research supervision: Doctoral And Post-Doctoral Programme

Ph.D degree awarded

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Ms. S. Lakshmi: Patho-biological factors in cervical oncogenesis Ms. S. Asha Nair: The histogenesis of squamous cell carcinoma of the uterine cervix

Post doctoral trainee

pr. T.T. Sreelekha: Gene mutation and tumor response to radiotherapy

Ongoing doctoral programme

Ms. Lakshmi Kesari: Programmed cell death in breast cancer.

Mr. **B. Radhakrishnan:** Cellular and molecular profile of Non-Hodgkin's lymphoma.

Mr. G. Srinivas: Programmed cell death, chemotherapy response and prognosis in pediatric acute lymphoblastic leukemia.

Mr. Practip Nair: Molecular manifestations of tumor progression in the uterine cervix.

MD thesis completed

Dr. Shobha Abraham, Dept. of Pathology, Medical College Hospital, Angiogenesis and Tumor Proliferation in meningioma.

Dr. Sreekala, Dept. of Obstetrics & Gynecology, SAT Hospital, Medical College.

Clinical significance of human papillomavirus in premalignant and malignant lesions of the uterine cervix.

Ongolng M.D thesis

Dr. Preethl TR, Dept. of Pathology, Medical College Hospital. The role p53 gene expression in epithelial ovarian tumors.

Dr. Vljayalakshmi, Dept. of Pathology, Medical College Hospital. Apoptosis in thyroid neoplasms.

Dr. Preetha, Dept. of Pathology, Medical College Hospital.

Significance of the tumor proliferative compartment in follicular neoplasms of the thyroid.

Dr Sajini, Dept. of Pathology, Medical College Hospital.

The clinico-pathological relevance of human papillomavirus infection in lesions of the larynx.

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

DIVISION OF CLINICAL LABORATORY SERVICES

Smt. Padmavathy Amma B. - Technical Officer

The clinical laboratory services were able to cope with heavy work load over the years despite dearth for staff. During the year under report we procured a fully automated dry chemistry system from *Johnson & Johnson*. When fully operational this machine will boost the efficiency of the lab in leaps and bounds. One great concern among the patients and staff is the increasing number of blood and blood products transmittable diseases like HIV and HBsAg. To circumvene the problem our lab has taken up measures to use *VACUTAINER*TM blood collection system for the purpose of blood collection for all patients. This will open up new frontiers in contamination free blood collection, which will prove safe to both patients and staff alike.

As on previous years the clinical lab continues to be indispensable in both diagnosis and patient care. It is still being considered as one of the efficient laboratories in the State with neighbouring laboratorlos seeking help for their quality assessment programs. The lab now functions round the clock, doing almost all the investigations on the night shift, which is a great boon to critical care patients. Examination of 380 samples on an average per day is quite commendable taking into consideration, the limitations.

The hematological requirements are taken care of by utilising the potential of the fully automatic *COULTER ONYX*, *COULTER* A^{c} T^{s} and also the coagulation analyzer. The analyzer flagged samples are also manually scanned by our technicians giving exemplary result which is greatly appreciated by the clinicians.

Biochemical parameters are processed by three semi-auto wet chemistry analyzers of *E-MERCK*, one semi-auto and one full automatic dry chemistry analyzer from *Johnson & Johnson* with added support from blood gas and flame photometer of *CIBA CORNING*. Blood glucose monitoring for patients undergoing surgery and critical care is simplified and done quickly by one step glucomater.

The reporting has also been modernized and access time reduced by the uploading of reports to the centralized computer server. Priority to analysis and reporting are given to patients who are categorized according to their clinical condition and clinical management required. The results are sent within 5 minutes time to a maximum of only 45 min according to the priority. Results demanding urgency and immediate attention of the clinicians are conveyed over the telephone for efficient patient management. The results of the faboratory are very reliable by participating in external quality evaluation program with Christian Medical College, Vellore and stringent Internai quality control program. The laboratory has set a range of acceptable reporting values calibrated. The values falling above or below the expected range are further analyzed for concurrent values before reporting.

This year Mrs. B. Padmavathy Amma, Technical Officer and Mr. K.B. Bajesh, Lab Technician were actively involved in setting up a modern well equipped clinical laboratory at Govt. hospital, Pathanamthitta. The PCC lab also provides a training and orientation course for two technicians from this laboratory.

Collaborating Research Projects

	Name of the project	Investigating Officer/s	
1.	Atlas Trial	Dr. B Rajan	
2.	Droloxifen Trial	Dr. K Ratheesan & Dr. N Geetha	
3.	Gemcitabine Trial	Dr. V P Gangadharan & Dr. Ramdas	
4.	TLCD-99 Trial	Dr. Jayaprakash Madhavan,	
		Dr.Cherian Varghese	
5.	Idoxifene Trial	Dr. S Parameswaran & Dr. N Geetha	
6.	PDT Trial	Dr. Iqubal Ahmed	

Training

This division also provides training program for MSc Biochemistry students from both Rajiv Gandbl Centre for Biotechnology and Mahatma Gandhi University, for a period up to 3 months. Short term training is also given for students from various universities undergoing MBA in hospital administration. MCA students from Kerala University also undergo periodic training in software development and use in a multi-disciplinary environment like the laboratory.

Investigations carried out during the year 1998-'99

	IIIveouga		;,,					
	Biochemical Investigations	Total samples done	Haematological Investigations	Total samples done				
	Blood Glucose	37244	Нетоglobiл	80134				
	Urea	36998	WBC	77214				
2	Creatinine	35774	Platelet	76546				
	Uric acid	7894	PCV	4730				
	CCT	48 54	DC	55230				
	Bilirubin	19817	E.S.R.	5780				
	SGOT	20698	Bleeding time	5900				
	SGPT	20563	Clotting time	5900				
	SAP	1 8 359	Prothombin time	1835				
	Total Protein	4987	APTT	44				
·.	Albu min	. 4987	Thrombin time	9				
	Cholesterol	310	Urine Analysis					
л., Т.	HDL.	45	Sugar	9517				
· .	Triglycerides	45	Albumin	8127				
•	LDH	2576	Acetone	2386				
	Amylase	54	Bile pigment	2486				
	Magnesium :	11	Urobilinogen	2374				
	Acid Phosphate	6 47	Microscopy	3596				
	Prostatic Specifi	c 631	Blochemical Ana	lysis Continued				
	Sodium	4887	Electrophoresis	498				
	Potassium	4887	Calcium	4028				
	CSF Sugar	246	Phosphorous	251				
	CSF Protein	246	HBsAg	5862				
	CSF Microscopy	201	ABG	333				

DIVISION OF INFORMATION SYSTEMS

Ms. Bindu S.S	-	Systems Analyst (till 04/08/98)
Dr. Aleyamma Mathew	-	Systems Manager in charge
		(from 05/08/98)
Mr. Neelakantan G.	•	Sr. Systems Analyst (from 01/10/98)
Mr. Manoj G		Jr. Systems Analyst
	Dr. Aleyamma Mathew Mr. Neelakantan G.	Dr. Aleyamma Mathew - Mr. Neelakantan G.

This division is responsible for the development and maintenance of application software for the computerization of various activities of Regional Cancer Centre. So far, this division introduced computers in Outpatients Departments (Registration, AppoIntment, Admission), Pharmacy and Store, Investigation Departments (Cytology, Histopathology, Clinical Lab). All the above departments are connected to the central database in Ingres RDBMS in Unix platform. This division also maintains a database of members of Cancer Care for Life (Scheme 2 and 3) and also issues membership certificates. In addition to the above applications, which are directly connected to the central system, Cash counters, Accounts division and division of Radiation Physics are also supported by this division in development and maintenance of application software.

During the year, new applications were introduced in medical records for Coding and tracing the movement of records. Applications were also developed in the central computer for integrating cash counters with other departments, and for issuing rail concessions. To axtend the computerization to new departments, the need for a more powerful machine was felt and action initiated for the purchase of a new server computer. Design and development of new application for wards and Investigation departments are started. These applications would help in reducing the clerical works in wards and other departments as well as facilitate integration of functions and better and easy management.

This division helps the academic staff in preparation of papers for publication and presentation materials. The trouble shooting and routine maintenance (hardware and software) of the other independent personal computers installed at various divisions are also being done by this division.

Student Projects

 Three student from LBS Centre for Science & Technology developed an Inventory Control System while undergoing project work for PGDCA programme. A student from National College, Thiruvananthapuram, developed a Computerized personal Information System as part of B.Sc. (Computer Science) of Kerala University.

projects Supported

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2.

3.

As in earlier years, during this period also this division supported various projects undertaken by RCC. The important among them are:

National Cancer Registry Programme (ICMR) - Hospital Cancer Registry

Natural Background Radiation Registry – Karunagappally

Trivandrum Oral Cancer Screening Trial – Trivandrum

Leukaemia Research Project

Trivandrum Population Based Cancer Registry Programme (IARC, France)

DIVISION OF COMMUNITY ONCOLOGY

Dr. Babu Mathew

- Professor
- Dr. Ramani.S.Wesley
- Assoc. Professor

Highlights of activities

- 1. Human resource development: training of doctors, health workers, members of voluntary organisations and general public for cancer control activities.
- Generation and distribution of health education materials and utilization of mass media for cancer awareness.
- Anti-tobacco workshops and campaigns throughout the state with the support of voluntary agencies.
- 4. Participation in the "Janakeeya Assochtranam Programmes" of the state as per the directive from the state planning board. The division helped primary health centres in planning, organising and implementing this project, effectively in fit places this year.
- Establishment of village level comprehensive cancer control programmes and early cancer detection camps in the villages.
- 6. Breast screening of nuns and screening of high risk women with computer software for breast self examination.
- Community based cancer research in the form of chemoprevention studies in prevention of oral cancer by visual screening, cervicoscopy for downstaging of uterine cervical cancer and the utilization of trained house surgeons for cancer survey and surveillance.
- Management of early cancer detection clinic in the centre and maintenance of a pre cancer registry.

Early cancer detection clinic

An early cancer detection clinic at RCC is functioning in this department to examine patients with warning signals of cancer.

We have a supplementary registration system in this clinic and have registered 1931 patients. There were 35 oral cancers, 19 breast cancers, 16 cervical cancers and 23 other cancers detected through this clinic. Number of Leukoplakias and other precancerous conditions has decreased drastically to 102 cases during the last year.

Treatment of premalignancies

patients with pre-cancerous lesions of oral and cervix are treated. 1218 colposcopies, 186 colpo directed biopsies, 7 LEEP diathermic excisions were done for cervix. Oral biopsies and excisions were done for 102 patients.

Breast screening clinic is conducted on Tuesdays and Thursdays. This division has evaluated CANSCAN Breast Self Examination Software for early detection of breast cancers in women. 7 new cancers were detected through this userfriendly software.

Since 10% of breast cancer patients who come to RCC are nuns, we have initiated a cancer awareness cum screening programme for 116 nuns and have detected 2 cancers and 5 atypias.

Early cancer detection clinics (ECDC) at peripheral centres

ECDC at **Kollam** started last year is referring patients with precancers and cancers to this clinic for confirmation of diagnosis, colposcopy, LEEP etc. Early cancer detection work was started in **Kodungailcor named as Health Care Institute** from 6-7-1998 onwards. We have trained doctors, nurses, health workers and volunteers who act as keytrainers for conducting comprehensive Village Level Cancer Control Programmes at Kodungalloor. Cancer camps are conducted once in two months at Kodungalloor by doctors from RCC. The division has helped in training medical officers and other health staff concerned with ECDC, Pathanamthitta.

A project office for community based cancer research activities

This office which was opened at Mangalapuram with 36 enumerators and 10 other staff is functioning well. Regular clinics are held here on Tuesdays and Saturdays for detecting oral precancerous lesions. Spesial clinics on Sundays and field visits by doctors are conducted to increase the compliance of patients.

Public education

- A cancer awareness cum tobacco awareness programme was given for key trainer teachers who in turn train teachers of all the districts. The division has assisted in preparing a module for teachers and a chapter in text book on tobacco control for students.
- 2. Teachers, PTA and student representatives(891) were given tobacco education and cancer education classes.

- 52 cancer awareness programmes were given to members of voluntary agencies. 1542 community volunteers, 1077 NSS volunteers, 63 sociology students, 78 panchayath members, 22 factory workers and some hotel staff were specially trained in cancer awareness as key trainers. 1542 volunteers were trained for cancer survey and screening.
- 4. Trained voluntary workers of HOPE Foundation. They are involved in group activities like early detection of TB and cancer. The idea is to set out a new plan for cancer detection/prevention by regular house visiting in this district. They brought about 93 cases for confirmation of diagnosis.

Generation and distribution of health education materials

Five sets of audio-visual slides containing 36 colour slides and 24 blue toned slides with cassettes wore given to key health educators. The health education materials generated during previous years were distributed among community volunteers and other target groups.

Five programmes through AIR Trivandrum Station and 2 programmes from FM station Kannur were broadcast and two talk show in ASIANET were telecast during the period under report.

Professional education and colposcopy training

30 doctors, 3 gynaecologists, 70 health workers and 108 nurses were trained in low cost cancer detection strategies and fundamentals of colposcopy to initiate cancer control in Tamilnadu. We had given intensive training for medical officers of ECDC, Ernakulam, Kollam, Pathanamthitta and AmbiNikkai. 1385 health workers, 428 nurses and 28 health supervisors were given training in cancer control. Short term training is given to nursing students of private hospitals and Medical College Hospital, Trivandrum.

Visit by foreigners, pollcy makers etc.

WHO authorities, medical authorities, planners and policy makers from other states (Tamil Nadu and Orissa) to study the pattern of cancer control activities of RCC, this being declared as WHO collaborating centre. We have helped two other states (Ambillikkai, Tamil Nadu and Orissa) in organising low cost strategies for early cancer detection this year. The work done by this department was much appreciated by them.

Project Consultancy

Assistance in the design, implementation and analysis has been provided to researchers, postgraduate students (for dissertation and thesis) MSc nursing and MSW students and college/school students to prepare their project work. In addition we have participated in the research activities of the centre and contributed to the research activities of other divisions.

Welfare activities for the poor

With the help of social investigators and doctors of this division we have provided counselling, financial help, and arranged accommodation facilities to poor patients and acted as liaison between rural camp patients and RCC.

Provision of information to many patients, bystanders, voluntary agencies through person to person communication, leaflets, pamphlets, books, and exhibits were given routinely. Psycho-social support is given by this division for removal of cancer stigma and for motivation of patients to undergo treatment.

Articles in lay press

Pukayilayum Arogyayum (Vijnanakairali) and Pukayila upekshiku (Mathrubhumi Arogyamasika) were published by Dr. Babu Mathew. Cancer Niyanthranam (Vayile Cancer), Sthanarbudam and Garbasaya cancer in 'Nammude Arogyam (October 1998) were published by Dr. Ramani Wesley.

Antitobacco programmes and campaigns

In addition to the tobacco cum cancer awareness mentioned in table 1, we have celebrated "World No Tobacco Day' by participating in training 350 volunteers at Palakkad and conducted an awareness programme for women voluntary agencies.

Exhibitions

Five exhibitions were conducted which was viewed by more than 6 lakh people. Science Fests by Kerala University had conducted an exhibition which lasted for one month and RCC had a separate hall for exhibition.

Cancer camps

Thirty three cancer detection camps were conducted during, the period under report, the details of which are shown in table 2.

