

REGIONAL CANCER CENTRE

THIRUVANANTHAPURAM

1997-98

REGIONAL CANCER CENTRE

THIRUVANANTHAPURAM-695 011, KERALA, INDIA

REPORT OF ACTIVITIES 1997-98

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Scientists of the Japanese Research Foundation with Hon. Chief Minister of Kerala (L to R) Dr. N. Sreedevi Amma, Dr. Morishima, Dr. Kato, Sri. E.K. Nayanar and Dr. Akiba,

INTRODUCTION

The Regional Cancer Centre, Trivandrum having entered into its 17th year of existence, it would be in the fitness of things to take stock of its achievements and to assess how far it has succeeded in fulfilling its objectives, the major ones of which are clinical services, cancer control activities and clinical and fundamental research.

In 1982 the number of new patients registered was 3626 whereas in 1997 the number rose to 8976. This 150% increase in the number can be attributed to the good quality of treatment rendered as well as the high standard of diagnostic services. The treatment protocols have been updated consistent with the latest trends in oncology. We have newly added a High Dose Rate (HDR) (Brachytherapy) unit and a Modern Radiotherapy Simulator will be commissioned soon. Rapid strides were made in the physical facilities as well. The hospital now has 300 inpatient beds, 20 day care beds, 44 paediatric ward beds and 15 beds for palliative care. When surgical block is fully equipped the centre will be having eight fullfledged surgical theatres. A modern Endoscopy unit has become functional recently. The overall treatment results are very satisfactory and comparable with those in developed countries. This is one of the few centres where more than 52% of patients are getting free treatment.

We are also rendering valuable clinical services to other categories of patients referred from medical college, Trivandrum and other hospitals by way of the utilisation of the modern facilities of our Clinical laboratory, Cytopathology, Nuclear medicine, Cytogenetic and Imageology divisions.

This centre was the first to start a Community Oncology division and we function as the apex organisation for the cancer control activities of the state. This centre conducts cancer control programmes throughout the State by way of cancer screening camps, public and professional education and organising early cancer detection centres. Thus we are motivating several non-governmental organisations to involve themselves in cancer control programmes. The village level comprehensive cancer centrol programme of the Malabar Cancer Society at Kannur is a very good example. The effort to establish similar programmes at Pathanamthitta and Kollam is on the anvil. The Early Cancer Detection Centres at Palakkad, Ernakulam, Karunagappally and Trivandrum are very useful to the people there. The activities of the District Cancer Control Programme at Ernakulam are well appreciated at national and International levels.

The follow-up clinics conducted at Karunagappally and Emakulam as outreach programmes of the Regional cancer Centre are of immense help to the patients of these zones.

In recognition of our community outreach activities and research, WHO has declared Regional Cancer Centre as a Collaborating centre for cancer control in developing countries.

From the very inception this centre has been giving paramount importance to research activities. In the areas of applied and fundamental research, studies are ongoing in immunohistogenesis, cytogenetics, familial cancers, cell and molecular biology, radiobiology, etc. We have several clinical research programmes including study of prognostic markers, survival analysis using protocols and international collaborative research programmes. At present we are conducting 51 research projects supported by several national and international agencies and financed to the tune of above Rs. 1.2 crores. Within this short span nearly 600 scientific papers were generated from this centre of which many were published in international journals. Some of our staff are either authors or co-authors of books pertaining to oncology. "Radiotherapy in Cancer Management" - a practical manual is a WHO publication edited jointly by Dr.M Krishnan Nair and Dr. Carl F Von Essen.

Three community research projects covering large population groups have been a unique feature of our outreach programme. The Natural Background Radiation study supported by Dept. of Atomic Energy till the end of March, 1998 at Karunagappally has attracted the attention of International Scientific community particularly of the Japanese Research Foundation and also the International study group on High Natural : Radiation. In this study a population of about 3,50,000 has been enlisted. A Population Cancer Registry has also been organised in this rural area. In another study 5000 women from Kazhakkuttom village near Trivandrum are being screened to assess the prevalence of Human Pappilloma Virus infection in the community and their potential for malignant transformation This is supported by the Institute of Cancer Research in Sutton, UK. A screening programme on oral cancer at Mangalapuram near Trivandrum with the assistance of the International Agency for Research on Cancer (WHO) Lyon is in progress. Out of a 900000 enumerated population 60000 people are included in the study group. Appropriate intervention is an integral component of this study.

The three cancer registries organised by the Regional Cancer Centre are unique and have received wide acclaim, fulfilling the objectives

of cancer control programmes. These are the Hospital Cancer Registry, Trivandrum, the Population Based Cancer Registry, Karunagappally and the Population Based Cancer Registry, Trivandrum

No institution however well planned can achieve excellence and sustained eminence unless there is a conducive academic and research setting. These activities taken up by the RCC have been a continuous feature since inception and have received recognition internationally. The teaching activities include Cytotechnologists/ Cytotechnician courses, Radiological assistant's course, DMRT, MD in Radiotherapy and PhD. So far 25 DMRT, 28 MD and 20 PhD have been awarded. Twenty one PhD students are currently in our rolls. This centre is also imparting teaching and training to the undergraduate and postgraduate students of the medical college, Trivandrum. The facilities available in our modern library are being fruitfully utilised by the academic forum of the University departments and the Trivandrum Medical college also. The RCC has been approved by several universities for carrying out doctoral and post doctoral researches.

This centre has also played a pivotal role in preparing and formulating projects for starting cancer centres at Ernakulam, Kozhikode and Thalassery.

Despite several constraints the RCC has grown up as a centre of excellence, mainly due to the unstinted co-operation of the state and the central government and several international agencies. In this connection we wish to express our gratitude to Dr. P.K. Iyengar former Chairman of the Department of Atomic Energy and the present Chairman Dr. R. Chidambaram for the immense support rendered to us which went a long way in modernising this centre.

This report contains the activities of the various divisions and the audited statement of accounts for the year 1997-98.

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. Narayana Bhattathiri Dr. Jayaprakash Madhavan Dr. K. Ramadas Dr. Thomas Koilparambil Dr. Francis V. James Dr. K. Ratheesan Dr. Ajithkumar Dr. Beela Sarah Mathew	Director & Professor Dy. Director & Professor Professor Addl, Professor Addl, Professor Addl, Professor Assoc, Professor Lecturer

The division of Radiotherapy is responsible for the primary care of cancer patients attending Regional Cancer Centre. It functions as 3 units with 16 Radiotherapists. 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 Conference (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 8963 new cancer patients registered at Regional Cancer Centre during 1997-98. During this period there were 96097 review cases. Out of 6604 hospital admissions, 3292 were under the care of the Radiotherapy department. Teletherapy was used in 6072 patients. Brachytherapy was employed in 514 patients.

A new high dose rate microselectron was installed in January, 1998 especially for treating gynaec and oesophageal cancers.

Split up of Brachytherapy	Number
Selectron (for gynaec tumours) Manual afterloading Caesium	- 303
(for gynaec tumours)	- 80
HDR Microselectron for Gyn. Tumour	- 18
Intracavitary Radiotherapy for Oesophagus	- 33
Interstitial implants	- 88
Surface mould treatments	- 10

Academic Programmes

This division functions as undergraduate and postgraduate training centre for Medical College, Trivandrum. List of Postgraduate students:

Dr. Sivanandan

Dr. Sharmila Mary Joseph

Dr. Reghuthaman

Dr. Ramachandran

Dr. Sajeed

There were regular weekly journal clubs. 15 guest lectures were conducted by overseas faculties. Training for house surgeons, nursing students and other paramedical staff was continued.

Awards

- Dr. M. Krishnan Nair was awarded the 'Chikilsa Retnam Award'
 1998 by Dhanwantari Trust and Elankath Smaraka Trust Award'
 1998 by Elankath Smaraka Trust.
- Dr. V. N. Bhattathiri was awarded the Dr. Vasudev Prize for the best research project of 1992, instituted by Science & Technology Department of Govt. of Kerala.
- Dr. Beela Sarah Mathew was awarded the fellowship of Hans Wyder Foundation for attending ESO sponsored advanced course "Radiotherapy 2000-clinical and pre clinical strategies" at Switzerland, Dec. 1997.

Ongoing Research Projects

The list of ongoing clinical research trials is given below:

Randomised trial of Radiotherapy + Mitomycin C in locally 7.

(Funding agency: International Atomic Energy (IAEA), Australia)

Principal Investigator

Dr. M. Krishnan Nair

Co-Investigators

Dr. K. Ramadas, Dr. V.N. Shattathiri

Dr. K. Ratheesan

Randomised trial of Radiotherapy + Concurrent Interferon In carcinoma of nasopharynx.

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

Principal Investigator

Dr. M. Krishnan Nair

Co-Investigators

Dr. V.N. Bhattathiri, Dr. K. Ramadas

Dr. K. Ratheesan

Radical radiotherapy + Interferon for advanced buccal cancers.

Principal Investigator

Dr. K. Ramadas

Co-Investigators

Dr. B. Rajan, Dr. Beela Sarah Mathew

Dr. F. Joseph

Droloxifene for metastatic breast cancer.

(Funding agency: M/S Pfizer Ltd. Mumbal)

Principal Investigator

Dr. M. Krishnan Nair

Co-Investigators

Dr. K. Ratheesan, Dr. N. Geotha

Dr. Cherian Varghese,

Dr. K. Sasidharan

Fladiosensitivity prediction by serial cytology in oral cancers.

(Funding agency: STEC, TVM)

Principal Investigator

Dr. V.N. Bhattathiri

 ATLAS - Adjuvant Tamoxifen in Breast Cancer - Longer gainst shorter Randomized clinical trial in collaboration with clinical trials unit, Oxford, U.K. (Funding agency: ATLAS-Clinical Trial Services Unit, Oxford, UK.)

Principal Investigator

Dr. B. Rajan

Gemoitabine Vs. Epirubicin in elderly patients with metastatic breast cancer- a randomized clinical trial.

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

Principal Investigator

Dr. B. Rajan

Co-Investigators

Dr. Rafeeka Beegum,

Dr. Beela Sarah Mathew

A multicentre randomised double blind study of idoxifene 40mg day Vs Tamoxiten 20mg/day as first line hormonal therapy of metastatic breast cancer in post menopausal women.

(Funding agency: Smithkline Beecham Health Care Ltd.)

Principal Investigator

Dr. M. Krishnan Najr

Co-Investigators

Dr. S. Parameswaran, Dr. N. Geetha

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

 Phase III comprehensive study of combination treatment with TLCD-99 Liposomal Doxorubicin and Cyclophospamide Vs Doxorubicin and Cyclophosphamide in metastatic breast cancer.

(Funding agency: Liposome Company Inc. USA

Quintiles Spectral (India) Ltd, Ahmedabad)

Principal Investigators

Dr. M. Krishnan Nalr

Co-Investigator

Dr. Jayaprakash Madhavan

Other study personnel

Dr. Cherian Varghese, Dr. N. Geetha,

Dr. Francis V. James, Dr. V. Pradeep

Dr. K. Ramachandran

Dr. George Koshy-Asst.

Prof. of Cardiology, MCH, TVM

11. Radiosensitivity treatment outcome and ras gene mutation $i\eta^2$

(Funding agency: Dept. of Atomic Energy (DAE), Mumbai)

Principal Investigator

Dr. Jayaprakash Madhavan

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. Paul Sebastian Assoc. Professor (on leave). Dr. M. Iqbal Ahamed Assoc. Professor

- Asst. Professor (on deputation leave) Dr. K. Chitrathara

Dr. Jem Prabhakar Asst. Professor Dr. Cherian Koshy Asst. Professor Dr. Namrata Dhakkad Asst. Professor

Dr. Manoj Pandey Lecturer Dr. Shail Thornas - Lecturer

Angesthesiology

 Assoc. Professor Dr. Gladys Jeevy Dr. Rachel Cherian Koshy - Asst. Professor Dr. Mary Thomas - Lecturer

The paucity of experienced staff, particularly surgeons, continued during the reporting year, although two new doctors, Dr. Namratha Dhakkad as Assistant Professor and Dr. Shaji Thomas as Lecturer joined service in the surgical oncology division. However, the operative work carried out remained comparable to the previous years, and the academic activities in terms of number of publications and presentations and newer research projects undertaken have shown an increase during the period.

During the reporting year, a total of 590 patients were operated (Table 1) under general anaesthesia, which included 18 palllative ostomies. Also, 366 minor procedures including diagnostic D & C in fifteen patients under short anaesthesia, and 245 endoscopic procedures were performed. The endoscopic procedures include flexible nasopharyngolaryngoscopy, cystoscopy, rigid sigmoidoscopy and colposcopy.

TABLE - 1

Major operations	•	572
Palliative Ostomies		18
Minor procedures	-	366
Endoscopic procedures		245
Total	-	1201

A new division of endoscopy has been formed towards the latter half of the reporting year, and since then such procedures are being carried out by the above division.