Village level Comprehensive Cancer Control Programmes

Six new villages were included in VCCCP during this period. 1542 trained unemployed educated youths surveyed their community and detected many cancers and precancers as shown in table 2.

Research projects

 Evaluation of unaided visual inspection, cervicoscopy and pap smear in screening for cervical cancer

(Funding agency: IARC)

Principal Investigator Dr. N. Sreedevi Amma

Co-Investigators

Dr.Ramani Wesley,

Dr.Thara Somanathan, Dr.Namratha, Dr.Syamala Kumari B Dr. Sankaranarayanan (IARC), Dr.D.M. Parkin (IARC).

The study is continued to evaluate whether visual inspection of cervix using 3% acetic acid (cervicoscopy) permits improved detection of invasive and pre invasive lesions compared to unaided visual inspection and to determine whether cervicoscopy can improve the sensitivity of pap smear. The second phase of this study is going on this year including schillers test, cervicoscopy, colposcopy and biopsy for all relevant cases to evaluate low cost technologies. We have recruited 1218 women this year of which 8 cancers, 8 high grade lesions and 93 low grade lesions were detected.

 Evaluation of Oral Visual Inspection in the control of Oral Cancer

(Funding agency: IARC)

Principal Investigator

Co-Investigators

Dr.Babu Mathew

- Dr.M.Krishnan Nair, Dr.Manoj Pandey,
- Dr.Ellzabeth Nihan, Dr.Glji Thomas, Dr. Thara Somanathan,

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Dr. iqbal Ahammed,

Ms. Binu and Dr Ramadas.

Dr.R.Sankaranarayanan (IARC),

Dr.P.Pisani (IARC),

Dr.D.M.Parkin (IARC)

The aim of this community based randomised intervention trial is to evaluate the effectiveness of mouth self examination by trained workers in preventing mouth cancers, detecting invasive oral cancer at an early stage and preventing deaths from oral cancer. Approximately 90,000 subjects aged 34 and above , living in two community development blocks of Trivandrum district, are recruited and randomised to screening and control arms. The subjects are advised to give up tobacco habits. Pre cancers and cancers are being treated. The study group are followed up for oral cancer incidence and mortality. The first phase of the study was completed on May 31, 1998. Among the 49,179 subjects screened by trained workers in the intervention area, 1350 patients were found to have precancerous lesions. 308 biopsies and 120 surgical excisions were done. The second phase of the study is ongoing.

3. Evaluation of chemoprevention of oral cancer with long term administration of Vitamin A in subjects at high risk

(Funding agency: IARC)

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Principal Investigator Dr.Babu Mathew Co-Investigator Dr.M.Krishnan Nair, Dr.M. Strandari Amma Dr.P.

Dr. N Sreedevi Amma, Dr Ramadas, Dr Sudhakaran P.R. Dr. P.P. Nair Dr.R.Sankaranarayanan (IARC), Dr. D.M. Parkin (IARC)

4. Role of omega 3 fatty acids on population of Kerala

Principal Investigator	Dr. Babu Mathew
Co-investigator	Dr.P.R. Sudhakaran, Dr. P.P. Nair and
	Dr.R. Sankaranarayanan
Collaborators	Department of Biochemistry,
	University of Kerala, John Hopkin's
	University, Baltimore, U.S.A.

 Study of tobacco related mortality in Trivandrum District (Funding agency: IARC)
 Chief Investigator
 Dr.Babu Mathew

Willer Introduigetor	
Co-Investigator	Dr. M. Krishnan Nair
External Investigators	Dr.Richard Peto,
	Dr.R. Sankaranaravanan

SL.NO	DATE	PLACE	ORGANISED BY	NO .ATTEN- DED	TYPE OF PARTICIPANTS
1	19/4/98	Kayamkulam	ECHO	48	Panchayat members &Lay Public
2	26/4/98	Poojappura	Maternal & Child HealthHospital	78	Lay Public
3	30/5/98	Palakkad	Lions Club & SBT	350	Lay Public
4	31/5/98	RCC	RCA	47	Members of Womens Voluntary agencies
5	7/5/98	Ambilikkai	Christian Fellowhip Community Health Centre & JARC	30	General Practitioners
6	8/5/98	Ambillikkai		70	Health workers
7	9/5/98	Ambillikkei	с:	108	Nursing students
8	17/6/98	Pathanamthitta	Cancer Care Unit	325	Anganwadi workers & Lavpublic
9	23/6/98	Poovachal	Poovachai Panchayath	350	Health workers & Anganwadi workers
10 .:	3/7/98	RCC	RCA	45	Members of Women's club
11	6/7/98	Kodungaloor	Health care institute	320	Volunteers
12	18/7/98	Edava	"We Want Health"	42	Lay public
13	20/7/98 to 22/7/98	Mangalapuram	TOCS project	26	Health cnumerators

Table 1 Details of cancer awareness programmes 1998-'99

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(()			North Reality Contraction	e species.	
14	25/7/98	Trichur	Jubilee Mission Hospital	253	Nuns
15	22/8/98	Palakkad	SBT	150	Lay Public
16	23/8/98	Palakkad	Victoria College	350	NSS students
17	26/8/98	RCC	RCC	45	House Surgeons
18	28/6/98	RCC	RCC	48	Volunteers
19	5/9/98	Vazhuthacaud	Univeristy of Kerala	65	Lay Public
20	19/9/98	Malayinkil	Malayinkil panchayath	550	Healthworkers,ICDS workers& Anganwadi workers
21	29/9/98	Sreekariam	Loyola Coliege	38	MSW students
22	4/10/98	Vellayani	NSS of Agricultural College	56	Students
23	21/10/98	Poojappura	State Council of Education and T	raining 20	Teachers (Keytrainces)
24	24/10/98	Sreekariam	Loyola Collega	25	MSW students
25	26/10/98	Palayam	Young Men'sClub	. 40	Lay Public
. 26	7/11/98	Kottiyam	Little Way Association	55	Nuns
27	9/11/98	Kannur	Malabar Cancer Care Society	256	Community Volunteers
28	21/11/98	Parassala	Rotary Club	35	Volunteers
29	23/11/98	Kizhakumbhagm	St.Thomas High School	560	Students,parents &Teachers
30	27/11/98	Peroorkada	PTA,Concordia VHSS School	325	School students & PTA members
31	2/12/98	Thampanoor	Hotel Horizon	22	Hotel Staffs
32	4/12/98	Pathanapuram	World Vision	368	Communitry volunteers and ICDS staffs
33	8/12/98	Nilamel	Zoology Association, NilamelCollege	58	College students
54	16/12/98	Karunagappally	Muslim Association	56	Paratlel College Students

35 36	27/12/98 29/12/98	Thirupuram Muttada	NSS of MG College, Trivandrum	53	NSS volunteers
37	23/12/98 9/1/99		Mar Ivanious Collego	46	NSS volunteers
38	12/1/99	Maruthankuzhy RCC	Udayanoor DeviTemple Trust	128	Lay Public
39	21/1/99		RCC	15	Nursing Assistants
40	23/1/99	Kesavadasapuram	Zoology Association of MG College	98	College Students
41	30/4/99	RCC	State Family Planning Centre	28	Health inspectors
42	1/2/99	Ranni	YWCA	40	Elete Women
42	1/2/99	Pullenppara	Pullenppara PHC	65	Anganwadi workers &
43	3/2/99	000			Health workers
44		RCC	RCC	18	Nursing Assistants
44	5/2/99	Dhanuvacha-	Zoology Association of	75	College Students
45	10,000	puram	VTM NSS College		0
40	10/2/99	Statue	Wise Men's Club	70	Members of Wise
46	10/0/00	500			Men's Club
40	12/2/99	RCC	RCC	18	Nursing Assistants
	20/2/99	Punalur	Little Way Association	61	Nuns
48	27/2/99	Attingal	Govt.College, Attingal	285	Collego Students and Higher
10					Secondary Students
49	5/3/99	Konni	Lion's Club	426	Anganwadi workers &
50					Health workers
50	15/3/99	RCC	Nursing College	16	B.Sc Nursing students
51	12/3/99	Kalayapuram	Gregorious Orthodox Church	92	Lay public
52	13/3/99	Pampadi	SBT & Redcross	172	Anganwadiworkers &
		<u></u>			Health workers

Table 2

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1.56 (2.54)

Details of cancer detection camps 1998-'99

Si. Date		Date Place Organised by		Total Screened	Now cancers	Old cancers	Dral pre- cancers	Other pre can cers
1	3-4-98	Ottasekhara- mangalam	RCA & Rotary Club	318	2	0	8	2
2	17-4-98	Nilamel	Zoology Association Nilamel	215	5	0	28	0
з.	18-4-98	Plamoodu	Plamood Residents Association	18	0	0	í	0
4	24-4-98	Chenganoor	Rotary Club	89	1	0	22	8
5	6-5-98	Amaravila	Thankappan MemorialJubilee Trust	72	. 0	1	4	1
6	15-5-98	Thirunelveli	Rotary Club & RCA	125	4	0	36	5
7	1-7-98	Puthukurichy	Janakeeyasoothranam	120	0	Û	12	0
8	12-7-98	Percorkada	Lion's Club	604	1	0	12	0
9	26-7-98	Madathara	Jubilee Mission Hospital	268	9	1	2	10
10	12-8-98	Kodungalloor	HealthCare Institute (VCCCP)	421	14	Ď	21	15
11	31-8-98	Vazhuthacaud	Kerala University	10	O	Û	0	Û
12	21-9-98	Nellimood	SBT	186	3	1	14	5
13	26-9-98	Kayamkulam	ECHO	286	3	0	20	20
14	3-10-98	Vettukad	Vincent de-Paul Society	85	· 1	0	21	15
15	17-10-98	Kollam	Vincent de-Paul Society	150	3	0	26	16

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105	138	n i	85		2 : *	28	א ג י	8	15	236	356	122	280	OVG	33	22	94		130	465	8407	195	fed - (Cha	(Chapter I	
SNDP	Vincent de-Paul Society	Sporafariat Employees Accession	Malabar Cencer Society	Health Care Institute	Settetenial Emolourus Association	Berevent cuployees Association NSS.MG Collage	Chandanathoonu Chiomaca Miseton	Contribution and a contraction of the contraction o			Amhalloor Panchayath	Pullenppera PHC(VCCCP)	HealthCare Instituto (VCCCP	People's Art Club	NSS Karawonam		WotherIndiaSocial	SCIMOE ASSOCIATION	MalabarCancerCare Society	malabarCancerCare Society			Conferences, etc. attended - (Chapter II)	Papers Presented - (Chapter IV)	
Cherthala	Pazhiyoor	Secretariat	Kahnur	Kodungalloor	Secretariat	Thiruputam	Chandanathoon	Perinad	Pathananimum	Ambaldanu -	5000lismuw	Pullenppara	Kodungalloor .	Jagathy	Kaniyapuram	8 Ion of History	neyanınkara		Kennur	ראו וויות	TOTAL				
23-10-98	25-10-98	4-11-98	8-11-98	11-11-98	16-11-98	31-12-98	4-1-99	8-1-99	5 <u>9</u> -1-00	16-2-00	66-7 -01	19-2-99	66-2-/	21-3-99	26-3-99	37, 3, 00	bp.p-13	00 0 00							
1 6	4	18	6	ଷ	5	ଷ	83	24	25	8	3 [2 8	88	3	ස	5	5	8	18	3					

Papers Published - (Chapter V)

DIVISION OF E.C.D.C, ERNAKULAM

Dr. Syamalakumari - Cytopathologist

The Early Cancer Detection Centre, Ernakulam is in its fifteenth vear of service. It started functioning on 15⁻¹ August, 1984 with the help of Rotary Club of Cochin, Cochin Corporation under the direct control of Regional Cancer Centre, Trivandrum.

The centre is focussing mainly the early detection of cancer, providing awareness to the public regarding the prevention and early detection. Even though the centre is giving main importance to cytology; histopathology work is also doing by manual procedure. Most of the cases are referred and voluntary cases are also reporting. Pap smear test, FNAC, sputum cytology and cytology of body fluids sending from other hospitals are doing here. This centre is conducting cancer detection clinics every day, cancer detection camps and awareness programmes with the help of voluntary agencies and Govt. organizations in this district and neighbouring districts.

The centre is doing colposcopy direted biopsy for patients with dysplasia on pap smear examination and these biopsies are reported here itself. The district cancer control programme project (DCCP) is also functioning well in the reporting year.

A total of 11954 persons were screened during this year (ECDC-6291, DCCP-5663) in which 10749 number of cytology done cases, 448 cancer and 525 precancers are detected. The cancer cases are reterred to Regional Cancer Centre, Trivandrum, and other institutions at request for treatment and further managements. Precancerous cases are referred to respective clinicians and followed at regular intervals.

The follow-up clinic started during 1985 is continuing and an average of 130 patients are benefitted. The pain clinic started as part of DCCP is also helpful for terminally ill patients.

Resume of work done 1998-'99

Particulars of work done	ECDC	DCCP	Total
Cervical smears	3848	3602	7450
Fine Needle Aspiration	1577	837	2414
Sputum	91		91 52
Histopathology	52	•••	. 92

Colposcopy	32	 20
Colpodirected Biopsy	15	 32
Body fluids	21	 21
		£

7able - 2 Gynecological cytology

· · · · · · · · · · · · · · · · · · ·				
Lesion	Centre	Follow-up	Camp	Total
Normal	159	56	32	247
Inflammation	1904	699	88	2691
Atypical glandular cella	30	5		35.
Trichomonas infection	372	79	21	472
TV with mild dysplasia	10	6	1	17
TV with moderate dysplasia	2	-		2
Fungal infection	4	3	•	2
HPV infection	1			2
Herpes simplex virus infection	142	45	7	194
TV with virus infection	15	3	2	20
Viral infection with mild dysplasia	1	2	_	20 3
Viral infection with moderate dysp	lasia 2	1	1	
Viral infection with severe dysplas	ia 2			4
Mild dysplasla	38	19		57
Moderate dysplasia	6	2	1	9
Severe dysplasia	7	4		11 .
Autolytic atrophy	3			3
Carcinoma In-situ	8	4		12
Invasive squamous cell carcinoma	51	2		53
Adenocarcinoma	3	_		3
Miscellandous	2	2		Å
Total	2762	932	154	3848

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Table - 3

Non-gynaecological cytology

Lesion	Centre	Camp	Total
Oral lesions		·	
Benign	74	2	76
Pre-malignancy	53	3	56
Suspicious	3		. 3
Malignant	96		96
Radiation changes	1		1
Total	227	5	232

-5-				
Breast		539	6	545
Benigh		80		80
Malignant		19		19
Miscellaneous				6 4 4
	Total	638	6	044
Thyroid		297	8	305
Benign		3	4	3
Suspicious		19		19
Malignant		9		9
Miscellaneous		_	8	336
	Total	328	o	000
aymphnode		270	1	271
Benigh		1		1
Suspicious		I		-
Malignant a. Primary		8		8
b. Secondary	,	45		45
Miscellaneous	r	2		2
WISCENAL COUS	Total	326	1	327
	Total	320	•	021
Salivary Gland		20		30
🖗 : Benign		30 7	••	7
Malignancy		•		•
	Total	37		37
Liver				10
S Benign		10		10
🖄 Malignancy 👘		7		7
👔 Miscellaneous		1	-•	i
	Total	18		18
2 Lungs				
🖗 Benign		4		4
🖗 Malignancy		5		5
	Total	9		9
: Other Sites				
Benign .		164	4	168
Suspicious		1	.:	1
Malignancy		20		20
Miscellaneous		1 1	6	17
· · · · · · · · · · · · · · · · · · ·	Total	196	10	206
5 5 5.				