As in the previous years, head and neck malignancies including thyroid cancers constituted more than half of the operative work (55%) (Table 2)

TABLE - 2
Region wise distribution of major operations

Region	No.	Percent
Head & Neck Breast Genifo urinary Bone and soft tissue Gastrointestinal & Retroperitoneal Skin including malig.melanoma	317 109 34 37 29 16	55.5 19.1 11.2 6.5 4.9 2.8
Total	572	100.0

In the head and neck area, oral cancer formed the major site of disease (64%) (Table-3) and unlike in the previous years, there was a increase in the number of patients with carcinoma tongue being treated with surgery (37.2%). There is a trend in the recent years that surgery often considered as the primary modality of treatment in tongue cancers which is followed by radiation therapy depending on the stage of disease and extent of surgical margins. The lesions were often locally advanced with regional node involvement and required primary reconstruction (61, 118) the most commonly used flaps in this area being pectoralis major myocutaneous flap (54/61).

TABLE - 3
Site wise distribution of Head and Neck cancers

		1 IAOCK CRIICEIR	
Site	No.	Percent	
Tongue	118	37.2	
Buccal Mucosa	86	27.1	
Thyroid	35	11.1	
Metastatic neck node	23	7.3	
Lower Alveolus	18	5.7	
Salivary turnours	10	3.1	
Paranasal sinus	10	3.1	
Laryлх and pharynx	8	2.5	
Lip	5	1.6	
Skin	4	1.3	
Total	258	700.0	
		100,0	

Majority of the buccal mucosa lesions were either radioresistant or recurrent diseases and salvage surgery in these patients often necessitated primary reconstruction. Seventy two such patients required reconstruction and two flaps each were used in twenty one patients. Surgery as the primary modality of treatment was considered only in

these patients with locoregionally advanced disease with skin involvement and/or metastatic node disease. A total of 178 flaps were used in 154 patients for reconstruction in head and neck region, 24 patients requiring two flaps each. The different flaps used is given in Table 4.

TABLE - 4

Flaps used for reconstruction in Head and Neck region	
Flap	Number
Pectoralls major myocutaneous flap	134
Deltopectoral flap	32
Nasolabial flap	5
Sternomastoid myocutaneous flap	3
Latissimus dorsi myocutaneous flap	2
Platysma myocutaneous flap	1
Forehead	1
Total	178

Modified radical mastectomy and Patey's mastectomy were the commonest procedures performed in breast cancer and breast Conservation was carried out in nearly 10% of patients. Frozen section facility was often used in this situation.

There was a decline in the number of patients with gastrointestinal and genitourinary malignancies treated in the division (Table 5)

TABLE - 5
Site wise distribution of gastrointestinal and genito-urinary cancers.

6
2 6 2
2 6
2
29
18
1
5
12
5
рег

However, there was an increase in the number of patients with ostomies, both as a result of certain curative resection and as a palliative measure. Many of these patients come to the follow-up clinic with

problems related to stoma which prompted the need to start a stoma care clinic. In this context a staff nurse trained in the theatre was depute for three months training in stoma care at Tata Memorial Hospital, Bombal It is proposed to start a stoma care clinic in association with this division

Bone and soft tissue turnours constituted 6.5% of total number of cases. Bone tumours were almost always treated by amputaion of disarticulation. However, in soft tissue sarcomas of the extremities, a planned limb salvage surgery could be carried out in majority of patients

Anaesthesiology Section

During the reporting period two anaesthetists were managing the academic Activities two operation tables for 8 months and another anaesthetist joined service since November 1997.

28 cases were for emergency surgery.

TABLE - 1

Age group Per	centage
12 - 30 years	15%
31 - 50 years	30%
51 - 70 years	40%
71 - 80 years	15%

TABLE - 2

Duration of Anaesthesia	Percentage
2 - 3 hours	25%
3 - 5 hours	50%
5 - 7 hours	25%

TABLE...a

Type of anaesthesia	Number
General anaesthesia	590
Spinal	14
GA + Epidural	31
(for post - op pain management)	٠,
Awake blind nasal intubation	58
Fiberoptic intubation	18
Elective tracheostomy	14

Difficult airways were managed by the awake blind nasal intubation and fibreoptic intubation. No pre-op tracheostomy was done in any of the cases.

TABLE - 4

Patients with other systemic diseases	Number
Hypertension	168
Diabetes Melitus	106
Heart disease	61
Respiratory disease	82

These patients were treated to optimum condition before taking up for anaesthesia.

Post graduate students in General surgery from Medical College, Trivandrum and in Oral and Maxillofacial surgery from Dental College, 604 patients were given anaesthesia during this period, of which Trivandrum and firm A.B Shetty Dental College, Mangaiore, had regular postings in this division:

Intra divisional journals clubs and symposia were conducted regularly.

Research projects

1. Pesticide exposure of pasticides and risk of breast cancer.

(Funding agency: Environmental Epidemiology branch, National Cancer Institute, USA)

Supervisor Dr. Igbal Ahamed

Population based screening for oral premalignant lesions through inspection and oral examination.

(Funding agency: IARC, Lyon, France.)

Dr. M. Igbal Ahamed Co-investigators

Dr. Manoj Pandey

Evaluation of oral visual Inspection in the control of oral cancer.

(Funding agency: IARC, Lyon, France.)

Dr. M Igbal Ahamed Co-investigators

Dr. Manoi Pandey

Evaluation of Chemoprevention of oral cancer with long term administration of vitamin A in subjects at high risk.

(Funding agency: JARC, Lyon, France)

Co-investigators

Dr. M Iqbal Ahamed

Dr. Manoj Pandev

Trivandrum Rural Cohort on tobacco related mortality (TRM): Fost Graduate Thesis

Co-investigators

Dr. M lobal Ahamed

Dr. Manoj Pandey

Case-control study of gall bladder cancer.

(Funding agency: IARC, Lyon, France.)

Co-investigator

Dr. Manoj Pandey

Trivandrum quality of life study (Pilot project completed)

Principal Investigator

Dr. Manoj Pandey

Co-investigators

Dr. Ramadas K.

Dr. Aleyamma Mathew,

Ms. Latha PT.

Psycho-social and vocational rehabilitation of cancer survivor

(Funding agency: Centre for Development studies, Trivandrum)

Principal Investigator

Dr. M. Iqbal ahamed

Evaluation of chemoprevention of second primary in patient with head and neck cancer with administration of vitamin A

(Funding agency: IARC, Lyon, France.)

Co-investigator

Dr. Manoj Pandey

Awards, Fellowships & Training Programmes

Dr. Manoj Pandey

- has selected to be included in the 16th edition of 'who's who' in the world published by Marguis, USA.
- Listing on 'Indian Science resource data base' prepared by ICMF
- Listing on the resource database of National Library of Medicine
- Dr. K. Chitrathara has been selected for MCH training in urology a Medical College Hospital, Trivandrum.
- Dr. Jem Prabhakar has been awarded research fellowship in Photodynamic Therapy at National Medical Laser Centre, Rayne nstitute University College Hospital, London.

Dr. M. Igba! Aharned co-supervisor of thesis "Effectiveness of a structured instructional programme on selected self care activities leading to physical rehabilitation of patients undergoing surgery for head and neck cancers" - submitted by S. Prasanna for the degree of MSc nursing to the University of Kerala 1998.

Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)

DIVISION OF PAEDIATRIC ONCOLOGY

Dr. P. Kusumakumary

- Assoc. Professor

Dr. T. Priyakumary

- Lecturer

This division is responsible for the primary care of all the patient up to the age of 14 years registered in this centre.

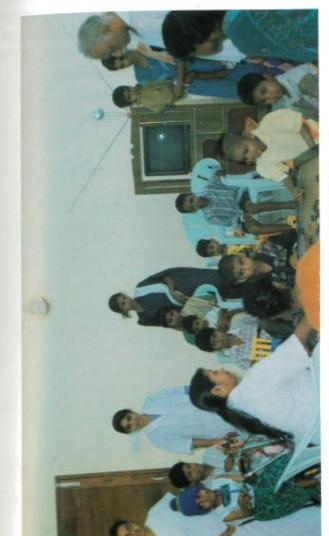
Clinical Activities

Paediatric Oncology out patient service functions on a referral bas six days a week. New patients registered this year is nearly the same. compared to the previous year. The pattern of paediatric malignancie reported this year is given below.

	II.	Number	Percentag
Acute Lymphatic Leukaemia	-	112	28.3
Acute Myeloid Leukaemia	-	25	6.3
Chronic Myeloid Leukaemia	-	5	1.3
Brain tumours	7.0	60	15.2
Lymphomas	-	28	7.1
Soft tissue Sarcomas	*	24	6.1
Neuroblastomas		20	5.1
Wilm's Tumour	+	13	3.3
Bone Tumours		18	4.5
Retinoblastoma	-	13	3.3
Germ cell Tumours		12	3.0
Histiocytosis	-	11	2.8
Miscellaneous	100	20	5.1
Non malignant	12	35	8.8
Total number of new patients	12	396	100.0
No. of out patient visits		8726	
No. of in patients	-	526	

As in the previous years the most common malignancy reported wa acute leukaemias.

All new patients underwent detailed diagnostic work up and appropriat treatment. Paediatric tumour board, consisting of Paediatric Oncologis Paediatric Surgeon, Pathologist and Radiation Oncologist met ever Monday and major management decisions were taken by this team as previous years.



Play Room for Cheering up the patients of the Children's ward.

academic & Research activities

This division actively participated in the teaching and training arogramme of under graduates and post graduates of Medical College, Trivandrum.

Organized one day CME Programme for the Paediatrician on 06-01-1998 including 7 international faculties.

Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)

DIVISION OF MEDICAL ONCOLOGY

Dr. V.P. Gangadharan

Dr. N. Geetha

Dr. B.M. Hussaln

Assoc. Professor

- Asst. Professor

- Lecturer (on leave)

This division is primarily responsible for the diagnosis air management of haematological, lympho reticular malignancies and soll tumours, where intensive chemotherapy is needed. Procedures like bord marrow aspiration, biopsy, liver biopsy, lumbar puncture and pleus aspirations etc. are being done as outpatient procedure. Nearly 120 new cases are being attended in this division. This division has to its credit good treatment results even comparable with those in advance countries.

Teaching

Besides the students of this centre, Post graduate students of the Medical College are given training and guidance by this division. Teaching sessions include case discussion, seminars, journal clubs. Diagnos, and management of haematological malignancies and the current trend in the management of all medical oncology problems were taught to them as well as to house surgeons etc.

Training and teaching were imparted to other categories like nurse nursing assistants etc. Dr. V.P Gangadharan gave periodic lectures the MEDISAT programmes in Medical College, Trivandrum.

Fellowship

Dr. V.P. Gangadharan was awarded a WHO fellowhip in bone marrol transplantation at Royal Marsden Hospital, Sutton, UK, April - June 1997.

Research projects

 Gemeitabine in non small cell lung cancer (as part of global trial)

Investigator

Dr. V.P. Gangadharan

- GM-CSF as an adjunct in the induction treatment of Acula Myeloid Leukasmia
- Cytogenetic response of CML to Interferon. â 2b

Investigator

Dr. V.P. Gangadharan

A randomized trial of droloxiteac and tamoxifen in metastatic breast cancer.

(Funding agency; M/S Pfizer Ltd., Mumbai)

Co-investigator

Dr. N. Geetha

Phase III comprehensive study of combination treatment with TCCD99 Liposomal Doxorubin and Cyclophosphamide vs Doxorubin and Cyclophosphamide in metastatic breast cancer

Co-investigator

Dr. N. Geetha

A multicentre randomized double blind study of idoxifene 40mg/day vs Tamoxifen 20mg/day as first line normal therapy of metastatic breast cancer in post menopausal women.

(Funding agency: Smithkline Beecham Health Care Ltd.)

Co-investigator

Dr. N. Geetha

Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)

DIVISION OF DENTAL CARE

Dr. Nalina Kumari, K.R.

Lecturer

The division provides facilities for extraction, and biopsy for of cancer patients, pre and post radiation care of teeth, maxillofact prosthesis etc. Preparation of bite blocks and mould are also undertake. The Dental Clinic works on all days of the week except Sundays. Patier are referred to the division of Dental Care by the Radiotherapy Department for required treatment.

The following are the highlights of activities :

Minor operations for biopsies

Dental extractions

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
Services rendered during the last 3 years

	1995-96	1996-97	1997-98
Total No. of cases attended	3809	2869	4295
New cases attended	751	4 1 9	904
Total No. of teeth extracted	NA	4882	5095
No. of Biopsies taken	522	418	759
No of biteblocks and moulds prepared	179	127	218
Pre and Post radiation care cases			-15
(Started in 1996-97)	==	38	142

There was substantial increase in the number of patients attends in the division.