<i>Body fluids</i> Ascitle fluid Benigri		3		
Malignancy		4		3
	Total	7		4
Pleural fluid				
Benign		6		6
Malignancy		5		5
Miscellaneous		1		1
	Total	12		12
Pericardial fluid				
Benign		1.		1
Malignancy		1	••	1
	Total	2		2
Nipple discharge				
Benign		58	••	58

Table - 4 Sputum Cytology

Lesion	Total
Benign Malignancy	72
Miscellaneous	3
Total	91

Table - 5

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Histopatho	logic	Examination
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Specimen	Benign	Ca-in-situ	Malignant	Total
Gynaecological	21	2	4	27
Breast	8		3	11
Oral	3	-	· 1	4
Other sites	8	-	1	9
Miscellaneous	-	-	. ·	· 1
Total				52

otal number of persons screened5,663Female4,836Male827Male827IralNon-malignancy303Pre-malignant lesions (Clinical/Cytological)215Malignancy11Miscellaneous21Total oral smears438IreastNon-malignancy150Malignancy17Miscellaneous55Total oral smears55Total breast aspiration222Non-malignancy3,432Pre-malignant lesions158Malignancy12Total cervical smears3,602PhyroidBenign223Malignancy2Malignancy2Non-malignancy8Suspicious2Atypia7Miscellaneous25Total thyroid aspiration265NBenign18Granulomatous27Miscellaneous3Malignancy6	. t. de	ne DCCP - April 1998 - March 1999	
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Miscellaneous 156	ites	•	
		- ·	-
Total 296			
		Total	296

DIVISION OF E.C.D.C, PALAKKAD

Dr. R. Ananda Kamath	
Smt. Veena V.S.	
Dr. Lakshmi S.	

Cytopathologist Cytotechnologist

The major work in this centre is screening for early detection of cancer cases referred from other hospitals and patients coming voluntarily. Prime importance is also given to conduct cancer detection camps and awareness programmes in remote areas of Palakkad and other northern districts of Kerala. Diagnosed cases were referred to RCC or wherever easily accessible to the patient for propertreatment and management.

The pain and palliative care clinic started in 1997 is going on in full swing according to WHO guidelines and 62 new patients registered this reporting year. A doctor from RCC visiting once in a month is giving guidance in management of incurable and advanced cases. Follow-up of cancer patients treated in RCC or in other cancer hospitals and few chemotherapy cases were also attended.

The cytologic study of cervical smears, sputum, fluids, FNA from lymphnodes, breast, thyroid was analysed and presented below.

Resume of work done during the year 1998-'99.

ų Q

Total number of persons screened	-	5,371
Number of persons screened in the centre	-	1,361
Number of persons screened in the camp	-	4,010

Number of smears taken for cytological examinations

Centre	-	613
Camp	-	742
Total	-	1,355
Number of camps attended	-	14
Pain and palliative care clinic		
New cases	-	62
Total number of patients visit	-	295

	Table -1
notallS	of cytological smears for the year 1998-'99

	ECDC	Camp	Total
whaecologic cytology	208	605	813
Willegologie of the of	98	56	154
Malleytology Autom cytology	187	_	187
Children (Children (Childr	50	27	77
នាក់ផ្លូន។ ក្រុមស្រីដែ	17	11	28
wmshnode	19	8	27
	1	_	1
ninge discharge	13	6	19
othersites	20	29	49
Total	613	742	1,355

Table - 2

Analysis of Gynaecological specimens 1998-'99

	Centre	Camps	Total
	22	110	132
In the mation	98	381	479
Inflammation with squamous metaplasia	12	9	21
Inflammation with glandular cell proliferation	12	16	28
angal infection	4	12	16
Tehomonas vaginalis infection	8	23	311
infection with mild dysplasia	_	5	5
Mild dysplasia	17	20	37
Moderate dysplasia	5	1	6
Spyere dysplasia	2	2	4
Glandular cell atypia	2	7	9
Garcinoma in-situ	2	0	2
Suspicious	3	0	3
squamous cell carcinoma	10	4	14
Adeno carcinoma	-	1	1
Rediation changes	3	4	7
Wiscellaneous	8	10	18
Total	208	805	813

Table -3	
Analysis of Non-Gynaecologic lesions for the year 1998-	: •90

Chooiman				
Specimen		Centre	Camp	Total 🤘
Oral smear				
Normal		44	30	74
Inflammation		24	14	38
Dysplasia		9	8	17
Atypical/Suspici	ous	6	õ	6
Malignant		15	• 4	19 d
	Total	98	56	154
Sputum				
Non-malignant		165	_	165
Atypia/SuspicioL	18	3	_	3
Malignant		19	_	19 :
	Totai	187	-	187
Breast				
Non-malignant		42	25	67
Atypia/Suspiciou	s	4	· 2	6
Malignant		4	0	4 :
	lotal	50	27	77
Thyrold				
Non-malignant		17	10	27
Malignant		_	1	1.5
	Fotal	17	11	28
Lymphnode				
Non-malignant		15	8	23
Malignant Others		3	_	3
		1	_	1
T Fiuld	otal	19	. 8	27
Malignant				
	otal	-	1	1
Nipple discharge	olai	-	1	1
Non-malignant		10	~	· · ·
Atypical		12	6	18
	otai	1 13	_	1 ;
) Other sites	oran	13	6	19
Non-malignant		10		40
Atypia		19	27	46
Malignant		1	2 0	2
-	otal	20	29	1 - 3
			29	. 49

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Table - 4 Pain and palliative care clinic, 1998-'99.

		Numbers
New cases	-	63
Repeated old cases	-	233
Total number of visits	-	295
WHO Steps		
Step I	-	8
Step II	-	55
Step III		232

ward

The University of Kerala awarded Ph.D. to Smt. Lakshmi S., Sytotechnologist for her thesis on "Patho-Biological factors in Cervi-cal Oncogenesis".

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V) 🔗

DIVISION OF LIBRARY AND INFORMATION SERVICES

Sri .M.Chandrakumaran Nair - Senior Librarian

Information support activities of the library were more strengthened and streamlined to fulfil the major task of developing an efficient oncology information system to provide the necessary cancer related information to the clinicians, researchers, students, health planners and administrators. As part of the modernisation of the library organisation and services, a project submitted to the State Science, Technology and Environment Department (STED) had been sanctioned and with their financial assistance a Local Area Network has been organised in the library. It has been observed that the use of library resources has been increased in the context of the wide use of communication and network technologies.

Local Area Network

The noteworthy work accomplished during the period was the establishment of Local Area Network in the library as part of the oncology information system stipulated in the STED project. The network is working on Windows NT platform with a PII server and 5 PII nodes. The problems met with the easy access, quick and efficient processing and retrieval of relevant information could be solved to a great extent by introducing this LAN. Efforts are being made to organise a campus network at possible level in the medical college campus so that effective resource sharing could be achieved at least locally.

Extension of library hours

In view of high demand from the internal users, the library hours were extended to 7pm on Mondays, Wednesdays and Fridays effective from Ist January 1999 onwards. All arrangements have been made for circulation and reference facilities during the extended hours.

External users

Several doctors, researchers, students from medical colleges, engineering colleges, university departments, research institutions and organisations visited the library and used the library resources. On an average 20 external people are visiting the library per day.

Collection development

Subscription to Journals has been given high priority in collection development. Based on the review by the library committee, three

journals were discontinued and four journals were added. Subscription to three journals viz. 'Oral Surgery, Oral Medicine, Oral Pathology, Oral radiology, Oral endodontics', 'Acta Oncologica', 'Pediatric Hematology Oncology' were sponsored by M/s Piramal health care Limited, Fulford India Limited and Dabour respectively. Another journal 'Blood' was a gift subscription from Dr.Santhosh Kumar of our Centre. The gap in journal subscription was compensated to some extent by collecting the reprints free of cost from the authors concerned, on request.

Details of the additions to the library

Type of Documents	Added during 1998-99	As on March 1999
Books, monographs &	1000-00	
Back volumes	569	6374
Current journals	1	106
Reprints & reports	345	3001
Audio-video cassettes	9	. 95

internet and e-mail facilities

Internet and e-mail facilities provided in the library were profusely used. In addition to online database search, these were increasingly used for clinical purposes also. The entire e-mail requirements of all the divisions are met by the library.

CD ROM and online databases search

Cancer CD, the most comprehensive database on cancer covering both MEDLINE and EMBASE was subscribed to the library. This database provided enormous support for clinicians and researchers and on an average seven searches were made per day. MEDLINE data, available free of cost from 1966 onwards on the Internet was also used by the academic community.

RCC publications database

Substantial contributions were made by the academic staff during the report year. 59 research papers published by the academic staff were added to the RCC publications database along with its informative abstracts. Now this database is made accessible in the LAN and is capable of searches on any sought level.

Reprographic services

In view of the huge volume of photocopying requirements, a heavy duty group model) photocopier - Modi Xerox 5828 of Xerox corporation with sorting and stapling facility was acquired. Financial assistance for purchasing the same came form the various ongoing clinical and research projects of the Centre. The entire professional, official and project copying requirements of all divisions of the Centre were met by the two copiers maintained in the library.

Institutional membership and Inter-Library loan

In order to support the document delivery services, the inter library borrowing arrangements with institutions like British Library, Centre for Development Studies and SCTIMST were continued.

Training

Library extended all services to the participants of the various Training Programmes conducted by the Centre except the borrowing facility. As per the apprenticeship training approved by the Government of India, training was given to two library and information science graduates.

'Onconews', 'Current Contents Bulletin' and Projection facility

Fortnightly RCCL Current Contents Bulletin carrying the contents pages of journals and other documents added to the library resources and the 'Onconews', the quarterly press clippings bulletin covering oncology and alled areas were distributed. To strengthen the current awareness services, library made use of the current contents available free of cost on Internet also. Reprint service, facilities for projection, circulation of projection equipments and its accessories, cassette viewing etc. were continued.

Project

Development of an Oncology Information System : An integrated cancer information source

(Funded by Department of Science, Technology and Environment, Government of Kerala)

Conferences, etc. attended - (Chapter III) Papers presented - (Chapter IV) Papers published - (Chapter V)

CONFERENCES/SEMINARS/TRAININGS WORKSHOPS, ETC. ATTENDED -BY VARIOUS STAFF.

Dr. Ajith Kumar T.V.

Dr. Aleyamma Mathew Asst. Prof. in Statistics & Epidemiology European Society of Oncology – Workshop, Cambridge, 1998.

20th Annual conference of the AROI, Cuttack, 3-6 December, 1998.

16th Annual conference, Indian Society for Medical Statistics, Vellore, November, 1998.

Faculty member, 5th cancer registry training programme, RCC, Trivandrum association with Rollins School of Public Health, Emory University, Atlanta, USA, 6-14 January, 1999.

18th Annual convention Indian Association for cancer research, New Delhi, India, February, 1999.

Faculty member, Workshop on Design and Analysis of data on clinical trials, G.B. Pandh Hospital, New Delhi, February, 1999.

Faculty member, CME on breast cancer, RCC, Trivandrum, on behalf of Indian College of Radiation Oncology, 27 February, 1999.

CME on palliative care awareness programme, RCC, Trivandrum, No-vember, 1998.

6th International and National conference of the Indian Association of Palliative Care, Kozhikkode, 19-21 February, 1999.

Faculty member, Workshop on cancer registration and surveillance, RCC, Trivandrum, July, 1998.

Dr. R. Ananda Kamath Cytopathologist

Dr. Anitha Mathews Lecturer in Pathology Mr. Arun Kumar LS. Asst. Prof. in Radiation Physics Dr. Beela Sarah Mathew

Lecturer in Radiotherapy

Ms. Bindu B Staff Nurse

Ms. Bindu, L Cytotechnologist

Blood Bank (All staff)

Mr. Chandrakumaran Nair M. Senior Librarian 47^m Annual national conference and pre-course instructional course of IAPM, Kanyakumari, December, 1998.

International slide seminar on tumour pathology, an update, Bombay, January, 1999.

Faculty member, CME programme on current trends in breast cancer, Kottayam, March, 1999.

9th Annual meeting of KAPM, Kozhikode, January, 1999.

20th Annual conference of the Association of Radiation

Oncologists of India, Cuttack, 3-6 December, 1998.

CME programme on pain and palliative care, Kasturba Medical College, Manipal, 7-8 November, 1998.

Seminar on Communication Skills, Trivandrum, 19 May, Cytotechnologist 1998.

CME programme and national workshop on Immunohistochemistry and in-situ hybridization, Trivandrum, 18-22 January, 1999.

22nd All India Cell Biology Conference, Trivandrum, 20-22 February, 1999.

Annual conference of ISBTI (Kerala chapter), Medical college, Trivandrum, 3 May, 1998.

18th IASLIC National seminar, Kerala Agricultural University, Thrissur, December, 1998. Dr. Chandralekha B Prof. of Cytopathology

Dr. Cherlan M. Koshy Asst. Prof. in Surgical Oncology

Dr. Cherian Varghese Assoc. Prof. in Epidemiology

Ms. Christeen V Staff Nurse National training programme on modern information handling, All India Institute of Medical Sciences, New Delhi, 15-20 February, 1999.

28th Annual national conference of Indian Academy of Cytologists, Panaji, Goa, November, 1998.

International slide seminar on tumour pathology: an update, Mumbai, January, 1999.

Training on statistical methods in medicine, health and environment, Calcutta, November, 1998.

6th International and national conference of Indian Association of Palliative Care, Calicut, February, 1999.

Annual meeting of international association of cancer registries, Atlanta, Georgia, USA, August, 1998.

Workshop on Epidemiology and Prevention of Cancer, Bangkok, Thailand, 2-5 November, 1998.

International course on infections that increase the risk of caricer, Annecy, France, 13-18 December, 1998.

Indo-German collaboration in oncology, Lonavala, Maharashtra, February, 1999.

Invited lecture, 8th Blennial National Conference of the Indian Society of Oncology, New Delhi, March, 1999.

CME on paillative care awareness programme, RCC, Trivandrum, 25 November, 1998.

Mr. Davis CA Assoc. Prof. in Radiation Physics

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Mr. Elias TS. Assoc. Prof. in Radiation Physics

Dr. Elizabeth K. Abraham Addl. Prof. in Cytopathology

Ms. Elsamma Joseph Staff Nurse

Dr. Francis V. James Assoc. Prof. in Radiotherapy

Dr. Gangadharan V.P. Assoc. Prof. in Medical Oncology Investigators meeting for Scotia Photodynamic trials in India, Renaissance Hotel, London, 7-13 September, 1998.

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Training on microselectron HDR & Pato treatment planning system, Ospedale, S. Chiara, PISA, Italy and M/s Nucletron Oldelft BV. The Netherlands, 8-24 June, 1998.

Invited lecture on Imaging in medicine, Department of Computer Science, University of Kerala, 15 January, 1999.

9th Annual meeting of KAPM, Kozhikode, 3 January, 1999.

47th Annual national conference of IAPM, Kanyakumari, Docember, 1998.

3^v update on breast disease, TMH, Bombay, December, 1998.

National CME programme and wokshop on immuno histochemistry and in-situ hybridisation, RCC, Trivandrum, 18-22 January, 1999.

Faculty member, CME on breast cancer, RCC, Trivandrum, 27 February, 1999.