TABLE -2
Site-wise distribution of biopsies done in 1997-98

Site of biopsy	No.	Percentage
Right Buccal Mucosa	103	17,34
Left Buccal Mucosa	123	20.70
Right Commissure	20	3.37
Left Commissure	24	4.04
Hard palate	22	3.70
Soft palate	7	1.17
Right retromolar region	15	. 2.53
Left retromolar region	8	1.35
Dorsum of tongue	33	5.56
Left border of tongue	51	8.59
Right border of tongue	35	5.90
Tip of tongue	3	0.50
Under surface of tongue	11	1.90
Floor of mouth	17	2.90
Left lower alveolus	33	5.60
Right lower alveolus	24	4.04
Left upper alveolus	9	1.50
Right upper alveolus	6	1.00
Left lower sulcus	10	1.70
Right lower sulcus	9	1.50
Left upper sulcus	4	0.70
Right upper sulcus	5	0.80
Lower lip	18	3.03
Upper lip	2	0.30
Right oropharynx	2	0.30
Total	594	100.0

Pre and Post Radiation Care of Teeth

It is found that post radiation cares of teeth is the main complication developing after the radiation treatment in patients who are suffering from cancer of the oral cavity, upper part of the oesophagus, lower part of the nasopharynx, maxillary sinuses, parotid gland etc. To avoid this, total extraction of teeth was usually resorted to such patients. It was in this context, that the division contemplated developing a preventive programme to tackle the problem of post radiation cares of teeth, sensitively 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 (following:

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

risen up to 142. Of these 110 persons had pre radiation treatment assent Rs. 29,45,458/- for anti-cancer drugs to poor patients. 32 had only post radiation treatment. The former had no dental complain

Other Activities

- Biteblocks and moulds were prepared for treatment of oral cana patients in connection with their treatment with radiation and radia implantation.
- Maxillofacial Prosthesis for correcting the deformities of the facafter doing surgery in some cases of oral cancer.
- For cases of Leucoplakia, SMF, Lichen planus etc. monthly check is conducted to assess the condition of patients who are und treatment.

Research Activities

This division rendered support to the Research Division at 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) Mr.V.Surendran Nalr - Asst. Public Relations Officer.

The division continued all the activities under taken during the revious year. An overall 7% increase in the workload has been noticed s compared to previous year.

During this reporting period RCC has provided investigation and The number of patients who availed of the fluoride treatment haveatment free of charge to 52% of the total patients. The centre has

TABLE 1. Patient attendance during current and previous year

		· · · · · · · · · · · · · · · · · · ·
Current	year(1997)	Previous year
New cases registered	8963	8551
Review cases	96097	90126
- Radiation Oncology	73125	68 554
- Surgical Oncology	3488	4334
- Medical Oncology	11758	11158
- Paediatric Oncology	7726	6070
Total patients (New & Old)	105060	98677
Daily average patient	350	329
Average attendance per patient	11.7	1 1
No of inpatient admission	6609	6063
- Radiation Oncology	3292	3738
- Surgical Oncology	732	745
್ರ-Medical Oncology	2059	1 1 97
Paediatric Oncology	526	383
Total appointment given	64142	56687
Attendance from appointment	55806	48103
Y* .	(87%)	(84.8%)
Average length of stay	-10	13
Hospital Deaths	398	409

In 1997, 28% of patients were reported from Trivandrum distriction patients from out side the Kerala State and remaining 62% from other districts of Kerala.

TABLE 2.

District wise distribution of new cases reported at RCC: 1997

District	No.	Percentage
Trivandrum	2466	27.5
Kollam	1 81 9	20.3
Pathaлamthitta	652	7.3
Alapuzha	503	5.6
Kottayam	249	2.8
ldukki	93	1.0
Ernakulam	627	7.0
Trichur	453	5.1
Palghat	258	2.9
Malappuram	327	3.6
Waynad	34	0.4
Calicut	243	2.7
Kannur	303	3.4
Kasargod	31	0.4
Others	905	10.0
Total	8963	100

The public relations wing of the clinical service division has be engaged in catering to the needs of the public as well as patients. T trip schedules of various vehicles are also arranged by the division.

Last year a cancer special was published from Bhasha Institute co-ordination with this wing. Administrators, Doctors and Scientists RCC contributed articles to this issue which cover all the areas of oncological contributed articles.

Mr. Surendran Nair has written several articles in different periodic including Janapatham and Vilnanakairali. The public relations wing is succeeded in establishing effective communication with leading dailied Doordarsan Kendra, AIR, Asianet and other media. With the help of the reporters and editors of dailies and periodicals, a number of articles we published.

More than fifty press releases were issued from this wing during the year. A brochure for "Kinginicheppu" was designed and published with the financial support from State Bank Of Travancore.

This division was responsible in attending to the local hospitality and travel facilities of the distinguished visitors to the centre. More than ten conferences, workshops and seminars were coordinated by this wing collaboration with other divisions.

Proper guidance and relevant documents were given to about 2000 satients to get financial aid from Prime Minister's Relief Fund, Chief Minister's Relief Fund and other Welfare Fund.

Training for Hospital Management Students from various institutes likes SB college, Changanassery, National College of Applied Science Franchise of IHRDE), Medical Documentation and Hospital Management, M.G. University were provided.

Mr. V. Surendran Nair has been selected as executive committee member of Public Relations Society, Trivandrum Chapter and participated in the conference organised by this chapter.

Mr. R. Raveendran Nair and Mr. Surendran Nair had delivered two lectures about RCC and its plans and programme for social workers and Rotarians in a conference organised by RCA. The school of Medical Education, M.G. University, Kottayam Invited Mr. Raveendran Nair to present a paper on Consumer Protection Act and Medical Information in a seminar on Medical information Management In changing trend 1997.

MEDICAL RECORDS SECTION

Mr. G. Rajasekharan Nair - Medical Records Officer.

During the year 1997, the new patient-registration in RCC numbered 9076 which was 6% more than that of the previous year.

Major activities

Case record assembling

Case record retrieval for out patient and in patient services

Filing

Case record preservation, physical maintenance

Coding, indexing, summary reporting, deficiency checking.

Case record distribution to the various departments viz. Turno Registry, Imageology, Cytopathology, Nuclear Medicine a Radiation Physics, for research studies, for follow-up clinics at ECD Ernakulam and NBRR, Karunagappally

Maintenance of IP registers, Death registers, Death certificationing registers.

Thiruvananthapuram

Sending follow-up letters to loss to follow-up patients

Patient correspondence with advice from Doctor in-charge,

Arranging case record for surgical tumour board, lymphoma di and other clinics.

Filing of various investigation results (Haematology, Biochemistre, M. Gouri Darl, Director, NIMHANS, Bangalore visited this division on Urine analysis, Ultrasound Scan, Histopathology, Cytolog Aspiration report, Operation record, Teletherapy chart etc) in the land of the concerned case records.

Arranging X-rays according to chronological order of each year al Issue of these X-rays whenever requested for patient service all study purpose.

ne following table shows the distribution of case records to various visions of this centre.

	1	996-1997	1997-1998
Appointment, late appointment, w	tithout		
appointment (out patient)		89,107	87,108
Academic & research study		6,901	4,859
E.C.D.C Ernakulam		1,289	1,197
N.B.R.R Karunagappally	- 11	557	336
Total		97854	93500

The following table shows the details about incoming investigation esults and X-rays filed in case records.

		1996-1997	1997-1998
vestigation re	sults and Teletherap	y chart., 10,656	5,260
erays		:. 1,200	1,615
1	Total	11856	6875

Provided training to 3 students of Applied Science Medical Death reporting to registrar of births & deaths, Corporation pocumentation Course students, Mahatma Gandhi, University, Kottayam for a period of 3 months about medical records organisation and nariagment.

> hree students of hospital administration course from National ollege of Applied Sciences had completed 3 months training about inedical records preservation and management at this division

Wisitors

123997 and expressed her appreciation.

his division and appreciated the Medical Record performance.

Conferences, etc. attended - (Chapter III) Papers Presented - (Chapter IV) Papers Published - (Chapter V)

DIVISION OF NURSING SERVICES

Sr. Vljaya

Chief Nursing Officer

person. This also includes extending pain relief and palliative care those with advanced cancer conditions.

Outpatient service

Nurses in this unit work on a straight duty pattern in the general well as special Cancer clinics, Blood bank, Clinical lab, Imageology Nuclear Medicine. Nurses have a major role to co-ordinate all the patient services by way of psychological support, proper guidance directions towards various tests and treatment modalities, he education and by assisting doctors at the clinics.

Chemotherapy unit

The unit functions as a day care with 20 beds capacity and a other seating arrangements. An average 70-80 patients avail of servi from this unit. The unit is totally managed by nursing staff except cases of emergencies, when they seek the expert consultation Medical Officer. Nurses in this unit receive special coaching to admini cancer chemotherapeutic regimen. Normally no bystanders are allow in this unit. Nurses are assisted by nursing assistants.

Inpatient service

a. Medical Oncology

Nurses in this unit are engaged in caring for patients with a and chronic leukaemia, lymphomas, germ cell tumours, osteo sarcor getspecial coaching on radiation hazards and patient care. etc. requiring aggressive chemotherapy. They often meet with challed in taking care of patients with neutropenia and other hard realities their life such as financial crisis, poverty, infections and impending dif Patient care is carried out by nurses and nursing assistants as bystary are only allowed during visiting hours.

b. Radio lodine Unit

The unit has a bed capacity for 7 patients to be admit Carcinoma thyroid patients are isolated in this special unit with the intake of radio-iodine. The nurses are on call to the unit through a

c. Surgical Oncology

This unit comprises of operation theatre and surgical wards. In Main thrust of the Nursing Division is to render quality patient calculation to the major and minor surgical emergency cases, diagnostic which includes physical, mental, social and spiritual aspects of the whatestigations are also carried out. The unit has been fully occupied with nerson. This also hadren and a spiritual aspects of the whatestigations are also carried out. The unit has been fully occupied with nerson. This also hadren and a spiritual aspects of the whatestigations are also carried out. The unit has been fully occupied with variety of major cases-anterior posterior resection, maxillectomy, vroidectomy, oesophageo-gastrectomy, AK/BK amputation and so on. atlent care is exclusively by the nursing staff since bystanders are not

d. General Ward

 The unit has a capacity of 73 beds. Patients are looked after by urses and nursing assistants who are placed in an adequate ratio for fective patient care. Regular unit meetings and educational sessions fre well arranged in the wards to update the clinical skills of the nursing taff: Majority of the patients getting admitted in this unit belong to poor gategory and are in advanced stage of the disease requiring lose attention v the staff.

e. Payward Block

The unit consists of patients with all kinds of cancers like ediatric, surgical, medical and palliative cases. Though bystanders eallowed to be with the patient, nurses make an earnest effort to render comprehensive nursing care to each patient.

f. Brachytherapy

The unit has a bed capacity for 10 patients for interstitial implantation, mould treatment, intracavitary application such as selectron, ntigluminar radiotherapy and radium implantation. All staff in this unit

👺 g. Paedlatric Oncology

Children with leukaemia, lymphoma, neuroblastoma, Wilm's if and CNS tumour are cared in the unit. A play room with all sary play items and furniture are available for the children. Mothers permitted to stay with their children in the unit. Volunteers spend considerable time occupying the children diversional activities.

h. Palilative care

Palliative care is extended through pain clinic and IP services. One nurse assists the doctor in the pain clinic daily, by way of listening to line system and take necessary precautions against radiation hazal palient complaints, making pain assessment, dispensing medicine,

counselling and attending to their physical and mental needs. There is group of nurses who have been oriented to palliative care for taking tu in the IP wards and rendering palliative care to advanced cancer cas Their activities include visiting their patients daily, carrying out sped nursing care including selected complementary therapies, teaching ho care aspects of cancer care to the patient and close relatives.

Staff Development Programme

Regular inservice education programme is conducted in all to nursing units by way of arranging classes by doctors or other experienced for in patients, out patients, diagnostic departments, research case presentations, case studies etc. There is also regular montalized and palliative care units. Drugs and chemicals are dispensed on meetings of the nursing staff for academic discussions and for rectify meetings are being leaved through other patient care issues.

Nursing standards are set and a few units are getting ready to a them audited. In all the IP wards, problem oriented nursing care recol are maintained.

Observation visits and orientation programmes

Services of this division is open to graduate and post graduate students from state as well as national level through special classes orientation to patient care units. A total of 275 nursing students had been benefitted from such orientation programmes during the year.

Nursing assistants training programme

The first batch of nursing assistants trainees have finished the apprenticeship and are posted in RCC on contract duty. Second vi trainees are on their one year apprentiship.

Volunteers training programme

Volunteer programme has entered its second year successfully. T group holds 75 society women having different other occupations. W a week's training programme, on Home Care, many of them are equipted for better domiciliary cancer care and in the hospital they are engaged the paediatric and chemotherapy units.

Bystanders programme

The cancer carer's programme which was initiated during ? previous year is taking a good shape in teaching the basic nursi procedures to those patients with advanced cancer and their immed carers. Nurses in all units take keen interest in this programme.

> Conferences, etc. attended - (Chapter III) Papers Presented - (Chapter IV) Papers Published - (Chapter V)

DIVISION OF PHARMACEUTICAL SERVICES

⊮pr. Gangadevi T.

Addl. Professor (I/C).

Śri, Siyasankara Pillai K.

- Pharmacist cum Store Keeper

The division renders services to supply quality medicines/ stuipments, chemicals/ reagents and other disposable. Items which are imputerised system by which the dally stock position is ascertained hd stocks replenished.

The central store of the division has 34 anti-cancer drugs, all first disecond line of antibiotics, analgesic, anti-pyretic, anti-histaminic. melics, taxative drugs and costly disposables like removable suctions. ৰিছি catheters fluids and pain clinic drugs like morphine sulphate tabs diffuld morphine. The Central Store is responsible for:

Receipt of all drugs, disposable items, glassware, equipments, Xtay films/ Chemicals, Laboratory Chemicals and Reagents, Cleaning materials, Clothing materials for patients/ staff, from different Suppliers as per the purchase order from purchase section.

Receipt/issue of local purchase items to meet the emergent Regulrements in wards/departments.

Stock entry as per invoice is made into the computer stock from time to time.

ssue of anti-cancer drugs, anti-blotics, fluids and other disposable terpharmacy for patients care service.

ssue of all drugs (except anti-cancer drugs), other disposables and leaning materials are Issued for all wards/departments through their weekly Indents after the perusal of Medical Superintendent. (a) types of issue will be entered into the computer stock.

Proper maintenance of stock and accounts.

Conducting of stock verification on a monthly basis.

Preparation of all indents in time.

Purchase of all drugs and other requirements are mainly through ppen tender system. The requirements will be calculated on the basis of average monthly consumption recorded during the last one of Purchase is made as and when required to meet the exigencies of dequipment for a particular period/ case as per sanction accorded superintendent. A considerable number of patients are getting free definitions.

Detailed reports for the period under review are as follows:-

Total patients reported / treated was	- 5870
No. of patients benefitted with free drugs	- 1566
Total patients benefitted with CCL	- 145
Total patients benefitted with ES!	- 155

DIVISION OF PAIN AND PALLIATIVE CARE

្សា, Vasudevan Mappat

-Anaesthesiologist

The division is rendering services in the management of pain and alliative care. Patient attendance in the pain clinic is increasing every puring the year under reporting 1703 new cases and 5751 old assessivers seen at the pain clinic.

	Сñ	rrent year	Previous year
₩H O	Step I	52	65
	Step II	402	528
ori Py	Step III	7000	964

The pain clinics at Kollam, ECDC, Kaloor and ECDC Palakkad are atering to the needs of patients in the respective areas.

This division works as a team with the active participation of jembers of other divisions and the college of pharmaceutical sciences.

DIVISION OF BLOOD BANK

Dr. Jayalekshmi P Dr. Kusumam K Mr. Meera Sahib P

Mrs. Ganga Devi C

- Blood Bank Officer

- Medical Officer

- Senior Scientific Assistant

Senior Technician.

During the reporting year there was an increase in the number donors, component preparation such as packed red cells, platelet plasma, as compared to the previous years.

A blood grouping camp was conducted at Bethany Hos Nalanchira on February, 1998 where 55 persons were grouped. In another camp conducted at College of Engineering, Trivandrum, on March, 1 Diagnostic Services where 148 persons were grouped.

Blood Bank Statistics (01/04/97 to 31/03/98)

Blood grouping	_	16,200
Cross matching	-	5926
Blood donors	-	5413
Hbs Ag done .	-	5413
Hbs Ag +ve (donors)	-	66
HIV done (donors)	-	5413
HIV +ve (donors)	-	3
HCV done (donors)	-	2000
HCV +ve (donors)		5
VDRL (donors)	-	5413
VDRL ⊹ve (donors)	-	4
HIV done (Patients)	-	2228
HIV +ve (Patients)	-	2

Components Prepared

a richaica		
Whole blood	-	855
Packed Red Cells (PRC)	-	4553
Platelet Rich Plasma (PRP)		2489
Fresh Frozen Plasma (FFP)	•	2 9 7
Single Donor Plasma (SDP)	-	392

DIVISION OF CYTOPATHOLOGY

Dr. N. Sreedevl Amma

Dr. B. Chandralekha

Dr. Elizabeth K. Abraham

.Dr. Javasree K

Dr. Rekha A. Nair

Dr. Anitha Mathews

Dr. Raveendran Pillai K

Sri K.Sujathan

Dr. Laxmi Narayanan

- Deputy Director & Professor

- Professor

Addl. Professor

Asst. Professor

Asst. Professor

- Lecturer

- Cytotechnologist

- Cytotechnologist

Senior Scientific Officer

Gynaec Cylology

Cervical smears were examined from 1924 cases, of which 1120 ere from various projects which included a comparative study of pap mear, cervicoscopy, colposcopy and biopsy, and the remaining 804 were from hospital cases. High grade intraepithelial lesions were reported from 26 cases (10 from hospital cases and 16 from project cases).

Non-Gynaec and Aspiration Cytology

From a total of 7314 FNAs, 1577 malignancies were diagnosed. The major sites were Thyrold (2616) Lymph nodes (1572) and Breast (1199) (Fig. 2). Some of the rare and interesting lesions diagnosed by sytology are oligoastrocytoma, infiltrating zygomatic region, mediastinal thyrnoma, hydatid cyst lung, granular cell myoblastoma tongue, anapiastic arge cell lymphoma confirmed by immunocytochemistry, giant cell tumour of tendon sheath, AML- M_s infiltrating lymph node, renal cell carcinoma with sternal metastasis.

Fluid Cytology

...... A total of 1099 samples of aspirated fluids from body cavities and natural secretions were examined. Maximum number of samples were CSF (524) from acute leukaemia cases after induction and on follow-up.

Bone marrow aspirates and imprint smears

Bone marrow aspirates and Imprints were studied from 1888 cases, of which 514 were newly diagnosed malignant cases. Acute leukaemias were the predominant lesion diagnosed (321 cases). On subclassification it was observed that Acute lymphoblastic leukaemias were higher (175

cases - 34%) than acute myeloid leukaemia (146 cases - 28%), in cases diagnosed included 6 cases of myelodysplastic syndromes (Mr leukaemia (ATLL) (Fig. 3).

Sputum Cytology

samples from each case and making 2-3 smears from each sample seesarch projects total of 49 malignancies were reported. The predominant malignand were squamous and adenocarcinoma (20 cases each). Seventeen car of buccal smears were examined for Barr body, which was positive cases.

Histopathology

Histopathological examinations were done in 5178 cases, of wh 3267 cases were surgical specimens from the centre and 1911 w review slides of patients referred from other hospitals. Frozen sec facilities were provided to 19 cases. A total of 3065 malignancies w reported. The predominant sites of malignancy were oral cavity, brea cervix, lymph node, and GIT (Fig. 1).

Some of the rare and interesting lesions were carcinosarcoma the lung, mucinous cystadenoma of bronchial gland, adenoma malign (minimum deviation adenocarcinoma) of cervix, multinodular cystic re cell carcinoma, adult Wilms tumour, adenocarcinoma in Bar oesophagus, malignant carcinoid of small intestine with lymph no metastasis, diffuse sclerosing variant of papillary carcinoma thyroid a squamous cell carcinoma in psoriasis.

Teaching and Training

The staff of this division have participated in the daily morning clin monthly special clinics and other academic activities. Some of the sl were invited to conduct CME/workshops/seminars/panel discussions different centres in India. The centre has been honoured by International Academy of cytology by inviting Dr. Sreedevi Amma, He of the department, as a contributor from India to three task force discussi workshops held in an International Expert's conference in Hawai, USA Diagnostic cytology towards the 21st century.

The division carries out full time cytotechnicians and cytote nologists training courses of 6 months and 1 year duration respective as per set syllabus and curriculum. The division is accredited by Ind Academy of Cytologists (I.A.C) for diagnostic and examination purpos

We are also involved in the teaching and training programme of nedical and paramedical students of Medical College, Trivandrum and and one case each of plasma cell leukaemia and adult T cell lympho paramedical students of Mahatma Gandhi University, Kottayam. Short leukaemia (ATLL) (Fig. 2) form training is also imparted to Pathology post graduates of Dental College, Trivandrum and Medical College, Calicut. Short term training to update the knowledge was imparted to two candidates from Tata Memorial Sputum samples were examined from 798 cases, by collecting Centre Rural cancer project, Barsi during January and February 1998.

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

(Funded by: IARC)

Co-investigator

Dr. N. Sreedevi Amma

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 carcinoma

(Funded by: ICMR)

Co-investigator

Dr. Elizabeth K. Abraham

Genomic Instability in breast cancer

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

Co-investigator

Dr. Elizabeth K. Abraham

Molecular epidemiology of cancer of the oral cavity and oropharynx

(Funded by: IARC)

Co-investigator

Dr. Elizabeth K. Abraham

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.

Etiopathological studies in Hodgkin's disease with emph to the role of Epstein Barr Virus

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

Co-investigator

Dr. Elizabeth K. Abraham

Awards

Sri. Sujathan K., Cytotechnologist was awarded the Sathyamonga National Award 1997" by Indian Academy of Cytolog for the best paper in immunocytochemistry published during the last v

Training

Dr. Rekha A. Nair attended a training course on DNA technolog at centre for DNA finger printing and diagnostics - CCMB, Hyderat March, 1998.

Association with professional bodies

Dr. N. Sreedevi Amma: Member of IAC (Indian Academy of Cytologi and A&E committee of IAC, Editorial board of Journal of Cytology, IA Kerala chapter, Governing body of Amala Cancer Hospital Tric Governing body of RCA.

Dr. B. Chandralekha: Member of IAC, Treasurer IAC, Editorial Boar Journal of Cytology, IAPM Kerala Chapter and Executive member of Fi

Dr. Elizabeth K. Abraham: Member of IAPM, IAC, Review committee of IJMR, Research committee of RCC and governing body of RCA.

Dr. Jayasree .K: Life member of IAC, Member of International Acade of pathology (Indian division), IAPM Kerala Chapter, Indian Society Blood Transfusion and immunohaematology.

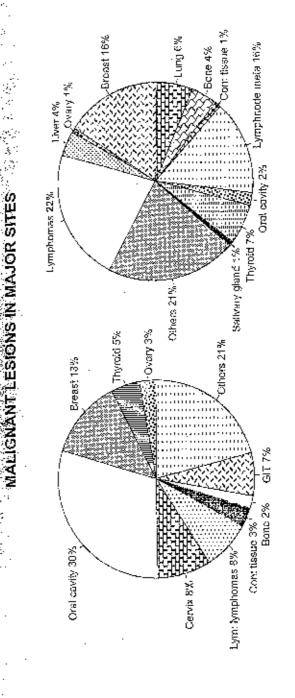
Dr. Rekha A. Nair: Life member of IAC, member of IAPM.

Dr. Anitha Mathews: Member of IAC and IAPM, Kerala Chapter,

Dr. Raveendran Pillai K.: Member of IABMS (Indian Association Biomedical Scientists).

Srl. Sujathan K.: Member of IABMS & ISCB (Indian Society of cell biologists).

Conferences, etc. attended - (Chapter III)
Papers Presented - (Chapter IV)
Papers Published - (Chapter V)



(b) Aspiration cytology (n=1577)

Histopathology (n=3065)

HEMATOLOGICAL MALIGNANCIES (n = 514)

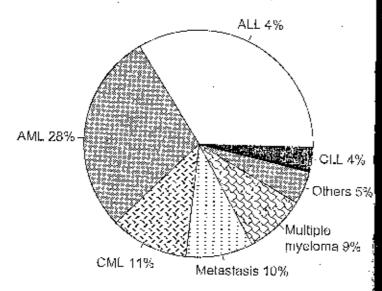


Fig. 3

DIVISION OF IMAGEOLOGY

Dr. K. Sasidharan	- Professor
Dr. Alex K. Ittyavirah	 Assoc, Professor
Dr. K. Ramachandran	 Assoc. Professor
nr A S. Krishnakumar	 Asst, Professor

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

Plain X-ray	-	14,509
X-ray tomography	-	31
Barlum study	-	223
I/V contrast study		
(IVP & Venogram)	-	17
/Thecal contrast study	-	17
(Myelogram)		
Mammogram	-	873
Ductogram	-	7CT
Scan	-	5717
C.T. & guided procedures	-	226
Ultrasound	-	7020
Doppler studies	-	354
Ultrasound Guided FNAC	-	60

Academic Activities

Six weeks training on ultrasonography for post graduate degree/ dipioina holders continued this year 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.

Ongoing Projects

- Comparison of carotid artery stenosis and ankle brachial systolic index in patients with ischaemic stroke. MD Thesis Dr.Sajeev Kumar.KS, PG, MD General Medicine, Medical College, Trivandrum.
- Comparison of Doppler study and HCG values in Veslcular Mole Dr.Bindu, MNAMS student in Obstetrics & Gynaecology, SATH, Trivandrum

Conferences, etc. attended - (Chapter III)
Papers Presented - (Chapter IV)
Papers Published - (Chapter V)

DIVISION OF NUCLEAR MEDICINE

Dr. V.M. Pradeep - Assoc. Professor

Dr. A Sreekumar - Lecturer

The division continued to provide diagnostic, therapeutic research activities involving the use of open radioactive sources, major part of the activities was devoted to thyroid studies. These incluthyroid scans and uptake, radioimmunoassays and treatment for thy cancers and thyrotoxicosis. Research projects were initiated in clirand biological studies of the thyroid. The details of the work in thy clinic are outlined in Table 1.