CME programme on pain and palliative care, Kasturba Medical College, Manipal, 7-8 November, 1998.

Training of Radiotherapy simulation University of Regensburg, Germany, January, 1999.

Invited speaker, CME programme, Dept. of Neuro Surgery, MCH, Kottayam, August, 1998. Dr. Geetha N. Asst. Prof. in Medical Oncology Invited speaker, Prof. V.C. Mathew Roy Memorial CME, October, 1998.

Annual conference of ISHBT, Chennal, November, 1998.

Standard practices In hematopolitic transplantation, TMH, Bombay, November, 1998.

Invited speaker, - Golden Jubliee Celebration, Bishop Benzigar Hospital, Kollam November, 1998.

Invited speaker, CME programme, Amala Cancer Hospital, Trichur, January, 1999.

Invited speaker, Biennial conference of ISMPO, Jodpur, January, 1999.

tnvited speaker, Newer pyrimidines - Cancer drug update 99-ICMIO, Bangalore, January, 1999.

Invited speaker, All Kerala OBG Congress, Cochin, February, 1999.

Invited speaker, Chemotherapy of Hepatocellular carcinoma- Guest Club - Cochin, February, 1999.

Investigator meeting for Globai Droloxifene DRL 301,Palm Springs, California, USA, 14-15 May, 1998.

34^h Annual meeting of the American Society of Clinical Oncology, Los Angeles, Callfornia, USA, 15-19 May, 1998.

Observer, Dept. of Radiation Oncology, University of San Dr. P. Javalakshmi R.M.O in Blood Bank

Ms. Javalekshmi P. Sociologist

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Dr. Jayaprakash Madhavan Assoc. Prof. in Radiotherapy

Dr. Jayasree K Asst. Prof. in Cytopathology Fransisco, California, 20-28 May. 1998.

Organisation and management of Blood Transfusion Services. Plans and policies, International conference, Mumbal, India, 21-25 November, 1998.

9th International anticancer treatment congress, Paris, 2-5 February, 1999.

State level review meeting on Blood Transfusion ServiceIn Blood Bankand Strategies for Safeblood, Dept. of Gastroenterology, and the Blood Bank, MCH. Trivandrum, 14 February, 1999.

Workshop on caricer registration NCRP, ICMR, Chennai, April. 1999.

9th International Congress on Anti-cancer tratment, Paris, 2-5, February, 1999.

IAPM, Kerala chapter meeting, Calicut, May, 1998.

Kyushu international conference of African development, Kagoshima, Japan, October, 1998.

20th Annual conference of IAC, Goa, November, 1998.

National CME programme and workshop on immuno histochem-Istry and In-situ hybridization. RCC, Trivandrum, January, 1999. International slide seminar on tumour pathology, an update, Bombay, January, 1999.

Dr. Krishnakumar AS. Assoc. Prof. in Imageology

Dr. Krishnan Nair M. Director & Prof. of Radiotherapy

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Ms. Kumari Thankam Staff Nurse

Dr. P. Kusumakumarv

International seminar on emerging public health issue in South Asla, SCTIMST, Trivandrum, 22 May, 1998.

CME on recent trends in the management of CVA, SCTIMST, 11 October, 1998.

International seminar on vascular and interventional radiology. SCTIMST, 6-8 November, 1998.

CME on recent advances in the respiratory diseases, Dept. of Respiratory Medicino, Medical College, Trivandrum, 13 December, 1998.

CME on breast cancer, RCC, Trivandrum, 27 February, 1999.

Laser Training programme, PDT Trial, London, 20, September, 1998.

WHO Cancer control meeting and collaborative research. London and France, 19-23 October, 1998.

International workshop on Health effects of Thorotrast, radon and other Alpha-Emitters, Tokyo, 16-25 January, 1999.

Diploma in palliative medicine, Oxford, UK, 1998-'99.

Invited lecture: CME in Pediatrics. Assoc, Prof. in Paediatric Oncology SAT Hospital, Trivandrum, 28 June, 1998.

> Faculty member: National training project in Practical Pedlatric Oncology, Chennai, 22-23 August, 1998.

4th International conference of Psycho Oncology Society, HamDr. Lakshminarayanan Senior Scientific Officer

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Ms. Latha P.T. Social Investigaror

Ms. Letha.M.B. Staff Nurse

Dr. Manjula R M O in Palliative Care

Dr. Manoj Pandey Asst. Prof. in Surgical Oncology

Ms. Mariyamma James Head Nurse

Mr. Meera Sahib P. Senior Scientific Officer burg, Germany, 3-6 September, 1998.

2nd national conference of paediatric hematology oncology, PGIMER, Chandigarh, 24-25 October, 1998.

Invited lecture:Natlonal conference of IAPM, Kanyakumary, December, 1998.

National CME programme and workshop on immunohisto chemistry and in-situ hybridization, RCC, Trivandrum, January, 1999.

Conference on Indian association of palllative care, Calicut, February, 1999.

Clinical update on Managerial

skills, College of Nursing, Trivandrum, 16 February, 1999.

Global cancer concern foundation course on palliative care, PPCS, Calicut, November, 1998.

7th Annual conference on gynaecologic society of India,

Pondichery, 9-11 October, 1998. NATCON IASO 98,Kh Ujarao, 30 October to 1 November, 1998.

6th International congress on oral cancers, New Delhi 15-18 February, 1999.

Update on managerial skill, College of Nursing, Trivandrum, 22-23 July, 1998.

State level review meet on Blood Transfusion Service and Strategies for Safeblood, Dept. of Gastroenterology and the Blood Dr. Nalinakumary KR. Lecturer in Dental Care

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Smt. Nirmala Staff Nurse

Ms. Nisha P. Rajan Staff Nurse

Smt. Padmakumary Medical Statistician

Dr. Padmanabhan V Prof. In Radiation Physics Bank, MCH, Trivandrum, 14 February, 1999.

Kerala dental conference, Technopark, Trivandrum,13-15 November, 1998.

6" International congress on oral cancer, New Delhi, 15-18 February, 1999.

18th Annual convention of the Indian association for cancer research, New Delhi, 19-21 February, 1999.

CME on palliative care awareness programme, RCC, Trivandrum, 25 November, 1998.

6th International and National conference of the Indian Association of Pall/ative Care, Kozhikkode, 19-21 February, 1999.

CME on palliative care awareness programme, RCC, Trivandrum, 25 November, 1998.

Workshop on Cancer Registration, NCRP (ICMR), Cancer Institute (WIA) Chennai, 2-4 April, 1998.

Invited lecture : Seminar on Radiation sources, measurement and safety, ISRP, Bhabha Atomic Research Centre, Mumbai, 24 August, 1998

Symposium on Medical Physics, Curie Centre of Oncology, Bangalore, 6 September, 1998.

International Conference on Medical Physics (ICMP), AIIMS, New Delhi, November, 1998.

9th Annual meeting of Association of Medical Physics of Kerala and

inaugural meeting of Directorate of Radiation Safety, Kozhikode, 3 January, 1999.

Invited speaker, CME programme on breast cancer AROI, Kerala Chapter and Medical College Kottayam, March, 1999.

Dr. Paul Sebastian

Dr. Prabha Balram

Dr. Pradeep VM

Staff Nurse

Dr. T. Priyakumari

Assoc, Prof. in Nuclear Medicine

Sri, Prasanna Kumari .S.

Lecturer in Paediatric Oncology

Assoc. Prof. in Surgical Oncology

Addl.Prof. of Basic Research

Seminar on Recent Trends in Ul tramicrotomy and Cryotechnique. Trivandrum, 9 April, 1998.

Invited speaker, National Conference on Molecular Diagnostics. Trivandrum, 27-29 June, 1998.

Invited speaker, National CME Programme and Workshop on Immunohistochemistry and In-situ Hybridization, Trivandrum, 18-22 January, 1999.

22ⁿ All India Cell Biology Conference, Trivandrum, 20-22 February, 1999.

11th Kerala Science Congress, Kasargode, Kerala, 27th February to 1st March, 1999.

Association of physicians and surgeons, Thrissur, November, 1998.

AROI meeting, Calicut, 14 March, 1999.

CME on palliative care awareness programme, RCC, Trivandrum, 25 November, 1998.

10th year of celeberation and conference of Pediatric Neurology, Co-Bank Towers, Trivandrum, April, 1998.

Paediatric cardiology update, Co-Bank Towers, Trivandrum, August, 1998. Dr. Rachel Cherian Koshy Casst, Prof. of Anaesthesia

Dr:Radhakrishna Pillai M. Assoc. Prof. in Laboratory Medicine & Tumour Biology 2rd National conference of the paediatrics haematology oncology, PGIMER, Chandigarh, October, 1998.

Panelist, 'Palliative Procedures in malignancy', Midterm Conference of Association of Surgeons of India, Kerala chapter, June, 1998.

Invited speaker: Meeting of DMOs presided over by health Secretary Shri, V. Vijayachandran, Trivandrum, 29 July, 1998.

Faculty member, House Surgeons' Training programme on palliative care, RCC, Trivandrum, 26 August, 1998.

Faculty member, Volunteers' Training programme on palliative care, RCC, Trivandrum, August 28 1998.

Resource person/invited speaker at short term training programme for staff nurses, Calicut, 9 September, 1998.

6th National and international conference of Indian association of palliative care, 19-21 February, 1999.

Invited speaker, International symposium on apoptosis, Panjab University, Chandigarh, India, October, 1998.

Invited speaker, 18th Annual convention of Indian Association for Cancer Research & National Symposium on Molecular Biology of Cancer, New Delhi, February, 1999. 6th International Congress on O_{ral} Cancer, New Delhi, February, 1999.

Invited speaker, Workshop on Indo-German collaboration In Oncology: into the next millenium, Lonavala, Maharashtra, February, 1999.

Invited speaker, CME on breast cancer, Department of Radiotherapy, Medical College, Kottayam, 28, March, 1999.

Seminar on Radiotherapy machines-state of the art by Mr. Luding Roppelt Siemens Erlange, RCC, Trivandrum, 21 July, 1998.

4" Dr. T.P.Ramachandran Oration by Dr. KS.Parthasarathy, Radiation protection in diagnostic radiology under the auspices of KAPM, 3 January, 1999.

CME on breast cancer, RCC, Trivandrum, 27 February, 1999. Visual presentation on Radiotherapy machines - state of the art-by Mr. Luding Roppelt, Seimens Erlangen, RCC, Trivandrum, 21 August, 1998.

4th Dr. T.P. Ramachandran Oration under the auspices of Association of Medical Physicists of Kerala, 3 January, 1999.

Training programme on therapeutic ERCP, Surgical Gastro enterology, SRMC, Chennai. 2nd International endotherapy conference, Coimbathore, 10-11 July, 1999. Dr Raghu Ram K. Nair Asst. Prof. in Radiation Physics

Dr. Rajan B. Prof. in Fladiotherapy

Dr. K Ramachandran Assoc. Prof. of Imageology International symposium on Recent advances in genetic Epldemiology and population monitoring. DAE, Madras, 23-26 March, 1998.

CME program of the Society of Radiographers, Ernakulam, 10-11 October, 1998.

CME program in Radio isotopes in Oncology & Imageology, Medical College, Kottayam, 20 December, 1998.

Training in Radiotherapy Simulator, University Hospital, University of Rengensburg, Germany, January, 1999.

International ATLAS co-ordinators meeting, Milan, September, 1998.

1st European Breast Cancer Conference, Florence, Italy, 29th September to 3rd October, 1998.

20th Annual conference of the Association of Padiation Oncologists of India, Cuttuck, 3-6 December, 1998.

Invited speaker, CME on current trends in breast cancer, Medical College, Kottayam, 28 March, 1999.

National ATLAS co-ordinators meeting, Bombay,February, 1999.

1st Annual conference of the Indian Society of Vascular and interventional radiotherapy. Sree Chitra Thirunal Institute for Medical Sciences and Technology, Trivandrum, 6-8 November, 1998.

Radiation Physics (All staff)

Radiotherapy (All staff)

Dr. Raghukumar Lecturer

Dr. K. Ramadas Assoc. Prof. in Radiotherapy

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Dr. K. Ratheesan Assoc. Prof. in Radiotherapy

Dr. Raveendran Plílai K. Asst. Prof. in Cytopathology

Dr. Ravindran Ankathil Assoc. Prof. in Basic Research CME programme In radiology, Dept. of Radiodiagnosis, Medical College, Kottayam, Radiology Club of Kottayam and IRIA Kerala State branch, 1999.

5th Annual conference of Calicut chest club and continuing medical education programme in pulmonology and critical care, calicut, 24 January, 1999.

Invited lecture: Association of gynaecologists, Kollam meeting, 7 February, 1999.

6th International Oral Cancer Congress, New Delhi, February, 1999.

Investigators meeting on Droloxifene DRL-301 study, Los Angels, USA, May, 1998.

34th ASCO conference, Los Angels, USA, 16-20 May, 1998.

Training in Radiation Oncology, University Californía, San Francisco, USA, May, 1998.

9th International Conference on anticancer treatment, Paris, February, 1999.

National seminar on recent trends in microbiology, Kalady, March, 1999.

Workshop on Fluorescene in-situ Hybridization, Bangalore, 1-3 June, 1998.

6th European Conference on Cytogenetics and Molecular Genetics of Human Solid Tumours, Medical University of Saarland, Saarbrucken, Germany, 15-18 October, 1998. .Dr. Rekha A Nair Asst. Prof. in Pathology

:

Dr. Remani P Asst. Prof. of Cancer Research 19th Annual Conference of Indian Association of Biomedical Scientists at Kasturba Medical College, Mangalore, 30th October to 1th November, 1998.

Invited speaker, National CME and workshop on Immuno- histochemistry and In Situ Hybridization at Trivandrum, 18-22 January, 1999.

Ist Conference of South Asian Pacific Society of Human Genetics and 24th Annual Conference of Indian Society of Human Genetics, Mumbai, 1-3 February, 1999.

Invited speaker, CME on Breast Cancer, Indian Society of Radiation Oncologists, Trivandrum, 27 February, 1999.

Invited speaker, CME on Current Trends in Breast Cancer, Medical College, Kottayam, 28 March, 1999.

Observer trainee in flow cytometry in lymphoma and leukaemia, CMC Vellore, September, 1998.

International slide seminar on tumour pathology-an update, Mumbai, January, 1999.

National CME programme and workshop on immunohisto chem-'Istry and in-situ hybridization, RCC, Trivandrum, January, 1999.

Seminar on Recent Trends in Ul tramicrotomy and Cryotechnique, Trivandrum, 9 April, 1998.

Seminar on Communication skills. Trivandrum, 19 May, 1998.

National Conference on Molecular Diagnostics. Trivandrum, 27-29 June, 1998.

Training in Flow cytometry, Kansai Medical University, Osaka, Japan, 19th August to 16th November, 1998.

3^{rs} Asian Pacific Organization for Cell Biology Congress,Osaka, Japan, 24-28 August, 1998.

2nd Congress of Asian Society for Hyperthermic Oncology,Tokyo, Japan, 28-30 September, 1999.

National CME Programme and Workshop on Immuno histochemistry and in-situ Hybridization, Trivandrum, 18-22 January, 1999.

22nd All India Cell Biology Conference, Trivandrum.20-22 February, 1999.

11th Kerala Science Congress, Kasargod, 27th February to 1^{et} March, 1999.

GCC Foundation Course on pain and palliative care, Calicut, 13-23 November, 1998.