TABLE 1

Category	Cases
New cases registered	10,742
Thyroid scans	2,819
Thyroid uptake	1,623
Thyroid ultrasound .	2,955
Thyrotoxicosis	1 91
Ca.Thyroid	363

Immunoassay section showed further increase in workload. detailed breakup is shown in Table 2.

TABLE 2

SI. No.	Assay	No.
1.	Т3	10,437
2.	T4	10,437
3.	FT3	322
4.	FT4	322
5.	TSH	10,437
6.	TG	1,157
7.	PTH	150
8.	ATG	461
9.	AMC	461
10.	FSH	568
11.	LH	486

12.	PROLACTIN	795
13,	TESTOSTERONE	252
14.	PROGESTERONE	62
15.	17-OH-PROGESTERONE	. 19
16.	CORTISOL	236
17.	ACTH	88
18.	GH	139
19.	BETA-HCG	6,851
20.	AFP	984
21.	CEA	1,134
22.	ÇA125	714
23.	PSA	366
24.	INSULIN	125
	TOTAL	47,003

1178 cases were studied in the gamma camera. Work in the gamma samera was primarily bone scanning for cancer patients. Apart from fils, renal function studies and studies like GI bleed and MUGA studies were also carried out.

> Bone scan - 946 Renal studies - 198 Others - 80

Treatment of 220 cases of cancer thyroid and 150 cases of hypotoxicosis were carried out.

Academic Activities

- Training to CRA, MBBS, MD and MS students.
- 2 Dr. V. M. Pradeep, Co-guide to MD thesis

ngoing project

Programmed Turnour Cell Death and proliferative fraction in the staging of thyroid cancer

Funding agency: ICMR)

Co-Investigator Dr. V. M. Pradeep

Conferences, etc. attended - (Chapter III)
Papers Presented - (Chapter IV)
Papers Published - (Chapter V)

DIVISION OF RADIATION PHYSICS Programme

Dr. V.Padmanabhan Professor. Srl.C.A.Davis - Assoc. Professor Sri.Thayai Singh Eliasi - Asst. Professor Sri.L.S.Arunkumar - Asst. Professor Dr.Raghu Ram.K.Nair - Asst. Professor Smt.P.Vasugi Lecturer

Highlights of activities

Clinical Physics

Calibration of Radiotherapy equipments

Quality assurance Treatment Planning Dose Computation Radiation Safety

Inter comparison studies using TLD (WHO/BARC)

Daily maintenance, checking and repair of all teletherapy arraining Programme brachytherapy equipments.

Patient Services

Treatment planning and related dose computation were carried routinely for patients undergoing external beam therapy and be therapy. The number of patients treated during the reporting year follows:

IOHOWS,		
External Beam Radiotherapy	-	6072 patients
Brachytherapy	-	514 patients
Intracavitory Ca. CX, Selectron	-	303
Intracavitory Ca. CX, Manual	-	80
Intracavitory Oesophagus		33
Interstitlal implants	-	88 -
Mould (Palate, Penis etc)	-	10
Total		514
Mouldroom		
POP Shell		41
Orfit / Aquaplast		373
Bite block	-	296
Wax bolus	-	67
Moulds		_10
		787

filing and training on Medical Physics were imparted to the ategories 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)

- 1. Practical field training for two months was given to two students of the Diploma in Radiological Physics (Dip RP) course of BARC, Mumbai.
- 2. CRA / DRT Refresher Programme

Up to March' 98, a total of 48 students have been trained in Imageology / Nuclear Medicins and 19 students in Radiation Physics / Radiotherapy, Dr. Raghu Ram.K, Nair, Dr. Alex Ittiyavirah and Mr. L.S Arun Kumar co-ordinated the programme.

Research Projects

Radiaton Beam analysis, leakage mesurements and radiation survey of TeleCobalt machine

M.Sc Applied Physics Students, ar Ms. Mini.M. Nait Department of Physics, ...Ms. Archana. P. University of Kerala, Kariavattom.

Guldes

Mr. C.A. Davis, Dr. V. Padmanabhan, Dr.S. Devanarayanan (Dept. of Physics, University of Kerala, Kariavattom.)

The quality assurance tests of radiation beam, measurent of leakage radiation through source housing and radiation sure. Theratron 780-C were carried out. The parameters-radiation of percentage depth dose beam profiles were studied. The measured were in agreement with the values already available. The leasurements and radiation survey results were found to be well the prescribed values by ICRP. The Theratron 780-C satisfied ful safety requirements stipulated by the AERB, Mumbai.

 Quality control and physical parameters in diagnostic unit Doctoral programme of Mr. G. Ramakrishnan, Dept. of Rat gnosis, Medical College, Trivandrum (submitted)

Guide: Dr. V. Padmanabhan

Patient and organ dose measurements in CT Scanners – Al study

(Funded by: Dept. of Science, Technology and Environment, Ks

Principal Investigator

Dr. V.Padmanabhan

Co Investigator

Mr. G.Ramakrishnan

(Medical College, Trivandrum)

The project has been completed with the following findings :-

The study of dose measurements for different CT examinal revealed the following mean doses.

Investigation	Patient mean	0	ragan o	lose (mS	V)
9800. HUN	dose mSV	Ovary	Testis	Thyroid	Eye
Head (plain)	15.61	NA	NA	1.55	16
Head (plain & contrast)	22.56	NA	NA	1.78	21
Abdomen	19.25	6.90	1.66	NA	NA
Chest (plain)	16.87	0.794	0.11	24.52	241
LS Spine (plain & contrast)	17.86	6.80	1.34	NA	NA.
Spine	17.25	NA	NA	2.62	NA
PNS	11.36	NA	NA	1.18	105

All the dose levels are below the IAEA quoted values

 Development of indigenous wedge filters for megavoltage x-n and cobalt-60 gamma radiations used in radiotherapy. This is year study and is in progress.

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



Sri.Vijaya Chandran I A S Health Secretary releasing the book "Some selected topics in Radiological Physics Also seen are Dr. M. Krishnan Nair and Dr. V. Padmanabhan

nicipal Investigator Calinvestigators Dr.V. Mr. Arun Kumar.L.S.

/. Padmanabhan, Dr. M. Krishnan Nair

dige filters are currently not manufactured in India. These heads need to be imported at exorbitant price. That too is available like values of wedge angles and wedges with intermediary angles available. But wedges with Intermediary values are often needed clinical situations where only with these wedges satisfactory shibution can be achieved. Presently in such situations wedges are tried.

The proposed work is aimed at the design and fabrication of wedge stillers for various angles, both conventional and non-conventional stillers for lead and lipowitz for design of the wedges are complete for lead and lipowitz for an and non-conventional values of angles. The fabrication of angle for lead and lipowitz for Co-60 gamma radiations and 4 MV X-scompleted. Dosimetry of each wedge filter was worked out using complete to the converse of the radiations and for mega voltage x-rays. The design and fabrication are for other materials shall be attempted.

Natural background radiation registry (Physics studies ongoing)

Funded by: The Dept. of Atomic Energy, Govt. of India)

Pr Raghu Ram K. Nair supervises the physics study of this project.

External gamma measurements with R scintillometer in all bandhayats of Karunagappally Taluk were completed. Thoron in breath peasurement have been taken. TLD, soil analysis & SSNTD studies are niprogress.

Dosimetry of early head & neck cancers, manue field treatments and cervical cancer using indigenous remote after loader applicators with special reference to radiation protection.

(Funded by : Atomic Energy Regulatory Board, Mumbai)

Principal Investigator Mr. T.S. Ellas

Co-Investigators Dr.V.Padmanabhan, Mr.C.A.Davis

Mr.L.Ş.Arun Kumar

Dosimetry has been completed in 75 patients.

Itis predicted that IFD measurements are within a variation of 3 to 5 mm. The reproducibility of contours using contour plotter is 0 to 2 mm. Dose measurement for 25 patients with irregular field treatment has been done

using TLD and Nucleonix TLD reader. The irregular field blocks are for each patient.

of Carolnoma of Cervix Uterl

(Funded by: Dept. of Science & Technology, New Delhi & Ro

Principal Investigator

Mr.T.S.Ellas

Co-Investigators

Dr.M.Krishnan Nair.

M/S. Small Systems, Bangalore Fellowslps/Awards etc.

fabricated in RCC. The third and final developmental model is of ready.

Dose measurements in patients undergoing diagnostic examinations including special investigations

(Funding Agency: Atomic Energy Regulatory Board, Mumbal

Principal Investigator

Mr.L.S.Arurikumar

Co-Investigator

Dr.V.Padmanabhan.

Dr. M. Krishnan Nair

The project was sanctioned in December, 1997.

X-rays are used as one of the beneficial tools in medicina diagnostic purposes. However this application leads medical X-ray the largest man made contributor to the radiation dose received in population. India is no exception to this where an estimated number about 60 thousand units were Installed and about 1500 units added year. The use of radiation in medicine is increasing day by day. The of radiation protection is to ensure that the doses are not only low en to justify a particular diagnostic examination, but also to keep lower reasonably achievable. Consequently, authorities responsible for radi protection have become increasingly involved in measuring and evaluathe dose received by patients during X-ray examinations.

The risk from radiation exposure has been evaluated by scient agencles such as UNSCEAR, BEIR, NRPB, and NCRP. There is a to continue analyzing trends and doses because such information per comparisons and is an essential input material for bodies involved optimizing procedures and radiation protection. As pointed out in §

n. Because most procedures causing medical procedures are clearly istilled and because the procedures are usually for the direct benefit of Development of Indigenous after-loader system in the treat the exposed Individual, less attention has been given to the optimisation of Carolnoma of Carviv Utania fation sources" As a result there is considerable scope for dose aduction in diagnostic radiology. The proposed work alms at the evaluation of skin entrance exposure (SEE) during diagnostic X-ray Dr.V.Padmanabhan, Mr.C.A.Day Investigations including special investigations using thermoluminescence osimeters.

In this project the technology has been demonstrated by a protest around the ROC. The second of the nulfied. "Dosimetric and practical aspects of MLC conformal therapy" at e Beval Marsden Hospital, London, UK during November - December,

งื่อเที่เกิลซีons

Dr.V.Padmanabhan

- Currently holding the position of President of KAMP
- 2 MD/DMRD (Radiodiagnosis) Examiner Medical College, Tvm

3額0.5.97

a: DMRT/MD (Radiotherapy) examiner Dr.MGR Medical University Chennai 6-4-98

Member, Board of Trustees, AMPI

Member, Board of Trustees, IARP

Chairman, Organising committee, workshop on quality assurance in RT & Diagnostic radiology for Radiographers, 7-8 ≅November 97

grun Kumar

Convenor, Scientific program for workshop on Quality Assurance n Radiotherapy & Radiodiagnosis conducted at Regional Cancer Centre, Trivandrum during 7-8, November 1997.

Surrently holding the position of Secretary and Treasurer KAMP.

Actively involved with the newly started Orientation Programme for Radiographers in Radiotherapy and acting as the Co-ordinator gof the programme and four batches of trainees have successfully completed the programme during the current year.

- Appointed as Skilled Assisatnt for DMRT & MD (Radiotheral examination at Regional Cancer Centre, Trivandrum.
- 5. Examiner BSc, MLT University of Kerala

T.S.Ellas

- Visited M/S. Small Systems, Bangalore, six times during the to Involve in the development of Remote Afterloader project
- Radiation doslmetry of Radiotherapy equipments was carried at Neyyoor hospital.
- 3. Dental X-ray survey at General Hospital, Neyyatinkara

Invited Talks

Dr. V.Padmanabhan

- Facts & figures about radiation. Symposium on medical phys radiation protection, Mysore 27-7-97
- Radiation epidemiology panel discussion Mphil course in diepidemiology, Medical College Trivandrum 15-7-97
- 3. Presidential address 8th annual KAMP meeting RCC-Trivan 9-11-97

Dr.Raghu Ram K. Nair

Science programme in AIR

May, 97 - How pain killers and tranquillisers woir

July, 97 - Hormones that regulate our metabolis

January, 98 - Cancer can be contolled

L.S.Arunkumar

Delivered two guest lectures on "Molecular effects of log Radiations" for the postgraduate students during January, 1998 Women's College, Trivandrum.

Meetings organised

1, Third Dr.T.P.Ramachandran memorial oration

Dr.Krishnan Nair, Director of the centre, delivered the Dr.T.P.Ramachandran memorial oration on 9.11.97 in the conference of the centre. The topic "FRCR and after".

2. Workshop on quality assurance in RT & RD

The above workshop was organised by KAMP in RC radiographers. There were included lectures by eminent radiological radiographers and respectively.

papists and physicists working in the state of Kerala, both in ment and private sector. The participation was limited to 50 traphers working in the state.

in annual conference of KAMP Nov., 1997.

The ling the 8th annual meeting of KAMP, Sri.B.Vijayachandran, Health & family welfare released the book "Some selected in Padiological Physics". Earlier the President of KAMP, Admartabhan gave presidential address - "Medical Physics - A fifthe future".

Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)

DIVISION OF CANCER EPIDEMIOLOG Lindhood Cancers AND CLINICAL RESEARCH

Mr. P Gangadharan Dr. Cherian Varghese - Emeritus Medical Scientist (ICM

- Assoc. Professor of Cancer Epidemiology & Clinical Research

Dr. Aleyamma Mathew

- Asst. Professor of Computational Statistics & Epidemiology

Ms. Padmakumary Amma - Medical Statistician

The Division of Cancer Epidemiology (HCR) and Clinical Resid runs the Hospital Cancer Registry, Population based cancer registric Trivandrum and Karunagapally and conducts Epidemiological and Cif cancer Research. The staff of this Division contribute to the clinical and Collaborators teaching programs of the center. Assistance in the design, exect and statistical analytical support is provided for post graduate and document of the support is provided for the support is provid dissertation and research programmes.

HOSPITAL CANCER REGSITRY

The Hospital Cancer Registry covering the Regional Cancer C and Medical College Hospitals in Trivandrum has abstracted, analy and presented the report for the year 1995. The database of HCR source for various research programs.

Cancer pattern in RCC, Trivandrum, in 1995

Six thousand three hundred and fifty seven (6357) cases if reported during the year 1995. The distribution of cancer cases respect to site, age and sex are given in Tables 1 & 2. The male : fer ratio was 1.1:1. The peak age frequency in males was observed in 7th decade and in females in the 6th decade. The age distribution samples. males and females are shown in Fig. 1. Ninety percentage of cases microscope verification of diagnosis. Among the 4966 previo untreated cases, 6.5% were in the early stages. Among those reported for treatment, 19,7% were palliatively treated and 64,9%) treated with a curative intent. Analysis by type of treatment showed 39.1% received radiation as the only form of treatment and 57.8% combination with other forms of therapy.

Leading Cancers

Lung was the commonest site of cancer among males and ani females it was breast cancer. The ten leading sites of cancer are shift in Table 1. The system wise distribution of cancers are shown in Fig.

ghildhood cancers formed 294(4.6%) of the total cancer cases. adling sites were leukaemia 131(44.5%), central nervous system 6%) and lymphoma 36(12.2%).

er Ongoing projects

Molecular Epidemiology of Paediatric Leukaemia and Lymphoma in Kerala, India

(Funding agency, Kay Kendall Leukaemia Fund, UK)

Dr. Cherian Varghese, Dr. Kusumakumary, jpvestigators

Dr. Thomas Abraham, Dr. Rekha,

Dr. M.Krishnan Nair.

Dr. Gareth Morgan, Prof. R. Cartwright,

University of Leeds

1997-1999

This molecular epidemiology study has collected 26 cases and 44 controls in the reporting year.

Pesticide exposure and breast cancer.

(Funding agency: National Cancer Institute, USA)

Dr. Cherlan Varghese, Dr. Aleyamma Mathew, Investigators

Dr. Iqbal, Dr. M.Krishnan Nair.

Dr. Susan Sturgeon, Dr. Reshmi Sinha, Collaborators

(National Cancer Institute, USA).

The work has been stabilized and the main study is ongoing. Fifty patients have been recruited in the reporting year and detailed dietary Mata and other information have been collected in addition to biological

Human Papillomavirus and cervical neoplasia.

(Funding agency: Institute of Cancer Research, Cancer Research

Compaign, UK)

Dr. Cherlan Varghese, Dr. Prabha Balaram, Investigators

Dr. M. Krishnan Nair.

Prof. J. Peto, Dr. J. Deacon, Collaborators:

(Institute of cancer research, Cancer

Research Campaign, UK).

This cohort study has completed the third round of screening and collection of biological samples. The analysis for HPV and data management are in progress.

Surveillance programme for monitoring cancer incidence mortality in Trivandrum.

(Funding agency: International Agency for Research on Ca Lyon, France).

Investigators

Dr. Cherian Varghese, Dr. Aleyamma Ma

Smt. Padmakumary, Dr. M. Krishnan Na

Collaborators

Dr. R Sankaranarayanan.

(Unit of Descriptive Epidemiology, International Agency for Research on

Cancer, Lyon).

This programme has established as a reliable population is cancer registry and cancer incidence rates for the region are now avail the registry also offer the potential for undertaking epidemiological slip in the population covered.

Occupation and cancer,

(Funding agency: International Agency for Research on Ca Lyon, France).

Investigators Collaborators Dr. Cherian Varghese, Dr. Aleyamma Mai

Dr. P. Boffetta.

(Unit of Environmental Epidemiology, International Agency for research on

Cancer, Lyon).

This case-control study to address the occupational risk factor cancers of the lung and leukaemlas has completed data collection December 1997. The data management and analysis are in progress.

Randamised clinical trial: Droloxifene for metastatic bit cancer

(Funding agency: M/S Pfizer Ltd., Mumbai)

Co-Investigator

Dr. Cherian Varghese

7. Familial cancer registry (1995-2000), Trivandrum

Co-Investigator

Dr. Aleyamma Mathew

Trivandrum quelity of life study (Plict project completed)

Co-investigators

Dr. Aleyamma Mathew

Ms. Latha PT

Meetings organised

The RCC seminars in oncology

The division is organising the programme The RCC Seminal Oncology which started in 1997. The second, third and forth semily were held in the period under reporting. Dr Purvish Parikh from Memorial Hospital, Bombay, gave a lecture on Biological Response Modiflers' in August 1997.

naramme on breast neoplasms

CME programme on breast neoplasms held on 20° July, 1997
Ganised in RCC by the division. Sixteen staff members from the staff policies of RCC presented topics on Breast Neoplasms, its programment in the staff programment is programment. The CME was well attended by doctors and the staff attended by doctors and the staff attended by doctors and the staff attended by doctors.

reaching.

Aleyamma Mathew delivered a series of lectures on biostatistics of demiologic methods to medical students and professionals at a cancer Centre, Trivandrum. Feb-March, 1998. Another series of lectures on biostatistics with computer applications for M.Phil students of a place of the computer of the computer applications for M.Phil students of a place of the computer of the computer

visi by foreigners

Prof. James R. Hebert, Professor of Medicine and Epidemiology at the University of Massachusetts, USA, has visited us as part of his billionit scholarship in January 1998.

Dr. Sallehuddin Abu Bakar from the Government of Malaysia did WHO fellowship on Cancer Control in July 1997. We were able to state a proposal for setting up a comprehensive cancer control informe in Malaysia during this fellowship. Projects were also prepared shoer control programs in different Districts of Kerala State.

ssociation with professional bodies

Dr Aleyamma Mathew

Member of Indian Society for Medical Statistics

Member of Indian Association for Cancer Research

Advisory board member of the Journal of the Academy of
Clinical Microbiologists.

TABLE 1
Regional Cancer Centre - Trivandrum: Cancer Cases of 1995 Age by Site - Males