ASI State Conference (perepheral), Kollam, October, 1998.

Live workshop on mandibular reconstruction at Amala Cancer Centre, Trichur, January, 1999.

Meeting of association of Plastic Surgeons of India, Kerala chapter, Tiruvalia, April, 1999.

CME on palliative care awareness programme, RCC, Trivandrum, 25 November, 1998. ^s _{Ms.} Sindhu G. Staff Nurse

Dr. Sreedevi Amma N. Deputy Director & Prof. of Cytopathology

Dr. A. Sreekumar Lecturer in Nuclear Medicine

Mr. Sreekumar B Coding clerk CME on palliative care awareness programme, RCC, Trivandrum, 25 November, 1998.

International and national conference of Indian Association of Palliative Care, Calicut, 18- 22 February, 1999.

Annual national conference on IAPM, Kanyakumary, December, 1998.

National CME programme and workshop on immuno histochemistry and in-situ hybridisation, RCC, Trivandrum, January, 1999.

Annual meeting of IAPM Karnataka chapter, Kolar, Karnataka, January, 1999.

CME on Breast Cacher, RCC, Trivandrum, 27 February, 1999.

Symposium on treatment plan in Radiation therapy. New Delhi, April, 1998.

Workshop on communication skills and counselfing skills, RCC, Trivandrum, May, 1998.

CME programme, update in hepatology, Kottayam, 14 February, 1999.

CME programme on breast cancer, RCC, Trivandrum, 27 February, 1999.

AROI meeting and CME, Calicut, 14 March, 1999.

Workshop on Cancer Registration, NCRP(ICMR), Cancer Institute (WIA) Chennai, 2-4 April, 1998.

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Ms. Shanty Abraham Staff Nurse

Ms. Sally Abraham

Dr. Shaji Thomas

Lecturer in Surgery

Head Nurse

Ms. Suchithra C.S. Staff Nurse

Mr. Sujathaл K. Cytotechnologist

Ms. Thankamma O.N. Head Nurse

Ms. Vijayalekshmi Ammal Head Nurse

Sr.Vijaya Puthusseril CNO & Assoc. Prof. Nursing CME on palliative care, awareness programme, RCC, Trivandrum, 25 November, 1998.

International and national conference of Indian Association of Palliative Care, Calicut, 18-22 February, 1999.

20^h National Conference of Indian Academy of Cytologists, Goa, November, 1998.

Clinical update on managerial skills, College of Nursing, Trivandrum, 16 February, 1999.

Clinical update on managerial skills, College of Nursing, Trivandrum, 22-23 July, 1998.

Faculty member, expert committee meeting for SHO-IND-NRH031/ 98 project on development of standards for nursing Practice, RAK College of Nursing, New Delhi, January, 1999.

Faculty member, 6th International and national conference of Indian Association of Palliative Care, Calicut, February, 1999.

PAPERS PRESENTED IN CONFERENCES, SEMINARS, WORKSHOPS ETC.

 Abraham K George, Nallnakumari KR. Intra osseous carcinoma, Report of a case and discussion on its etio-pathogenesis. 31st Kerala Dental Conference, Technopark, Trivandrum, November 13-15, 1998.

- 2. Aleyamma Mathew. Attributable risk to cancer: Cause-specific survival estimation. 15th Annual conference of Indian Society for medical statistics, Vellore, India, 1998.
- Aleyamma Mathew. Clinical epidemiology of male lung cancer patients: Comparison between tobacco users and non-users. 18th Annual convention, Association for cancer research, New Delhi, February, 1999.
- Aleyamma Mathew. Cancer survival estimation (Invited lecture), Cancer Registry Training Programme, RCC, Trivandrum, 14-16 January, 1999.
- 5. Aleyamma Mathew. Host and disease related factors determining survival in patients with breast cancer. (Invited lecture) CME on breast cancer, Trivandrum, February, 1999.
- Aleyamma Mathew. Statistical methods in clinical tirals. (Invited lecture), Workshop on design and analysis of data on clinical trials, New Delhi, 15-18 December, 1999.
- Anitha Mathews. Pathology of cancer (Invited lecture), Workshop on cancer registration and surveillance, RCC, Trivandrum, July, 1998.
- .8. Anitha Mathews. Broad ligament mucinous cystadenocarcinema with sarcomatous features. Annual national conference of IAPM, Kanyakumari, December, 1998.
- Anitha Mathews. Pathology and prognostic factors in breast cancer (Invited lecture) CME on current trends in breast cancer, Kottayam, March, 1999.
- Arunkumar L.S., Padmanabhan V, Harita VK, Indu S. Gopal, Krishnan Nalt M. Corneal shields for 4MV X-rays used in radiotherapy. Fabrication and dosimetric evaluation. 9^o Annual meeting of KAPM, Kozhikode, 3 January, 1999.

- 11. Beela Sarah Mathew. Testicular germ cell tumours in propubertal children. 20th Annual conterence of the association of Radiation Oncologists of India, Cuttack, 3-6 December, 1998.
- Chandrakumaran Nair M. Organisation of oncology information system: A tool for people's plan and health care delivery. 28^a IASLIC National seminar, Kerala Agricultural University, Thrissur, December, 1998.
- Chandralekha B. Cytology of diagnostic problem cases of lymphoma. 28th annual conference of IAC, Panaji, Goa, November, 1999.
- 14. Cherlan M Koshy. Folded PMMC flaps in palliative surgery of head and neck cancers. International Congress of Palliative Care, February, 1999.
- 15. Cherian Varghese. Hospital Cancer Registry, RCC, Trivandrum, a model for developing countries. Association of cancer registries annual meeting, Atlanta, Georgia, USA, August, 1998.

- Cherian Varghese. Cancer Control in India, Indo-German collaborative group meeting in Lonavala, Maharashtra, February, 1999.
- 17. Cherian Varghese. Cervical cancer screening in Trivandrum (Invited lecture), 8th biennial national conference of the Indian Society of Oncology, New Delhi, March, 1999.
- Elias TS, Padmanabhan V., Davis C.A. Remote afterloading system-Indigenous. 9th Annual meeting of KAPM, Kozhikode, 3 January, 1999.
- 19. Elias TS. Imaging in medicine. (Invited lecture), Department of Computer Science, University of Kerala, 15 January, 1999.
- Elizabeth K Abraham. Peripheral T-cell lymphoma-Morphologic, immunohistochemical and molecular data on 55 cases. 47th Annual national conference of IAPM, Kanyakymari, December, 1998.
- Elizabeth K. Abraham. Immunohistochemistry of solid tumours (Invited lecture). CME and National workshop on immuno histochemistry and in-situ hybridisation. Trivandrum, January, 1999.
- 22. Elizabeth K. Abraham. Pathological prognostic factors of breast cancer (Invited lecture). CME on breast cancer, Trivandrum, February, 1999.

- Gangadharan VP. Recent advances in brain tumours (Invited lecture). CME on Neuro Surgery, Medical College, Kottayam, August, 1998.
- Gangadharan VP. Concepts in the management of neuropenic sepsis (Invited lecture). Prof. VC. Mathew Roy memorial CME, October, 1998.
- 25. Gangadharan VP. Medical oncology- yesterday, today and tomorrow (Invited lecture). Golden Jubilee celebration of Bishop Benzigar Hospital, Kollam, November, 1998.
- Gangadharan VP. Management of acute leukaemia (Invited lecture). CME programme, Amala Cancer Hospital, Trichur, January, 1999.
- 27. Gangadharan VP. MDS-current concepts and management (Invited locture). Biennial conference of ISMPO, Jodhpur, January, 1999.
- Gangadharan VP. Newer pyrimidines cancer drug update-99 (Invited lecture). ICMIO, Bangalore, January, 1999.
- Gangadharan VP. Management of ovarian tumours (Invited lecture). All Kerala obstetrics and gynecology congress, Cochin, February, 1999.
- Gangadharan VP. Chemotherapy of hepato cellular carcinoma (Invited lecture) guest club, Cochin, February, 1999.
- Gangadharan VP. Recent advances in the management of trophoblastic tumours (Invited lecture) CME programme, Department of obstatrics and gynaecology, Trichur, March, 1999.
- 32. Geetha N. Choriocarcinoma in India. 9th International Anticancer Treatment Congress, Paris, 2-5 February, 1999.
- Jayatekshmi P. Palliative Care Need for a national plan in developing countries. 2nd International Hospice conference, Bombay, February, 1998.
- Jayalekshmi P. Quality of Life in long term female cancer survivors. 3rd International seminar on Psycho-Oncology, Bombay, February, 1998.
- Jayasree K. Immunohistochemistry in cytological diagnosis (Invited lecture). CME programme and national workshop on immunohistochemistry and in-situ hybridization, Trivandrum, January, 1999.

- 36. Kusumakumary P. Paediatric solid tumours (Invited lecture), SAT, Hospital, Trivandrum, 28 June, 1998.
- Kusumakumary P. Approach to diagnosis of paediatric cancer neuroblastoma, (Faculty for the south zone workshop). National training project in practical paodiatric oncology, Chennai, 22-23, August, 1998.
- Kusumakumary P. Psycho-social problems of parents of children with cancer, (Invited lecture). 4th International conference of psycho-oncology society, Hamburg, Germany. 3-6 September, 1998.
- Kusumakumary P. Evaluation of treatment in Wilm's tumour (Invited lecture), 2^{sc} National conference of Paediatric Hematology Oncology, PGIMER, Chandigarh, 24-25 October, 1998.
- Lakshmi S., Radhakrishna Pillai M and Krishnan Nair M. Prognostic relevance of growth factor expression in cervical cancer. Annual convention, Indian association for cancer research, AIIMS, New Delhi, February, 1999.
- 41. Lakshminarayanan. Immunohistochemistry and histological techniques (Invited lecture). Nagpur, November, 1998.
- 42. Lakshminarayanan. How to avoid artefacts in frozen section, the problems in the technique and how to improve quality (invited lecture). Annual national conference of IAPM, Kanyakumarl, December, 1998.
- 43. Lakshminarayanan. Trouble shooting in immunohistochemistry, National CME programme and workhop on immunohistochemisty and in-situ hybridisation, RCC, Trivandrum, January, 1999.
- 44. Latha PT. Quality of life of oral cancer patients. International conference on Indian association of palliative care, Calicut, February, 1999.
- Nalinakumari K. R. Abraham K. George. Topical fluoride therapy in post –irradiation tooth decay. A clinical study. 31st Kerala Dental Conference, Technopark, Trivandrum, 13-15 November, 1998.
- Nalinakumari K.R., Krishnan Nair M. Delivery of fluoride during and after radiation therapy for oral cancer. A comparison of prefabriated plastic acrylic carriers and surface gel injector method. 6th International Congress on Oral Cancer, New Delhi, 15-18 February, 1999.

- Nalinakumarl K.R., Abraham K. George, M. Krishnan Nair. Prevention of post irradiation tooth decay with and without oral prophylaxis. A pllot study. 18th annual convention of the Indian association for cancer research, New Delhi, 19-21 February, 1999
- 48 Padmanabhan V. Dose measurements in diagnostic radiology, Seminar on Radiation Sources, measurement and safety. ISRP, Mumbai Chapter, 24 August, 1998.
- Padmanabhan V. Madam Curie and Radium-facts you may like to know (Invited lecture). 9th Annual meeting of KAPM, Kozhikode, 3 January, 1999.
- Paul Sebastian. Role of surgery in the management of breast cancer (invited lecture). CME programme on breast cancer, Medical College, Kottayam, March, 1999.
- Pradeep V.M. Radioisotopes in the management of diseases of thyroid, Physicians and Surgeon's Association, Thrissur, November, 1998.
- 52. Pradeep V.M. Advances in Nuclear Oncology, AROI, Calicut, 14. March, 1999.
- 53. Priva Kumari T. Non-Hodgkins lymphoma in children, disease pattern and treatment outcome. 2nd national conference of the paediatrics haematology, PGIMER, Chandigarh, October, 1998.
- Bachel Cherian Koshy. Welfare programme for citizens whose life span is predicted short (Extension of palliative care to the whole of Kerala) (Invited lecture), meeting of DMO's presided over by health secretary Shri. V. Vijayachandran, Trivandrum, 29 June, 1998.
- Bachel Cherian Koshy. Palliative care an overview (Invited lecture) House surgeons training programme, RCC, Trivandrum, 26 August, 1998.
- 56. Rachel Cherian Koshy. What is palliative care? (Invited lecture). Volunteers training programme, RCC, Trivandrum, 28 August, 1998.
- 57. Rachel Cherian Koshy. Management of cancer pain and communication in palllative care (Invited lecture), short term training programme for staff nurses, Calicut, 9 September, 1998.
- Rachel Cherian Koshy. Interventional pain management in palliative care. 6th National and international conference of Indian Association of Palliative Care. 19-21 February, 1999.

- 59. Radhakrishna Pillai M. Apoptosis, Angiogenesis and proliferation, a trifunctional model for turnour progression (Invited lecture). International symposium on apoptosis; Punjab University, Chandigarh, October, 1998.
- Radhakrishna Pillai M. De novo apoptosis, turnour proliferation, ras gene mutation and turnour response to radiotherapy for cervical cancer (Invited lecture), 18th annual convention of Indian association for cancer research, New Delhi, February, 1999.
- 61. Radhakrishna Pillai M. Cellular magnifestations of tumour progression in the oral mucosa: role of human papiflomavirus, apoptosis, angiogenesis, proliferation and tumour associated genes p53, bcf-2 and base (Invited lecture), 6th International congress on oral cancer, New Delhi, February, 1999.
- 62. Radhakrishna Pillai M. Genetic variations in Indian populations: implications for tumour response to therapy (Invited lecture). Workshop on Indo-German collaboration in oncology into the next millennium, Lonavala, Maharashtra, February, 1999.
- 63. Radhakrishna Pillai M. Oncogenes and tumour suppressor genes in breast cancer (Invited lecture). CME on breast cancer, Department of Radiotherapy, Medical College, Kottayam, 28 March, 1999.
- 64. Raghu Ram K. Nair, Krishnan Nair M, K.S.V. Nambi, Santhosh V, Jayadovan S, Jayalekshmi P, Gangadharan P: Natural background radiation and cancer incidence in Karunagappally taluk. DAE symposium on recent advances in Genetic Epidemiology and population monitoring, Madras, 23-26 March, 1998.
- 65. Raghu Ram K. Nair. Radiation protection and instrumentation in Nuclear Medicine. CME program of Society of Radiographers, Ernakulam, 10-11 October, 1998.
- 66. Raghu Ram K. Nair. Radioisotopes In Medicine. CME program, Medical College, Kottayam, 20 December, 1998.
- Rajan B. Removing bias in cancer survival estimates by active follow-up and information on determinants of loss to follow-up. 20th Annual conference of the Association of Radiation Oncolgy of India, Cuttack, December, 1999.
- Rajan B. Adjuvant tamoxifen in early breast cancer (Invited lecture) CME on current trends in breast cancer, 28 March, 1999.

- Ramachandran K. Magnetic Resonance Imaging. Talk in Malayalam broadcasted by All India Radio, Trivandrum, 1 December, 1998.
- Ramachandran K. CT Thorax, 5th Annual conference on Pulmonology and Critical Care, Calicut, 24 January, 1999.
- Pamachandran K. Imaging in Gynaecology and Obstetrics (Invited lecture). Association of Gynaecologists, Kollam, 7 February, 1999.
- 72. Ramakrishnan G, Padmanabhan V. Patient dose measurements in CT scanners-A field study. 9th Annual meeting of KAMP, Medical College, Kottayam.
- 73. Ramakrishnan G, Padmanabhan V. Dose measurements in diagnostic radiology, Trivandrum Radiology Club, 29 January, 1999.
- Ratheesan K. 9th International Conference on Anticancer Treatment, Paris, February, 1999.
- Raveendran Pillai K. Oral cancer; its magnitude and management issues, Biospectrum-99. National seminar in recent trends in microbiology, Kalady, March, 1999.
- Rekha A Nair. Immunohistochemistry of lymphomas and leukaemias (Invited lecture). CME programme and national workshop on immunohistochemistry and in-situ hybridization, Trivandrum, January, 1999.
- Remani P. Expression of N-acetyle D-galactosamine on leukaemic membranes. 3rd Asian pacific organization for cell biology congress, Osaka, Japan, 24-28 August, 1998.
- Remani P. Relation of transmembrane fluidity to all survival following hyperthermic oncology, Tokyc, Japan, 28-30 September, 1998.
- Remani P. Jack fruit lectin binding in colorectal carcinoma. 22rd All India cell biology conference, Trivandrum, 20-22 February, 1999.
- 80. Remani P. Methods for evaluation of thermosensitivity in cervical cancer cell line, Kasargode, 27 February - 1 March, 1999.
- Shaji Thomas. Folded PMMC flap in Head and Neck Reconstruction. ASI state conference (perepheral), Kollam, October, 1998.
- 82. Sreedevi Amma N. Cytology of non neoplastic lesions of cervix including ASCUS and AGUS (Invited lecture). Preconference

workshop, Annual National Conference of IAPM, Kanyakumary, December, 1998.

- 83. Sreedevi Amma N. Immunohistochemistry in problem solving (Invited lecture). National CME programme and workshop on Immunohistochemistry and in-situ hybridisation, Trivandrum, January, 1999.
- 84. Sreedevi Amma N. Cervical cancer control in India with particular reference to work done in Kerala (Oration). Annual meeting of Karnataka chapter of IAPM, Kolar, Karnataka.
- Sreekumar A. Radioisotop imaging on hepato biliary system, CME programme update in hepatology, Kottayam, 14 February, 1999.
- Suchithra C.S., Vijaya Puthussoril, Sindhu G. Relevance of training home carers for cancer care. International conference of Indian Association for Palliative Care, Calicut, February, 1999.
- 87. Sujathan K. Differential expression of Jack fruit lectin specific glycoconjugates in metastatic adenocarcinoma and reactive mesothelial cells as a diagnostic aid in effusion cytology, Annual national conference of IAC, Goa, November, 1998.
- 88. Vijaya Puthusserii. Curriculum development for undergraduate nursing on introduction of palliative care (Invited lecture), 6th international and national conference on Indian association for palliative care, Calicut, February, 1999.

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- Ajithkumar TV, Sajeed A. Electrocardiographic diagnosis. J Appl. Med, 1998; 24(9):653.
- Aleyamma Mathew. My academic experiences in Finland. News letter of the National Cancer Registry Project of India, 1998;7(1): 33-36.
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- Aleyarnma Mathew. ABC of medical statistics -IV: Confidence intervals. Kerala Surgical Journal 1999; 6(1):7-10.
- Aleyamma Mathew, B Ganesh, B Rajan and Mattl Hakama. Cancer survival estimation -the need to correct bias due to outcome related follow-up loss. Natl Med J Ind, 1999;12:89-90.
- 8. Aleyamma Mathew, Manoj Pandey, NS Murthy. Survival estimates: Caveats and pitfalls. Eur J Surg Oncol 1999;25:321-329.
- 9. Aleyamma Mathew and INS Murthy. A step towards quality medical research. Natl Med J India, 1998; 11 (8): 283-286.
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- 11. Aleyamma Mathew, NS Murthy and Manoj Pandey: Internet In medical research, Indian Association for Cancer research, Newsletter, 1998; 14 (3); 5-6.
- 12. Ambili M, Jayasree K, Sudhakaran PR. 60k Gelatinase involved in mammary gland involution is regulated by beta estradiol biochemca Et Biophysica Acta, 1998;1403:219-231.
- 13. Anitha Mathews, Elizabeth K Abraham, Sreedevi Amma N, Krishhan Nair M. Pigmented squamous cell carcinoma of nasal cavity: a case report. Histopathology, 1998;33:184-185.

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- 23. Cherian M Koshy, Rachel Cherian Koshy. Tobacco related cancers – Portends for the future, Health for Millions, 1998;24(6).
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ADMINISTRATION

MEMBERS OF THE GOVERNING BODY OF THE REGIONAL CANCER CENTRE SOCIETY

1.	Sri, E.K.Nayanar Hon'ble Chief Minister of Kerala	Chairman
2.	Sri, A.C.Shanmukhadas Hon'ble Minister for Health	Vice-Chairman
3.	Sri. V.Vijayachandran, IAS Principal Secretary to Govt., H&FWD, Govt. of Kerala	Alt.Vice-Chairman
4.	Srl. Vinod Rai, IAS Principal Secretary to Govt. Finance Départment, Govt. of Kerala	Member
5.	Sri. K.N.Kurup, IAS Secretary to Govt. Planning Board, Govt. of Kerala	-do-
6.	Dr. B.Umadethan Director of Medical Education Thiruvananthapuram	-do-
7.	Dr. V. Mahadevan Principal, Medical College, Thiruvananthapuram	-do-
8.	Dr. S.C. Gupta Eminent Scientist	-do-
9.	Dr. M.S.Vallathan Eminent Scientist	-do-
10.	Dr. M.H. Das Director Rajeev Gandhi Centre, Trivandrum	-do-
11.	The Secretary to Govt Health & Family Welfare, Govt. of In	-do- dia
12.	The Director General of Health Services, Govt.of India	-do-
13.	Dr. M.Krishnan Nair Director, RCC, Trivandrum.	Corivener

MEMBERS OF THE EXECUTIVE COMMITTEE OF THE REGIONAL CANCER CENTRE SOCIETY

- Sri, V.Vijayachandran, IAS Chairman Principal Secretary to Govt., H&FWD Govt. of Kerala
- Sri. Vinod Rai, IAS Member Principal Secretary to Govt. Finance Department, GovL of Kerala
- 3. Sri, K.N. Kurup, JAS -do-Secretary to Govt.
 - Planning Board, Govt. of Kerala
- 4. Dr.B.Umadethan -do-Director of Medical Education Thiruvananthapuram
- Dr. V. Mahadevan/Dr. S. Hariharan -do-Principal, Medical College Thiruvarianthapuram
- 6. Dr.M. Krishnan Nair Convener Director, RCC, Trivandrum

MAJOR DECISIONS OF THE EXECUTIVE COMMITTEE DURING 1998-99

A) Promotions.

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The following promotions were sanctioned

- 1. Dr. K. Jayasree as Assoc. Prof. of Cytopathology
- 2. Dr. K. Lakshminarayanan as Asst. Prof. in Cytopathology
- 3. Dr. N. Sreedevi Amma as Addl. Director
- 4. Dr. K. Raveendran Pitlai as Asst. Prof. of Cancer Research (Cytopathology)
- . 5. Dr. Manoj Pandey as Asst. Prof. of Surgical Oncology
- 6. Dr. Anitha Mathew as Asst. Prof. of Cytopathology

B) Deputation to foreign countries

The Executive Committee has sanctioned deputation to the following staff:

- Dr. Remani S Wesley Dr. Ravindran Ankathil Dr. M. Krishnan Nair
- Dr. Babu Mathew Dr. Cherlan Varghese
- Dr. Chenan vargnese
- Dr. Francis V. James Dr. Reghu Ram K Nair Dr. B. Rajan Dr. Kusuma Kumari Dr. Molykutty John

- Ontario, Canada
- Philadelphia, USA
- Toshima-ku, Japan
- Lyon, France
- Bankok, Thailand and Annecy, France
- Germany
- Germany
- Fiorence
- Hamburg, Germany
- Florida, USA.

C) Purchase sanctioned

- Rs. 350 lakhs for commissioning of 4 Operation Theaters
- Rs, 1.5 lakhs for new Cobalt Unit
- Rs. 35 lakhs for Endoscopic Unit
- Rs. 100 lakhs for SPECT Gamma Camora

(D) Appointments

- Sri. M.S. Dharan as Controller of Finance
- Dr. K. Velayudhan Pillai as Registrar
- 3. Sri. G. Neelakantan as Computer Programmer

E) Others

- The Committee resolved to organise Multi Disciplinary Clinic and Pay clinic.
- The Committee resolved to recommend to raise the age of superannuation to 60 years.
- The Committee resolved to pay an interim Non-Practising Allowance.

MAJOR DECISIONS OF THE GOVERNING BODY OF THE RCC SOCIETY, 1998-99

The Governing Body resolved to flx the qualifications, service conditions etc. for the post of Director.

The Governing Body resolved to revise the salary and service conditions of the Academic and Non-academic staff of the RCC on a par with the scales of pay of the S.C.T.I.M.S.T. w.e.f. 1/3/ 1997.

- The Governing Body resolved to ban private practice and to start З. special clinics in the R.C.C.
- 4. The Governing Body resolved to introduce a new CCL scheme for the sake of expatriate Indians and their relatives.
- The Governing Body resolved to constitute a Review Commit-5. tee of the RCC with Dr. K.A. Dinshaw as Chairperson, Director, Tata Memorial Hospital, Dr. Indira Nath & Dr. Kusum Verma of AlIMS, Delhi, Dr. K.P. Kannan, Contre for Development Studies and Prof. A. Joseph, Secretary Academic, as members.

LIST OF STAFF

Dr. Krishnan Nair M Director Dr. Sreedevi Amma N Addl. Director Dr. Joseph F Deputy Director Dr. Rajan B Superintondent Prof. Joseph A Hon. Secretary (Academic)

Radiotherapy

Dr. Joseph FDDr. Rajan BSiDr. Gangadevi TAiDr. Jayaprakash P G"Dr. Rafeeka Beegum"Dr. Parameswaran SAiDr. Bhattatbiri V N"Dr. Jayaprakash Madhavan"Dr. Sureshchandradutt G"Dr. Ramdas K"Dr. Ratheesan K"Dr. Thomas Koilparambil"Dr. Francis V James"	Director & Professor Dy. Director & Professor Updt. & Professor ddl. Professor ssoc. Professor
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Surgical Oncology

Dr. Paul Sebastian Dr. Igbal Ahamed Dr. Gladys Jeevy

Assoc. Professor Assoc. Professor Consultant.

- Dr. Gopalakrishnan Dr. Chitrathara K Dr. Rachel Cheriyan Koshy Dr. Cherian M. Koshy Dr. Pabhakar J Dr. Namrata Dhakad Dr. Manoj Pandey Dr. Shaji Thomas Dr. Mary Thomas Dr. Raghukumar R Sri, Hari Kumar B Sri, Mohanan Pillai B Sri. Suresh P S Sri, Thankappan Chettiyar K "
- Consultant Asst. Professor
 - Asst. Professor (on leave) Asst. Professor Lecturer

Chief Anaesthesia Technician Theatre technician Senior helper

Paedlatric Oncology

Dr. Kusumakumari P	Assoc. Professor
Dr. Priyakumarl. T	Locturer
Dr. Mini S.	3 1

Medical Oncology

Dr. Gangadharan V P	Assoc. Professor
Dr. Geetha N	Asst. Professor
Dr. Prakash NP	Lecturer (on leave)
Dr. Mirsa Husain	Lecturer (on leave)
Dr. Elizabeth Somini Koshy	Resident Medical Officer

Dental wing

Dr. Nalinakumari KB	Lecturer
Smt. Sulochana Bal M	Dental Hygenist

Clinical Services & Medical Records

Sri, Raveendran Nair R Srl. Surendran Nair V Sri. Rajasekharan Nair G 👘 Sri, Sreekumar B Smt. Sarala devi PG Sri, Mohanachandran C Sri, Anil Kumar K Smt. Siju R Nair

Admn, Officer (CS) Asst. Public Relations Officer Medical Records Officer Clerk Gr. I Cashier Clinical Records Asst.

Smt. Sreelatha S Smt. Mariyamma MA Sri, Thankappan Nair K

Sri, Johnson X Sri, John S

Telephone operator-cumreceptionIst Cashier-cum-receptionist Clerk.

Cancer Epidemiology & Clinical Research

Sri. P. Gangadharan Dr. Sankaranarayanan R Dr. Cherian Varghese Dr. Aleyamma Mathow Smt. Padmakumari Amma G Medical Statistician Smi, Latha PT Smt. Anitha Nayar Smt. Jalajakumari V Clerk Gr. I Smt. Chandrika D Smt. Jayalekshmy P Scientific Assistant

Emeritus Scientist Assoc. Professor (on leave) Assoc. Professor Asst. Professor Social Investigator

Pain and Palliative Care

Dr. Vasudevan Mappat Dr. Rachel C. Koshv Dr. Manjula R

Blood bank

Javalakshmi P Sri, Meera Sahib Smt. Gangadovi C

Cytopathology

Dr. Sreedevi Amma N Dr. Chandralekha B Or, Elizabeth K Abraham Dr. Jayasree K Dr. Rekha A Nair **Dr. Anitha Mathews** Dr. Raveendran Pillai K Dr: Lakshminarayanan Sri. Sujathan K Smt. Najeeva S Smt. Brinda TP

Resident Medical Officer Asst, Technical Officer Sr. Lab. Technician

Resident Medical Officer

Anaesthesiologist

Asst. Professor

Professor & Addl. Director Professor Addl. Professor Assoc. Professor Asst. Professor

Cytotechnologist Gr. I Sr. Lab. Tachnician Lab. Technician

Smt. Sulochana S Smt. Renuka Devi V Smt. Saina A Sri, Nataraj A

Imageology

Dr. Sasidharan K Dr. Alex K Ittvavirah Dr. Ramachandran K Dr. Krishna Kumar S Smt. Vimala B Smt. Sathyalekha SI Sri. Pradeep S Sri. Udayakumar KR Sri, Prasad PP Sri, Shaileshkumar KN Sri, Hari, C.