140 Lip		Regio																		
141 Töngué 1 4 7 7 15 24 30 47 21 34 22 07 239 6.84 142 Salivary, Gl 1 - 1 4 7 15 24 30 47 21 31 3 4 20 17 239 6.84 143 Salivary, Gl 1 - 1 2 6 1 3 6 11 13 10 12 67 1.99 144 Floor of mouth 2 10 3 6 11 13 10 10 2 67 1.99 145 Other mouth 1 2 6 14 30 27 36 38 46 28 35 260 7.79 146 Oropanyux 1 2 6 6 14 30 27 36 38 46 28 35 260 7.79 147 Nasopharyux 2 4 1 3 3 2 2 1 1 4 2 1 0 3 2 28 0.83 148 Pharpharyx 1 2 6 6 14 30 27 36 38 46 28 35 260 7.79 147 Nasopharyx 1 2 6 6 17 22 21 10 6 3 96 231 148 Pharpharyx 1 2 6 6 9 17 22 21 10 6 3 96 231 149 Pharyx, etc 1 1 2 6 9 17 22 21 10 6 3 96 231 149 Pharyx, etc 1 2 2 2 9 15 27 34 44 40 28 13 214 6.36 150 Osaphagus 1 2 2 4 3 11 11 20 27 21 11 8 119 3.36 151 Sbmach 1 2 2 4 3 11 11 20 27 21 11 8 119 3.36 152 Small intes 1 1 3 3 6 2 4 3 8 5 1 43 124 6.36 153 Colon 1 1 1 3 3 6 2 4 8 8 5 1 43 124 6.36 154 Shmathray 1 2 5 5 2 5 9 7 8 12 8 10 4 72 2.14 155 Liver 1 1 3 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ICD	Site	0-4	5-9	10-14	15-19 2	20-24 2	25-29 (30-34 3	35-39 4	0-44	45-49	50-54	55-59	6D-64	35-69	70-74	75+	Total	%
Salivary, Gil			-	-	-	1	-	-	-		-	-					2	4	. 23	0.68
143 Gum			-	-	-	-	-	1	-						31	34	20	17		6.84
144 Floror fmouth		• • • • • • • • • • • • • • • • • • • •	-	-	-	-	1	-	4	2							4	1	20	0.59
145 Other mouth			-	-		•	-	-	-	-		10	3	6	11	13	10	12	67	1.99
146 Cropharymx 1 5 11 15 18 20 20 10 11 111 113 3.5 144 147 Nasopharymx 2 4 4 - 1 3 3 2 18 0.63 148 Hypopharymx, etc 1 1 2 6 9 17 22 21 10 6 3 96 291 149 Pharymx, etc 1 2 2 9 15 27 34 4 40 28 13 214 6.36 151 Stomach 1 2 4 3 11 11 20 27 21 11 8 119 3.54 151 Stomach 1 2 4 3 11 11 20 27 21 11 8 119 3.54 151 Stomach 1 2 4 3 11 11 20 27 21 11 8 119 3.54 152 Stomach 1 2 2 4 3 11 11 20 27 21 11 8 119 3.54 152 Stomach 1 1 1 1			-	-	-	-	-		-		_	_			_		_	•	25	0.74
147 Nasopharynx			-	-	-	-	-	1	2	_		-					_	35	260	
148 Hypopharynix 1 1 2 8 9 17 22 21 10 6 3 98 234 149 Pharynx, etc 1 1 2 8 9 17 22 21 10 6 3 98 234 150 Ossoyhagus 2 2 9 15 27 34 44 40 28 13 214 536 151 Stomach 1 2 4 3 11 11 20 27 21 11 8 119 3.54 152 Small intes 1 2 4 3 11 11 20 27 21 11 8 119 3.54 153 Colon 1 1 1 1 3 3 8 6 2 4 8 8 5 1 43 1.28 154 Ractum 2 5 5 2 5 9 7 8 12 8 10 4 72 214 155 Liver 1 1 1 - 1 4 3 6 4 20 6 12 6 6 4 2 77 2.28 156 Gall bladder 1 1 3 3 4 5 7 6 11 3 - 1 4 0.12 157 Pancress 1 1 1 3 4 5 6 4 20 6 12 6 6 4 2 77 2.28 158 Other dig. sy 1 1 - 3 3 4 1 5 7 6 1 3 - 1 30.39 159 Other dig. sy 1 1 - 3 3 1 14 2 4 4 3 5 4 3 5 4 3 24 1.01 161 Largnx 1 2 4 7 30 38 58 83 69 63 36 31 431 12.82 158 Using 1 1 - 3 3 4 4 13 20 45 31 17 18 197 558 158 Pleurs 1 1 - 3 4 1 13 3 - 1 2 2 4 3 3 5 4 3 24 1.01 151 Liver 1 1 - 3 3 4 4 13 20 45 31 17 18 197 558 158 Pleurs 1 1 - 3 3 4 4 13 20 45 31 17 18 197 558 159 Discription 1 1 - 3 3 4 4 13 20 45 31 17 18 197 558 158 Presst male 1 1 - 3 3 4 4 13 20 45 31 17 18 197 558 159 Penic etc 1 1 - 1 2 2 2 3 1 4 2 2 4 2 3 3 32 0.05 159 Penic etc 1 1 3 2 2 2 1 1 4 2 2 4 2 3 3 32 0.05 159 Eve - 5 - 1 1 - 1 2 2 3 4 5 6 9 8 9 8 43 1.33 150 Nandi cavity - 1 - 1 - 3 3 4 1 3 9 4 6 6 8 2 2 1 108 32 1.33 150 Penic etc 1 1 3 2 2 2 1 4 2 5 3 8 10 4 3 1 12.82 150 Penic etc 1 1 3 2 2 2 1 4 2 5 3 8 10 4 3 1 12.82 150 Penic etc 1 1 3 2 2 2 1 4 2 5 3 8 10 4 3 1 12.82 150 Penic etc 1 1 3 2 2 2 1 4 4 2 5 3 3 3 1 4 12.82 150 Penic etc 1 1 3 2 2 2 1 4 4 2 5 3 3 3 1 4 12.82 150 Penic etc 1 1 3 2 2 2 1 4 4 2 5 3 3 3 1 4 12.82 150 Penic etc 1 1 3 2 2 2 1 4 5 2 1 108 32 1 109 150 Penic etc 1 1 3 4 4 5 5 7 8 8 18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-	•	•	_	-	-	-	-	_								111	
149			-	•	-	2	4	-			_		-					2		0.83
150 Desophagus			1	-		-	-	-	1	_	8	9	17	22	21	10	6	3		
Stomach			-	•	1	-	-	-			-		-		-	-	-	-	_	
153 Colon 1 1 1 1 3 3 6 1 1 7 2 0.06 154 Rectum 2 5 2 5 9 7 8 12 8 10 4 72 2.14 155 Liver 1 1 1 1 - 1 4 3 6 4 20 6 12 6 6 4 2 77 2.29 156 Gall bladder 1 1 1 3 4 5 7 6 12 6 6 4 2 77 2.29 157 Pancress 1 1 1 3 4 5 7 6 12 6 6 4 2 77 2.29 158 Retroparit 2 1 1 1 3 4 5 7 6 1 3 - 1 32 0.98 159 Other dig. sy 1 1 4 1 2 1 3 0.39 159 Other dig. sy 1 1 - 3 - 3 1 4 2 2 4 3 5 7 6 1 3 1 1 7 18 187 5.56 162 Lung 1 1 3 4 4 2 4 5 7 30 88 83 69 63 95 31 431 12.81 163 Pleurs 1 1 - 1 5 8 18 83 69 63 95 31 431 12.81 164 Thomas 1 - 1 1 3 2 2 4 7 30 88 88 83 69 63 95 31 431 12.81 165 Prostate 1 1 1 3 2 2 4 7 30 88 88 83 69 63 95 31 431 12.81 177 Separation 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•	-		-	-	-			_									
153 Colon			-	-	•	•	-	1	2	-		11		20	27	21	11	8		
Factum			_	-	•	-	-	-	-				-	-	-	-	-			
155 Liver 1 1 1 1 - 1 4 3 6 4 20 6 12 6 6 4 2 77 228 156 Gall bladder 1 1 1 1 1 4 0.12 157 Pancreas 1 1 3 4 5 7 6 1 3 - 1 2 0.86 158 Retropart 2 2 1 1 - 2 4 1 1 2 1 - 13 0.38 158 Retropart 2 2 - 1 - 2 1 - 1 0.03 160 Nasal cavity - 1 - 1 - 3 - 3 1 4 2 4 3 5 7 4 3 34 1.01 161 Larynx 1 1 - 3 4 4 13 20 45 31 31 17 18 187 5.58 162 Lung 2 4 7 30 38 58 33 69 63 36 31 31 43 128 163 Pieurs 2 4 7 30 38 58 83 69 63 36 31 31 43 128 164 Through 1 - 1 - 1 - 3 - 1 2 2 2 3 - 6 0.16 175 Breast male 1 6 8 5 1 1 3 2 1 1 1 - 2 2 0.00 177 Startmell 1 6 8 5 1 1 3 2 1 1 1 - 2 2 0.00 187 Penis oto 1 6 8 5 1 1 3 2 1 1 1 - 2 2 0.00 188 Uri. Bladder 1 6 8 5 1 1 3 2 1 1 1 - 2 2 0.00 189 Kidney 6 5 - 1 1 - 1 1 2 2 2 1 4 2 2 4 2 3 32 0.95 190 Eye 5 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	-	-	-	1	-		_					_					
156 Gall bladder				-	- 7	-	-		_					_			-			
157 Pancreas			1	1	1	-	1	4	3	6	4				6	6	4			
158 Retroparit		_	-	-	-	-	-	•	-					_	-	-	-			
159 Other dig. sy.			-	-	•	-	-		1		4	5	7				-	1		
161 Larynx			-	-		2	-	1	-	2	-	-	-	4	. 1	2	1	•.		
161 Larynx			-	-	1	- :	-	-	-	-	•		-			•	-	-		
Lung		,	-	1	-	1		3	•	_	1	_					_	_		
Fleura			-	-	-	-	1				-			_						
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189 Kidney	186	Prostate Testis	· · · · · · · · · · · · · · · · · · ·	-	-	िन् <u>र</u> ् 1	6	1 8		1	1	3	5	3	-		15 1	117		
190 Eye 5 - 1 1 1 1 1 - 1 2 12 0.36 191 Brain 7 4 6 6 8 17 6 9 13 9 4 6 8 2 2 1 108 3.21 192 Nervous sy 1 1 1 1 5 0.15 193 Thyroid Gi	186 187	Prostate Testis Penis etc	· · · · · · · · · · · · · · · · · · ·	-	-	1 1	6	1 8 1		1 1 2	1	3			3	ē	-		28	0.83
191 Brain 7 4 6 6 8 17 6 9 13 9 4 6 8 2 2 1 108 3.21 192 Nervous sy 1 1 1 1 5 0.15 193 Thyroid GI 2 3 5 3 1 3 4 5 3 2 4 5 2 1 43 1.28 194 Ohter endo. GI 1 3 1 1 5 0.15 195 Ill def. site 3 - 1 1 5 0.15 196 Sac. Lymph N 1 2 2 3 2 8 9 19 16 9 8 7 86 2.56 197 Sec. Res. etc 1 1 1 1 6 2 9 4 8 6 12 6 5 61 1.81 198 Sec. other 3 4 5 11 7 16 10 8 5 7 76 2.26 200 Lymphosare - 1 1 3 4 4 4 4 6 9 6 6 8 12 9 8 3 79 2.35 201 Hodgkins D 1 7 5 8 5 5 1 3 2 2 3 3 2 2 45 1.34 202 Oth. Lymph 2 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2.89 203 Mult. Myel 1 1 2 2 4 5 7 8 13 11 8 11 12 8 2 94 2.89 204 Leuk. Lymph 36 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3.54 205 Leuk. Myple 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk. Monoc 1 1 1 1 - 1 4 0.12	166 187 188	Prostate Testis Penis etc Uni. Bladder	- - - - -	- - - -	- - -	िल्हा - - - - -	6	1 8 1		1 2	1	3 4 3	5	6	3 9	8	9	В	28 48	0.83 1.43
192 Nervous sy, 1 1 1 1 - 1 1 1 5 0,15 193 Thyroid GI 2 3 5 3 1 3 4 5 3 2 4 5 2 1 43 1,28 194 Ohter endo. Gil 1 3 1 5 1,15 195 Ill def. site 3 - 1 5 0,15 196 Sac. Lymph N 1 2 2 3 2 8 9 19 16 3 8 7 86 2,56 197 Sec. Res. etc 1 1 1 1 6 2 9 4 8 6 12 6 5 61 1,81 198 Sec. other 3 4 5 11 7 16 10 8 5 7 76 2,26 200 Lymphosare - 1 1 3 4 4 4 6 9 6 6 8 12 9 3 3 79 2,35 201 Hodgkins D 1 7 5 6 5 5 1 3 2 2 8 3 2 45 1,34 202 Oth. Lymph 2 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2,80 203 Mult. Myel 1 1 8 8 5 3 2 2 3 1 2 1 3 1 119 3,54 204 Leuk. Lymph 36 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3,54 205 Leuk. Myelc 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2,14 206 Leuk. Monoc	166 187 188 189	Prostate Testls Penis etc Uni, Bladder Kidney	6	5		1 1 1	6	1 8 1 -		1 2		3 4 3 2	5 1	6	3 9 2	8	9 2	В 3	28 48 32	0.83 1.43 0.95
193	166 187 188 189 190	Prostate Testls Penis etc Uri, Bladder Kidney Eye	6 5	-	-	-	- 1	1 - -	3	-	1	3 4 3 2	5 1 1	6 4 -	3 9 2 1	ชื่ 8 4	9 2	В 3 2	28 48 32 12	0.83 1.43 0.95 0.36
194 Ohter endo. Gil 1 3	186 187 188 189 190	Prostate Testls Penis etc Uri, Bladder Kidney Eye Brain	6 5 7	-	€	-	- 1	1 - - - 17	3	-	1 13	3 4 3 2	5 1 1	6 4 -	3 9 2 1	8 4 - 2	9 2	в 3 2 1	28 48 32 12 108	0.83 1.43 0.95 0.36 3.21
195 till def. site 3 - 1 1 5 0.15 196 Sec. Lymph N 1 2 2 3 2 8 9 19 16 9 8 7 86 2.56 197 Sec. Res. etc 1 1 1 1 6 2 9 4 8 6 12 6 5 61 1.81 198 Sec. other 3 4 5 11 7 16 10 8 5 7 76 2.26 200 Lymphosare - 1 1 3 4 4 4 6 9 6 6 8 12 9 3 3 79 2.35 201 Hodgkins D 1 7 5 8 5 5 5 1 3 2 2 8 3 2 45 1.34 202 Oth. Lymph 2 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2.80 203 Mult. Myel 1 - 1 2 2 4 5 6 6 6 8 3 6 44 1.31 204 Leuk Lymph 86 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3.54 205 Leuk Myelc 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk Monco 1 1 1 0.03 208 Leuk Uns 1 1 1 4 0.12	186 187 188 189 190 191	Prostate Testls Penis etc Uri, Bladder Kidney Eye Brain Nervous sy,	6 5 7	-	€ 1	6	1 8	1 - - 17 1	3	9	1 13 1	3 4 3 2 1 9	5 1 1 4	6 4 - 6	3 9 2 1 8	8 4 - 2	9 2 - 2 -	8 3 2 1	28 48 32 12 108	0.83 1.43 0.95 0.36 3.21 0.15
196 Sac. Lymph N 1 2 2 3 2 8 9 19 16 9 8 7 86 2.56 197 Sec. Res. etc 1 1 1 1 6 2 9 4 9 6 12 6 5 61 1.81 198 Sec. other 3 4 5 11 7 16 10 8 5 7 76 2.26 200 Lymphosare - 1 1 3 4 4 4 6 9 6 6 8 12 9 8 3 79 2.35 201 Hodgkins D 1 7 5 6 5 5 1 3 2 2 8 3 2 45 1.34 202 Oth. Lymph	166 187 188 189 190 191 192 193	Prostate Testls Penis etc Uri, Bladder Kidney Eye Brain Nervous sy, Thyroid Gl	- - 6 5 7 -	4	€ 1	6	1 8	1 - - 17 1	3	9	1 13 1	3 4 3 2 1 9	5 1 1 4	6 4 - 6	3 9 2 1 8	8 4 - 2	9 2 - 2 -	8 3 2 1	28 48 32 12 108 5 43	0.83 1.43 0.95 0.36 3.21 0.15 1.28