Nuclear Medicine

Dr. Pradeep VM Dr. Sreekumar Smt. Sheela V Sri, Joa D'Cruz Smt. Suja BR Smt. Sheeja SR Smt. Minvamma K Smt. Bindu B Smt. Sindhu P

Radiation physics

Dr. Padmanabhan V Sri, Davis CA Sri. Thaval Singh Elias Sri, Arunkumar LS Sri. Raghuram Nair K Sri, Ramabhadran P Sri, Sadasiyan Nair N Sri, Viswanathan C Smt. Seetha P Smt. Suseelamma S Smt. Radhamony Amma TG " Smt. Leela M

Cytotechnician

Professor Assoc. Professor (on leave)

Assoc. Professor Radiographer

Dark Room Assistant

Assoc. Professor Lecturer Sr. Radiographer

Radiographer

FIA Technician

Professor Assoc. Professor Asst. Professor

Sr. Radiographer Radiographer

Smt. Ambili Govind K
Smt. Mariamma Jacob
Smt. Sreekala R
Smt. Prameeladevi T
Sri. Sunll Kumar S
Smt. Geethamma K
Smt. Jayasree CG
Smt. Vidiullatha PA
Smt. Sheeba DR
Sri. Radhakrishnan Nair T
Sri. Sherif JS
Smt. Geetha P
Sri. Santhan H
Smt. Anitha C
Smt. Sreekala D

Cancer Research

Dr. Prabha Balaram Dr. Ravindran Ankathil Dr. Kannan S Dr. Remani P Dr. Molykutty John Sri. Thomas Abraham Smt. Bindu L Srnt. Leela A Sri. Vikraman Nair K

Addl. Professor Assoc. Professor Asst. Professor

a a

Scientific Officer Gr. I Cytotechnologist Sr. Animal house keeper

Assoc. Professor

Laboratory Medicine & Tumor Biology

Dr. Radhakrishna Pillai M

Clínical lab

Smt. Padmavathi Amma BTechnical OfficerSmt. Usha JSr. Lab. TechnicianSmt. Renuka P"Srl. Hariharan SLab. TechnicianSri. Rajesh KR"Smt. Helen B"Smt. Anitha S"

, Dr. T. Gangadevi T. Sri. Sivasankara Pillai K

Addl. Professor (I/C) Pharmacist

Information Systems Division

Sri, Neelakantan G Sri, Manoj G Smt, Suseela Devi B Smt, Jayanthy JK

Senior Systems Analyst Jr. Systems Analyst Data Entry Operator

Community Oncology

Dr. Babu Mathew Dr. Remani S. Wesley Sri. Sreekumar C Professor Assoc. Professor Social Investigator

Library and Information Service

Sri. Chandrakumaran Nair M Sr. Librarian Smt. Sreedevikutty C Typist Ms. Deepika Lakshman Library Assistant Sri. Vishnu V "

Director's Office

Sri, Ramaswamy Iyer N Smt, Savithriamma B Sri, Antony P Secretary & CA to Director Jr. Personal Asst. Despatcher

Administrative Office

Sri, Bhaskaran Nair KR Dr. Velayudhan Piilai Sri. Vidyasagaran PK. Srl. Rajendran R Sri, Gnaneswaran G Sri, Sasikumar SV Smt. Lalitha B Smt. Beena N Sri, Saslkumar K Smt. Shylaja C Smt. Jumailathu Beevi KM Smt. Remila CK Smt. Snehalatha HB Smt. Sheela Kumari R Smt. Sudevi R Smt. Mallikadevi S Smt. Anitha S Smt. Usha V

Controller of Finance Registrar Administrative Officer Finance Officer Accounts Officer Asst. Purchase Officer Asst. Administrative Officer Asst. Accounts Officer Sr. Office Asst. Office Asst.

Cashier Jr. Personal Asst:

Confidential Asst. Data Entry Operator

	Srl. Krishnan Nair P	Driver Gr. I
	Sri. Sreekumaran Nair	E: ·
	Sri. Krishnadasan TP	Driver
	Sri. Sasidharan Nair N	ıć .
	Sri. Devarajapanicker K	Sr. Helper
	Sri. Abdul Rahiman PM	16
	Sri. Anilkumar R	41
	Sri. Rajayyan S	21
	Sri. Balachandran KG	ć,
	Sri. Senan	<u>e</u>
	Sri. Balachandran L	n: .
	Sri. Subair M	IE
	Sri. Seethalekshmy PS	Despatcher
	Sri, Krishnan Kutty R	Helper
	Smi. Amrithamma M	a
	Sri. Krishnankutty A	61
	Sri. Santhosh Kumar CS	e
	Sri, Sivankutty K	16
	Sri. Sulaiman S	16
	Sri. Vijayakumar C	n
	Sri. Thomas Rajasekharan I	A
Engi	neering wing	
Lingi	*	
	Sri. Raveendranathan Nair (
	Sri, Rajan A	Maintenance Engineer (MECH)
	Sri. Vijayakumar L	Maintenance Engineer (ELE.)
	Smt. Suseela P	Jr. Personal Asst
	Sri. Santhoshkumar A R	Electrical supervisor
	Srl. Rajendran KR	
	Sri. Rajeevan B	н.
	Sri. Sesidharan N	
	Sri. Venugopalan Nair VR	Electrician
	Sri. Giji PS	
	Sri. Abraham T. Chacko	
	Sri. Sivarajan I.	Electronics Technician
Secu	rity Services	
	Srl. Kunjiraman Nair P.	Security Officer-cum-Vigilance
	Sri. Vijayan Nair S	Sergeant
	Cri Thomkenner Molel/	Congetant

Sri. Sasikumaran Nair B Sri. Achuthan Nair B Sri. Sukumaran Nair G Sri. Somasekharan Nair R Sri. Rajeswaran KP Sri. Sahadevan B Sri. Sasikumaran Nair R Sri. Stephenson C Sri. Prabhakaran Nair B	к а а к (Jr) ^а а
ECDC Ernakulam	
Dr. Syamalakumari B Smt. Radha C Smt. Mercy Joseph Sri. Jayalal KS Ms. Lathamalathy L Smt. Gracy M Sri. Dass G Srl. John Evidus PP	Cytop Cytote Cytote Cytote Staff I Helpe
ECDC Palakkad	
Dr. Aananda Kamath B Ms. Veena VS Ms. Lakshmi S Sri. James Thomas Smt. Nirmala KC Sri. Louis TC Sri. Soman V	Cytop Cytot '' Cytot Staff Helpe Helpe
Nursing Services	
Vijaya Sr. Aleyamma M Kunnappally Aleykutty PM Annamma TA Geetha S	CNO Head "
	<i>c</i>

Geetha Kumari BS

Lizyamma Jacob Mariamma James

Sally Abraham

Graceamma Joseph

Saraswathy Amma E

Cytopathologist Cytotechnologist Gr. I ' Cytotechnologist Cytotechnician Staff Nurse Helper

ytopathologist ytotechnologist aff nurse elper elper

ally	CNO & Assoc. Professor	
	16	
	16	
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	16	
	<u>"</u>	
	a	

Security guard

Sri. Thankappan Nair K

Sheela Rodreguez Modesty SD Sreelekha T Thankamma ON Vijayalekshmi Ammal M	" " Head nurse/Clinical Instructor Head nurse "	Ch Ch Cir Da
Mini N.	Dietician	Eliz
Abraham Shinl	Staff nurse	Els Els
Ajitha R	4	Ge Ge
Ajitha PK	к .	Ge
Ajitha.T.L	a	COL 1999-27
Aleyamma Chacko	14 · · ·	Ge
Aleyamma Koshy	и.	Gir Gir
Aleyamma Mathew	<u>م</u>	Gr.
Ambika TB	16	He
Ambily S Nair	a	
Ancy Jacob	<u></u>	inc
Ancyamma.C.J	16	inc inc
AnI CN	<i>u</i> .	inc inc
Aniamma Joseph	μ.	Ja
Anilakumari S	IF	1 1700 C 2 V 7
Anitha Kumari PV	¢1	Ja: Ja:
Anitha Paulin		Je
Anitha T	и .	Je
Anithakumari Amma.T	Ω.	Je
Anju S	16	Je
Ansamma Varghese	16	Je
Anupama B	a	jie jie
Beena Kumari N	ri .	Ji Ji
Beena Rani S	۲.	Jir Jir
Benny CA	<u>د</u>	Jy Jy
Bensamma Varghese	1¢	y Jy
Biji Kunjachan	4	
Biji PR	4	
Bindhu B	16	La
Bindhu M	4	
Bindu Bhaskar	a	La
Bindu PD	ĸ	La
Bindu SS	<i>a</i> , .	· La
Bini A	<i>u</i>	L.e
Вілц О	16	. Li
		. [[]

Chandrika.P	16
Christeen V	16
Cine VC	4
Daisy Chacko	ei
Elizabeth Eapen	
Elsamma Joseph	
Geetha KK	16
Geetha Kumari D	16
Geetha N	с с
Geetha PT	4
Girija C	61
Girija K	41
Gracy M	ıL
Helen BRC	16
Illin William	16
Indira Devl.G	μ.
Indu VS	4
Indulekha KS	41 11
Jaya TS	11 16
Jayakumari.S.K	16
Jayasree S	
Jeena Issac	
Jerline Joseph	6
Jessiamma John	
Jessy PS	
Jessy Thomas	".
Jigy SP	
Jikky M	
Jino VK	
Jyothi G	
Jyothi Lakshmy D	
Kumarl Sindu S	
Kumari Thankam S	
Laila KP	
Laliamma VJ	
Laly George	16
Laly Joseph	16
Latha MB	
Leona M V	6
Lija Jose	

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Lissy Varkey	16
Lizy Thomas	
Madhuri Devi L	ıL
Mangalam.S	61
Manu G Zachariah	61
Mareena Silas	~
Mariyamma S	16
Mariyamma Joseph	16
Mariyamma S.	15
Mariyamma Ulahannan	
Mary Kutty Mathew	
Maya KB	61
Mini RS	6:
Minilal KM	E:
Moly MT	Ъ.
Nazeera Beevi B	12
Nisha P Rajan	16
Nisha Vidyadhar R	16
Philomina Joseph	16
Prasanna Kumari S	а
Prasanna Peter	-1
Preethalakshmy LS	61
Rajila Beegum	6
Rani Chandran.V	×
Rani VS	16
Reena A Thankaraj	16
Reetha EG	ır
Rejani Kumari KK	-1
Rekha R	61
Rethidevi.G.S	21
Sajeena Beegum A	4
Sajitha.S	a
Sali Mathew	ű.
Salini PB	Li .
Saly Kurian	16
Santhamma Baby	
Saramma Baby	16 11
Saraswathi P	
Saraswathy Amma P	a
Shamla Boevi A	61

Shanty Abraham	u
Shanty.P.S	4
Sharo Thampy	61
Sheeba P	61
Sheeba SV	61
Sheeja DB	61
Sheeja MS	21
Sheela Kumari PN	"
Sheena K Damodharan	п
Sheena Lal L	16
Shema C	16
Sherly Jacob	16
Sherly M	16
Shijikumari.N.G	u
Shinymol K	a
Shobha S	"
Sibi K.B	61
Simmy Panikar S	· 61
Sindhu GS	61
Sindhu Mol KR	61
Sindhu Raghavan	
Sindhu S	
Sindhu.G	16
Sindhumol MG	16
Sindu.T.S	16
Sini Lioid	16
Sisy Das	4
Sivakumari PR	a e
Sona PS	e 4
Sony B	61 61
Sony Joseph	61 21
Sophiya Lilly N	21 17
Sosamma Chacko	рг 11.
Sree Vidya A	
Subha Abraham	
Suchitra CS	
Sujitha Kumari VS	 a
Sukumaran	u 0
Suma PV	- c
Suneethi MS	

Sunitha C
Sunithakumari R
Susan Varghese
Susha Koshy
Swapna MA
Swapna.C.R
Syamala S
Syamkumar SS
Vasanthakumari VM
Vasumathy G
Vijaya AK

ACKNOWLEDGEMENTS

Government of India, Ministry of Health & Family Welfare.
Government of India, Department of Science and Technology.
Government of Kerala, Department of Health & Family Welfare.
Chief Secretary to Government of Kerala.
Secretary, Health & Family Welfare, Kerala.
Indian Council of Medical Research, New Delhi.
World Health Organisation, Geneva, Switzerland.
World Health Organisation, New Delhi.
International Union Against Cancer (UICC) Geneva, Switzerland.
American Cancer Society, New York.
National Cancer Institute, Bethesda, Maryland, USA.
Christie Hospital & Holt Radium Institute, Manchester.
Bhabha Atomic Research Centre, Bombay.

Director General of Health Services, Government of India, New Delhi. Director, Sree Chitra Thirunal Institute of Medical Sciences & Technology, Trivandrum.

Kerala State Committee on Science, Technology and Environment, Trivandrum.

Director of Medical Education, Kerala.

Director of Health Services, Government of Kerala, Trivandrum.

Principal, Medical College, Trivandrum.

Superintendent, Medical College Hospital, Trivandrum

Superintendent, Sree Avittam Thirunal Hospital for Women and Children, Trivandrum

Dean, Dental College, Trivandrum.

Chairman, Atomic Energy Commission, Government of India.

Secretary to Health & Family Welfare, Government of India.

Dr.Federico Welsch, National Cancer Institute, Maryland, USA.

Dr. Bela Shah, Sr.Deputy Director General, Indian Council of Medical Research, New Delhi.

Director, Cancer Institute, Madras.

Director, Tata Memorial Centre, Bombay.

Director of Census Operations, Kerala Director, Bureau of Ecohomics and Statistics, Kerala M/s Instrumentation Ltd., Palghat Vice-Chancellor, University of Kerala Vice-Chancellor, M.G. University, Kerala Drugs Controller, Trivandrum Director, College of Pharmaceutical Sciences, Trivandrum Dr.P.P.Nair, Johns Hopkins University, USA International Agency for Research on Cancer (IARC), Lyon, France Commonwealth Scholarship Commission, London Kerala Transport Development Finance Corporation Limited. Sir Rattan Tata Trust, Bombay, Dr. S.R. Ultarwar, Director, Software Technology Park, Trivandrum, Insitute for Cancer Research, Sutton, UK. University of Leeds, UK, Kay Kendall Leukaemia Research Fund, UK. Prof. J. Peto, Institute of Cancer Research, Sutton, UK. Dr. T Sugahara, Japanese Research Foundation

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REGIONAL CANCER CENTRE

THIRUVANANTHAPURAM

ACCOUNTS

1998-99

187

REGIONAL CANCER CENTRE (REG. No. BALANCE SHEET FOR THE

PREVIOUS YEAR R5. PS	SCHE- LIABALITIES DULE	CURRENT YEAR RS. PS.
299, 549, 045.89	CAPITAL FUND	331,760,932,89
1,690,383.90	SPECIFIC FUNDS	1,917,510,90
27,127,239.40	UNUTILIZED GRANTS	21,023,196.00
1,203,229.00	STAFF WELFARE FUND	1,571,229.95
909,163.05 III	BAD. THERAPY RESEARCH FUND	3,826,896,50
33,160,810.10	CCL FUND	34,191,939.10
4,000,505.05 IV	ADV. RECEIVED FOR	
	RESEARCH PROJECT	4,310,513.01
26,039,967.53 V	SECURED LOANS	16,839,529,20
	CURRENT LIABILITIES AND PROVIS	BIONS
-	CURRENT LIABILITIES - OTHERS	15,837,486.24
VII	CREDITORS FOR GOODS	
1,066,238.85	SUPPLIED	8,724,152.35
05,4 85, 771.53 IX	PROVISION FOR	
	DEPRECIATION	123,258,605.63

518,915,888.23 TOTAL

563,261,991.67

SOCIETY, TRIVANDRUM 567/81)

YEAS ENDED 31.03.1999

2000

PREVIOUS YEAR Rs. PS	SCHE- ASSETS DULE	CURRENT YEAR RS. PS
283,038,114.91	FIXED ASSETS	294,174,250.36
9,700,345.08 IX 33,002,145.00 X	CAPITAL WORK-IN-PROGRESS INVESTMENTS	10,465,470.06 34,017,267.00
	CURRENT ASSETS AND LOANS AND ADVANCES	
3,445,605.00 XI 1,151,570.00 3,194,829.70 XII 11,690,438.72 XIII XIV 361,959.00 17,271,780.94 XV 86,702.46 XVI 4,500,000.00 151,472,397.44	SECURITY DEPOSITS	2,814,714.97 1,515,225.00 3,222,015.70 8,060,718.97 E 6,733,610.00 362,059.00 6,474,465.84 68,138.81 8,165,000.00 187,189,055.96
518,915,888.23	TOTAL	563,261,991.87

Notes forming part of accounts

For M/s SEKHAR & JAYANTHI CHARTERED ACCOUNTANTS

> GNANA SEKHAR S PARTNER

Place: Ťrlvandrum, Dated:

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DIRECTOR DR. M. KRISHNAN NAIR

REGIONAL CANCER CENTRE. (REG. NO INCOME AND EXPENDITURE ACCOUNT

PREVIOUS YEAR RS. PS	LIABILITIES	CIJRRENT VEAR RS. PS.
6,011,128.00	Opening Stock	3,445,605.00
22,023,247.72	Purchases	26,969,879.05
34,917,650.72	Salaries & Allowances	41,291,623,61
199,906.75	Uniform and Liveries -	314,436.50
170,478.10	Rent, Rates & Taxes	329,582.00
591,592.36	Postage, Telephone & Telegram	866,017,43
821,444.25	Travelling Expenses	522,852,00
527,025.99	Printing & Stationary	660,358.25
14,377.00	Advertisement	19,349.50
3,361,778.00	Electricity / Water charges	3,572,623,00
76,500.00	Remuneration to Auditors	80,000.00
6,186,618,25	Repairs and Maintenance .	9,371,757.37
860,814.17	Service contract charges	1,137,041.00
3,739;069.00	Interest and Bank charges	2,736,442.07
78,084.00	Training Expenses	32,554.00
150,801.00	Conference / Seminar/ Workshop	170,298.00
101,446,00	Computer expenses	228,890.00
7,511.25	Books and periodicals	3,167.50
42,142.50	Landscaping and Gardening	49,185,40
745,010,80	Proportionate share to NTR	948,682.00
126,483.78	Miscellaneous expenses	72,460.25
-	Software	2,800.00
18,361,975.00	Depreclation	17,772,834.00
64,157.95	Cancer education programme	178,642.75
98,179,242.59	Total	104,777,280.68

SOCIETY, TRIVANDRUM

667/61) FOR THE YEAR ENDED 31.03.1999

PREVIOUS YEAR RS. PS	LIABILITIES	CUIRRENT YEAR RS. PS.
11,025,000.00	Grant-in-ald Govt. of Kerala	11,036,000.00
2,868,556.64 2,000,000.00	Grant-in-aid Govt. of India Grant-National Saving Department	1,135,625.00
29,324,785.00	Investigation fees	38,111,793.00
3,664,492.00 9,368,785.75	Ward charges Sale of medicines	12,820,067.20
268,442.00	Interest income	674,092.00 1,386.00
2,833,120.00 113,828.00	Clinical service charges Training fees	118,300.00
15,000.00	Income from projects Donation	54,601.00 17,687.00
10,150.00 95,688.50	Miscellaneous Income	147,312.00
3,445,605.00 34,145,789.70	Closing stock Excess of expenditure over income	2,814,714.97 37,845 ,802 .51

99,179,242.59

104,777,280.68

Notes forming part of accounts

For M/s SEKMAR & JAYANTHI CHARTERED ACCOUNTANTS

> GNANA SEKHAR S PARTNER

Place: Trivandrum, Dated;

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DIRECTOR DR. M. KRISHNAN NAIR

REGIONAL CANCER CENTRE

(REG. NO

CANCER CARE

INCOME AND EXPENDITURE ACCOUNT

PREVIOUS YEAR RS. PS	LIABILITIES	CURRENT YEAR RS. PS.
70,000.00	00.00 Salaries & Allowances 75	
69,483.50	Advt. And Publicity	47,050,00
34,132.00	Printing & Stationary	2,550.00
45,000.00	Postage/Telephone/Telegram	50,000.00
21,824.25	Full Charges	62,677.59
20,729.00	Maintenance	8,165.00
12,489.00	Spare parts	8,465.00
33,56,261,75	Reimbursement to patients	13,42,859.00
9,482.00	Miscellaneous Expenses	10,860.00
90,471.00	Commo. to Federal Bank	13,205.00
· •	Insurance	9,916.00
6,32,203.96	Excess of Inc. over expenditure	21,29,143,99
43,62,106.46	Total	37,57,891.58

SOCIETY; TRIVANDRUM

567/81)

LIFE FOR SCHEME

FOR THE YEAR ENDED 31.03.1999

RS. PS	LIABILITIES	CURRENT YEAR RS. PS.
3,62,106.46	Interest on F.D. and investment	37,57,891.58
	•	
3,62,106.46	Totai	37,57,891.58
	· ·	
		. ·
		EKHÁR & JAYANTH IED ACCOUNTANTS
		GNANA SEKHAR S PARTNER

Place: Trivandrum,

2

Dated:

DIRECTOR DR. M. KRISHNAN NAIR

SOCIETY, TRIVANDRUM 567/81)

ASSETS AS ON 31.03.1999

UPTO 31.3.98	ADDITIONS	TOTAL UPTO	AS ON	NET BLOCK
		31.3.99	31.3.99	AS ON
D+ D+				31. 3. 98
Rs. Ps.	Rs. Ps	Rs. Ps	Rs. Ps	Rs. Ps
396,628.95	23,174.00	419,802.95	440,307.30	463,481.30
9,559,278.64	036.880. 60	10,496,167,64	17,800,890,42	18,180,526.07
3,781,231.69	666,663.00	4,427,694.69	12,666,606.01	13,697,654.01
7,720,592.00	3,573,249.00	11,293,841.00	67,691,724.99	71,464,973.99
51,007.88	3.806.00	54,813.88	72,304.75	76,110,75
1,110,904.63	125,072.00	1,235,976.83	708,739.80	820,082.80
2,845,993.38	495,531.00	3,311,524.38	4,459,782.07	4,762,126.07
BD2,959.56	127,047.00	930,D06 . 56	719,929.87	834.214.87
43,319,165.08	5,172,628.00	48,491,793.DB	29,311,560.61	25,485,348.01
14,546,334.65	3,205,493.00	17,751,827.65	18,184,497.26	20,400,782.25
1,381,542.10	368,937.00	1,750,479.10	2,090,640.90	2,459,577,90
9,138,264.40	990,126.00	10,128,390.4D	5,610,713,95	6,313,237.9 5
2,017,333.80	195,535.00	2,212,86 8 .80	293,302.20	411,647.20
2,295,043.65	619,249.00	2,914,283.65	3,509,026.00	4,096,616.50
325.785.56	10,707.00	336,502.56	42,827.04	53,534.04
2,292,662.25	486,980.00	2,779,642.25	2,759,550.02	3,091,345.02
2,635,589.35	491,848.00	3,127,237.35	2,786,002.85	3,190,220.65
195,374,30	. 21,338.00	216,710,30	120,901.70	142,237.70
. 1,120,059.70	238,773.00	1,378,842.7D	1,466,377.30	1,608,621.30

105,485,771.53 17,772,834.00

11,551,135.45 425,000.00 294,174,250.36

REGIONAL CANCER CENTRE

Cost on 1.4.98 Additions Gross Block Cost on

Rs. Ps

557,251.35

80,815.00

13,729.00

193,185.60

12,782.00

8,998,839.60

969,168.00

287,602.00

77,190.00

31,649.50

155,185.00

87,430.00

116,528,00

Rs. Ps

BG0,110.25

27,739,806.71

17,458,885.70

70,185,565.90

127,118.63

1,930,987.43

7,578,121.43

1,637,174.43

34,947,116.90

3,641,120.00

15,451,502.35

6,391.660.15

379,329.60

5.384,007.27

5,825,810.00

337,612.00

2,728,691.00

SCHEDULE OF FIXED

Deduction

Rs. Ps

425,000.00

(REGD, NO.

31,3,99

Rs. Ps

860;110.25

28,297.058.06

17,084,500.70

78,105,565.99

127,118,63

1,944,716,43

7,771,30B.43

1,849,936.43

77,803,853,67

35,918,284,90

3,641,120.00

15,739,104.35

2,508,171.00

6,423,309.65

379.329.60

5.539,192.27

5,813,240.00

2,845,220.00

337,812.00

283,038,114.81

HOSPITAL AND LAB EQUIPMENTS 68,804,614.07

COMPUTER KARDWARE & SOFTWARE2,428,981.00

Item

BUILDINGS, OLD

BUILDINGS • RT

BUILDING PHASE II

BOUNDARY WALL

OFFICE EQUIPMENT

FIRE DEFECTION

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AIR CONDITIONING

GAS AND CYLINGER

LIFT AND ELEVATOR

ASSETS (DONATIONS)

TELEPHONE EQUIPMENTS

VEHICLES

TOTAL

WATERSUPPLY AND DRAINAGE

FURNITURE AND FITTINGS

ELECTRICAL INSTALLATION

LIBRARY BOOKS AND JOURNALS

HUILDINGS.

195

123,258,605.53 170,915,844.83

177,052,342.38

SEKHAR & JAYANTHI CHARTERED ACCOUNTANTS Telephone: (0471)464920 T.C.XXVI/1855, G.P.O.Lane Statue, Trivandrum-695 001

AUDITORS' REPORT

We have examined the attached Balance Sheet of the RE-GIONAL CANCER CENTRE SOCIETY, Regn. No.567/81, Thiruvananthapuram as at 31st March, 1999 and the Income and Expenditure Account for the year ended on that date annexed thereto and report that:

- 1. The said Balance Sheet, Income and Expenditure account and the schedules thereon are in agreement with books of accounts maintained by the Soclety.
- We have obtained all the information and explanation which to the best of our knowledge and bellef were necessary for the purpose of our audit.
- 3. In our opinion, proper books of accounts have been maintained by the Society.
- In our opinion and to the best of our information and according to the explanation given to us, and subject to the following:
 - (i) Internal control in respect of fixed assets, Stores and Engineering items are not commensurate with the size and magnitude of activities of the society.
 - (ii) Accounts relating to various Research Projects were not audited by us.
 - (iii) Allocation of grant of Rs 410.36 lakhs received from Government of Kerala between Capital and Revenue at Rs. 300.00 lakhs and Rs 110.36 lakhs respectively as referred to in Note-1.
 - (iv) The land assigned by the State Government Vide GO/619/ 88/RD dated 28.7.1988, measuring 69 cents at Palghat and the building constructed thereon for which the Patta has not been received as referred to in Note-5.
 - (v) Land at Pulayanarkotta measuring 17 acres in Sy.No.2122 assigned by the Government of Kerala Vide Order No.GO/ Ms/1054/22/RD dated 17.11.1982 has not been brought to the accounts for want of clear documents of Title as referred to in Note No.6.

- (vi) The difference in the investment made against CCL FUND ACCOUNT amounting to Rs 10,225/- has been shown as Term Deposit Suspense Account as referred to in Note No.2 and;
 - The Balance Sheet read together with notes thereon gives a true and fair view of the state of affairs of the society as at 31st March, 1999, and;
 - ii. The Income and Expenditure Account read together with notes thereon give a true and fair view of the deficit of the society for the year ended 31st March, 1999.

for M/s.SEKHAR AND JAYANTHI Chartered Accountants

Place: Thiruvananthapuram. Date: 17.11.1999 Sd/-S. GNANA SEKHAR PARTNER

SCHEDULE NOTES FORMING PART OF ACCOUNTS

- 1. Out of the grant received form Government of Kerala during the Financial Year 1997-98 amounting to Rs. 410.36 lakhs, an amount of Rs. 300 lakhs have been transferred to Capital Fund representing Fixed Assets acquired or constructed during the year and the balance of Rs 110.36 lakhs have been treated as Revenue and taken to income and Expenditure Account.
- Investment against Cancer Care for Life Fund Account has been reconciled subject to a difference to Rs. 10,225/- which has been shown as Term Deposit suspense under the head `INVEST. MENTS' in the Balance Sheet.
- An amount of Rs, 3,50,000/- representing unidentified credit in the account with State Bank of Travancore brought forward from previous year, has been taken into account by crediting Bank Suspense Account.
- 4. The land assigned by the State Government vide GO/619/88-RD dated 28.07.1988 measuring 69 cents at Palghat and the building constructed there, has not been brought to the accounts, since clear documents of Title has not been received.
- The Land at Pulayabarkotta measuring 17 acres assigned by the Government of Kerala vide Order No. GO(MS) No.1054/22/ BD dated 17.11.1982 has not been brought to accounts, since the clear document of Title has not been received.
- Claim made by the Executive Engineer, Special Building, P.W.D amounting to Rs. 3,45,615/- deposit works, carried out for RCC, has not been acknowledged as debt and hence not provided for in the accounts.
- 7. During 1995-96 the soclety had installed a solar water heating system for the Fladio therapy and payward block of RCC at a cost of Rs. 4,25,000 and capitalised the amount as building cost. During the year an amount of Rs. 4,25,000 had been received as grant from ANERT, Govt. of Kerala for the Project. The grant is reduced form the cost of the asset and the depreciation of Rs.60,615 charged for earlier year has been taken to revenue and included in Miscellaneous Receipts.

- Stationery is accounted on cash basis and no stock in hand is taken into account as on 31st March, 1999.
- 9. The balance in party accounts are subject to confirmation.
- 10 Previous year figures have been re-grouped wherever necessary.

Place: Thiruvananthapuram, Date : 17.11.1999

M/S.SEKHAR & JAYANTHI (Chartered Accountants)

Dr.M. KRISHNAN NAIR DIRECTOR

S.GNANA SEKHAR (Partner)

SIGNIFICANT ACCOUNTING POLICIES

- 1. The Financial Statements are prepared on historic cost convention method.
- Fixed Assets are accounted at cost; depreciation is provided on the rates as evaluated by the management. Full depreciation for the year, is provided in respect of additions.
- Chemicals, medicines and consumables stores are valued at cost.
- 4. Grant from Governments are accounted, based on the sanction received.
- Contributions in foreign currency are accounted on realisation basis.
- Provident Fund is regularly contributed to the Employees Provident Fund and is deposited with Regional Employees Provident Fund Commissioner, Contributions towards gratuity is made through Group Gratuity Scheme of Life Insurance Corporation.

Place: Thiruvananthapuram, Date: 17.11.1999.

M/S.SEKHAR & JAYANTHI (Chartered Accountants)

DR.M. KRISHNAN NAIR (DIRECTOR)

S.GNANA SEKHAR (Partner)

UTILISATION CERTIFICATE

Certified that the grant of Rs, 4,10,36,000/- (Rupees four crores ten lakhs thirty six thousand only) received during the financial year 1998-99 by the REGIONAL CANCER CENTRE SOCIETY, THIRUVANANTHAPURAM (Registration No. 567/81) from the Health and Family Welfare Department, Government of Kerala as per the Government orders:

· · ·		Total	4,10.36
G.O. (Rt)	S59/99	26.03.99	100.00
G.O. (Rt)	223/99	28.01.99	40.36
G.O. (Rt)	3216/98	21.12.98	50.00
G.O. (Rt)	2749/98	30.10.98	50.00
G.O. (Rt)	2120/98	21.08.98	70.00
G.O. (Rt)	1581/98	27.06.98	50.00
G.O. (Rt)	1085/98	29.04.98	50.00
-			Rs. in lakhs

have been utilised by the society during the Financial year 1998-99 for the purpose of overall development and maintenance of the institution and other working expenses, implementation of projects, construction of building, functioning of Early Cancer Detection Centre and National Tumour Registry.

for M/s. SEKHAR & JAYANTHI Chartered Accountants

Place: Thiruvananthapuram. Date: 17.11.1999.

S.GNANA SEKHAR (PARTNER)