197 Sec. Res. etc 1 1 1 1 6 2 9 4 8 6 12 6 5 61 1.81 198 Sec. other 3 4 5 11 7 16 10 8 5 7 76 2.26 200 Lymphosare - 1 1 3 4 4 4 6 9 6 6 8 12 9 8 3 79 2.35 201 Hodgkins D 1 7 5 8 5 5 1 3 2 2 8 3 2 45 1.34 202 Oth. Lymph 2 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2.80 203 Mulk. Myel 1 1 8 8 5 3 2 2 3 1 2 1 8 1 119 3.54 204 Leuk. Lymph 36 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3.54 205 Leuk. Myelo 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk. Monoc 1 1 1 0.03 208 Leuk. Uns 1 1 4 0.12	166 187 188 189 190 191 192 193 194	Prostate Testls Penis etc Uri, Bladder Kidney Eye Brain Nervous sy, Thyroid Gl Ohter endo, Gl	5 7 - 1	4	€ 1 2	6	1 8	1 - - 17 1	3	9	1 13 1	3 4 3 2 1 9	5 1 4 - 3	6 4 - 6	3 9 2 1 8	8 4 - 2	9 2 - 2 -	8 3 2 1	28 48 32 12 108 5 43 5	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15
198 Sec other 3	186 187 188 189 190 191 192 193 194 195	Prostate TestIs Penis etc Uni, Bladder Kidney Eye Brain Nervous sy, Thyroid Gl Ohter endo, Gl Ill def. site	5 7 - 1	4	€ 1 2	6	1 8	1 - - 17 1 3 -	3 - 6 1 1 1 -	9	1 13 1 4 -	343219	5 1 4 - 3 - 1	6 4 6 2	3 9 2 1 8 - 4	8 4 - 2 1 5	9 2 2 2	B 2 1	28 48 32 12 108 5 43 5	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15
200 Lymphosare - 1 1 3 4 4 4 6 9 6 6 8 12 9 8 3 79 2.35 201 Hodgkins D 1 7 5 6 5 5 1 3 2 2 8 3 2 45 1.34 202 Oth Lymph 2 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2.80 203 Mulk Myel 1 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2.80 204 Leuk Lymph 36 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3.54 205 Leuk Myelo 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk Monoc 1 1 1 0.03 208 Leuk Uns 1 1 4 0.12	166 187 188 189 190 191 192 193 194 195 196	Prostate TestIs Penis etc Uri, Bladder Kidney Eye Brain Nervous sy, Thyroid Gl Ohter endo, Gl Ill def, site Sec, Lymph N	5 7 - 1	4	€ 1 2	6	8 5 - 1	17 1 3 - 2	3 6 1 1 1 2	9 3	1 13 1 4 - 2	343219-5-8	5 1 4 - 3 - 1 9	6 4 6 2 19	3 9 2 1 8 - 4 -	8 4 2 1 5	9 2 2 2	B 3 2 1	28 48 32 12 108 5 43 5 86	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56
201 Hodgkins D	186 187 188 189 190 191 192 193 194 195 196 197	Prostate TestIs Penis etc Uri, Bladder Kidney Eye Brain Nervous sy, Thyroid Gl Ohter endo, Gl Ill def, site Sac, Lymph N Sec, Res, etc	5 7 - 1	4	€ 1 2	6	8 5 - 1	17 1 3 - 2	3 - 6 1 1 1 2 1	9 3 6	1 13 1 4 - 2 2	3 4 3 2 1 9 5 - 8 9	5 1 4 - 3 - 1 9 4	6 4 - 6 - 2 - 19 8	3 9 2 1 8 - 4 16 6	6 4 2 1 5 -	92 2 2 3 6	B 3 2 1 . 1 . 7 5	28 48 32 12 108 5 43 5 5 86 61	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81
202 Oth Lymph 2 1 2 4 5 7 8 13 11 8 11 12 8 2 94 2.80 203 Mulk Myel 1 1 8 5 2 94 2.80 204 Leuk Lymph 36 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3.54 205 Leuk Myelc 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk Monoc 1 1 1 0.03 208 Leuk Uns 1 1 1 0.03	186 187 188 189 190 191 192 193 194 195 196 197 198	Prostate TestIs Penis etc Uri, Bladder Kidney Eye Brain Nervous sy, Thyroid GI Ohter endo, GI Ill def, site Sec, Lymph N Sec, Res, etc Sec, other	5 7 - 1	3	6 1 2	3	8	17 1 3 - 2 1 -	3 - 6 1 1 1 2 1 3	9 3 6 4	1 13 1 4 2 2 5	3 4 3 2 1 9 - 5 - 8 9 11	5 1 4 - 3 - 1 9 4 7	6 4 - 6 - 2 - 19 9 16	3 9 2 1 8 - 4 - 16 6 10	6 4 2 1 5 - 9 12 8	92-2-2-865	B 3 2 1 . 1 . 7 5 7	28 48 32 12 108 5 43 5 86 61 76	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81 2.28
203 Mult. Myel	166 187 188 189 190 191 192 193 194 195 196 197 198 200	Prostate TestIs Penis etc Uni. Bladder Kidney Eye Brain Nervous sy, Thyroid GI Ohter endo. GI Ill def. site Sec. Lymph N Sec. Res. etc Sec. other Lymphosare	5 7 - 1 3	3	6 1 2	3 3	5 1 1	17 1 3 - 2 1 4.	3 - 6 1 1 1 2 1 3 4	3 6 4 6	13 1 4 - 2 2 5 9	3 4 3 2 1 9 · 5 · · 8 9 11 6	5 1 1 4 - 3 - 1 9 4 7 6	6 4 - 6 - 2 - 19 9 9 16 8	3 9 2 1 8 · 4 · · · · · · · · · · · · · · · · ·	6 4 2 1 5 - 9 12 8	92-2-2-865	B 3 2 1 1 - 7 5 7 3	28 48 32 12 108 5 43 5 86 61 76 79	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81 2.28 2.35
204 Leuk Lymph 36 14 19 11 8 8 5 3 2 2 3 1 2 1 3 1 119 3.54 205 Leuk Myelo 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk Monoc 1 1 0.03 208 Leuk Uns 1 1 1 1 4 0.12	166 187 188 189 190 191 192 193 194 195 196 197 198 200 201	Prostate TestIs Penis etc Uri. Bladder Kidney Eye Brain Nervous sy, Thyroid GI Ohter endo. GI III def. site Sec. Lymph N Sec. Res. etc Sec. other Lymphosare Hodgkins D	5 7 - 1 3	3	6 1 2 1 - - 1 5	6 3 -	1 8 5 1 1	17 17 1 3 - 2 1 - 4 5	3 - 6 1 1 1 2 1 3 4 1	3 6 4 6 3	13 1 4 - 2 2 5 9 2	3 4 3 2 1 9 · 5 · · 8 9 11 6 2	5 1 1 4 - 3 - 1 9 4 7 6 8	6 4 - 6 - 2 - 19 8 6 8 3	3 9 2 1 8 · 4 · · · · · · · · · · · · · · · · ·	6 4 2 1 5 - 9 12 8 9	92-2-8659	B 3 2 1 1 7 5 7 3 -	28 48 32 12 108 5 5 86 61 76 79 45	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81 2.26 2.35 1.34
205 Leuk Myelo 2 5 3 5 9 5 4 5 2 6 6 5 5 6 1 3 72 2.14 206 Leuk Monoc 1 1 1 0.03 208 Leuk Uns 1 1 4 0.12	186 187 188 189 190 191 192 193 194 195 196 197 198 200 201 202	Prostate TestIs Penis etc Uni. Bladder Kidney Eye Brain Nervous sy. Thyroid Gl Ohter endo. Gl Ill def. site Sec. Lymph N Sec. Res. etc Sec. other Lymphosare Hodgkins D Oth. Lymph	5 7 - 1 3	3	6 1 2 1 - - 1 5	6 3 -	1 8 5 2 4 5 2	17 17 1 3 - 2 1 4 5 4	3 - 6 1 1 1 2 1 3 4 1 5	9 3 6 4 6 3 7	1 13 1 4 - 2 2 5 9 2 8	3 4 3 2 1 9 · 5 · · 8 9 11 6 2 13	5 1 4 - 3 - 1 9 4 7 6 3 11	64 - 6 - 2 - 19 9 9 8 3 8	3 9 2 1 8 · 4 · · · · · · · · · · · · · · · · ·	6 4 · 2 1 5 · · 9 12 8 9 • 12	92 2 2 1 8 6 5 8 • B	B 3 2 1 1 7 5 7 3 2 2	28 48 32 12 108 5 43 5 86 61 76 79 45 94	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81 2.26 2.35 1.34
206 Leuk Monoc 1 1 0.03 208 Leuk Uns 1 1 1 4 0.12	186 187 188 189 190 191 192 193 194 195 196 197 198 200 201 202 203	Prostate TestIs Penis etc Uni. Bladder Kidney Eye Brain Nervous sy. Thyroid Gl Ohter endo. Gl Ill def. site Sec. Lymph N Sec. Res. etc Sec. other Lymphosare Hodgkins D Oth. Lymph Mult. Myel	5 7 - 1 3 - - - 1	3 1 7	6 1 2 · 1 · · · · 1 5 2 · ·	3 3 5 6 1	1 8 5 5 1 1 4 5 2 1	17 1 3 - 2 1 - 4 5 4 -	3 - 6 1 1 1 2 1 3 4 1 5	9 3 6 4 6 3 7 2	1 13 1 4 - 2 2 5 9 2 8 2	3 4 3 2 1 9 · 5 · · 8 9 11 6 2 13 4	5 1 4 - 3 - 1 9 4 7 6 3 11 6	64 - 6 - 2 - 19 9 16 8 3 8 6	3 9 2 1 8 · 4 · · · · · · · · · · · · · · · · ·	6 4 - 2 1 5 - 3 12 8 9 12 8	92 2 2 1 8 8 5 9 8 8	B 3 2 1 1 7 5 7 3 2 6	28 48 32 108 5 43 5 86 61 76 79 45 94	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81 2.26 2.35 1.34 2.80 1.31
208 Leuk Uns 1 1 1 4 0.12	186 187 188 189 190 191 192 193 194 195 196 197 198 200 201 202 203 204	Prostate Testls Penis etc Uni. Bladder Kidney Eye Brain Nervous sy. Thyroid Gl Ohter endo. Gl Ill def. site Sac. Lymph N Sec. Res. etc Sec. other Lymphosare Hodgkins D Oth. Lymph Mult. Myel Leuk Lymph	5 7 - 1 3 - - 1 - - 3 6	3 1 7	6 1 2 · 1 · · · · 1 5 2 · · 19	6 3 - - 3 6 1	1 8 6 - 11 4 5 2 1 8	17 1 3 - 2 1 4 5 4 8	3 - 6 - 1 1 1 2 1 3 4 1 5 5 5	9 3 6 4 6 3 7 2 3	131422592822	3 4 3 2 1 9 · 5 · · 8 9 11 6 2 13 4 2	5 1 4 - 3 - 1 9 4 7 6 3 11 6 3	6 4 - 6 - 2 - 19 9 16 8 3 8 6 1	3 9 2 1 8 · 4 · · · 16 6 10 12 2 11 6 2	6 4 - 2 1 5 - 9 12 8 1	92'2'18059 833	B 3 2 1 1 7 5 7 3 2 6 1	28 48 32 108 5 43 5 5 86 67 79 45 94 44 119	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 2.56 1.81 2.26 2.35 1.34 2.80 1.31
Total 67 47 56 62 74 84 87 129 184 324 325 498 466 436 285 240 3363	166 187 188 189 190 191 192 193 194 195 196 197 198 200 201 202 203 204 205	Prostate Testls Penis etc Uni. Bladder Kidney Eye Brain Nervous sy. Thyroid Gl Ohter endo. Gl Ill def. site Sac. Lymph N Sec. Res. etc Sec. other Lymphosare Hodgkins D Oth. Lymph Mult. Myel Leuk. Lymph Leuk. Myelo	5 7 - 1 3 - - 1 - - 3 6	3 1 7	6 1 2 1 1 5 2 1 19 3	6 - 3 3 B 1 11 5	1 8 6 - 11 4 5 2 1 8	17 1 3 - 2 1 4 5 4 8 5	3 - 6 - 1 1 1 2 1 3 4 1 5 5 5	9 3 6 4 6 3 7 2 3	1314 - 225928222	3 4 3 2 1 9 · 5 · · 8 9 11 6 2 13 4 2 6	5 1 4 - 3 - 1 9 4 7 6 3 11 6 3	6 4 - 6 - 2 - 19 9 16 8 3 8 6 1	3 9 2 1 8 · 4 · · · 16 6 10 12 2 11 6 2 5	6 4 - 2 1 5 3 12 8 9 • 12 8 1 6	92'2'18059 833	B 3 2 1 1 7 5 7 3 2 6 1 3	28 48 32 108 5 43 5 86 67 79 45 94 44 119 72	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81 2.26 2.35 1.34 2.80 1.31 3.54
	166 187 188 189 190 191 192 193 194 195 196 197 198 200 201 202 203 204 205 206	Prostate Testls Penis etc Uni, Bladder Kidney Eye Brain Nervous sy, Thyroid Gl Ohter endo, Gl Ill def, site Sac, Lymph N Sec, Res, etc Sec, other Lymphosare Hodgkins D Oth, Lymph Mult, Myel Leuk, Lymph Leuk, Myelo Leuk, Monoc	5 7 - 1 3 - - 1 - - 3 6	3 1 7	6 1 2 1 1 5 2 1 19 3	6 - 3 3 B 1 11 5	1 8 6 - 11 4 5 2 1 8	17 1 3 - 2 1 4 5 4 9 5 -	3 - 6 1 1 1 2 1 3 4 1 5 5 4 -	9 3 6 4 6 3 7 2 3	1314 - 225928222	3 4 3 2 1 9 · 5 · · 8 9 11 6 2 13 4 2 6 ·	5 1 1 4 - 3 - 1 9 4 7 6 8 11 6 8 6 -	6 4 - 6 - 2 - 19 9 16 8 3 8 6 1	39218-4-166012211625-	6 4 - 2 1 5 3 12 8 9 • 12 8 1 6	92'2'18059 833	B 3 2 1 1 7 5 7 3 2 6 1 3	28 48 32 108 5 43 5 86 76 79 45 94 44 119 72	0.83 1.43 0.95 0.36 3.21 0.15 1.28 1.15 0.15 2.56 1.81

TABLE 2
Regional Cancer Centre - Trivandrum: Cancer Cases of 1995 Age by Site - Females

	negiona	van		Geri	ne -	11160	nai est	ı. va	nce.	Cas	es ui	135	Mye	s my s	21CE -	rem	dies		
GOI	Site	0-4	5-9	10-14	15-19	20-24	25-29 (XX-34	35-39	40-44	45-49	50-54	55-59	60-64	65-89	70-74	75÷	Total	%
140	Lip	-				_	-	-			2	1	3	2	6	2	2	17	0.57
147	Tongue	_	-	_	-	-	_	2	2	10	9	15	21	19	25	15	18	136	4,54
142	Salivary G1	-	-	-	_	2	1	3	4	1	2	-		.~			-	13	0.43
143	Gum		_	_	_	_		-	1	ż	4	5	6	11	11	10	7	57	1.90
144	Floor of mouth	_		_	_		_	_	_	-	-	2	1	1	''	3	΄.	7	0.23
145	Other mouth	_	_	-	_	_	_	_	4	2	16	20	27	19	26	19	17	150	5.01
146	Orophasynx	-	. .	_	_	_	,			2	5	1			2	- 10	2	12	0.40
147	Nesopharynx	_	_	_	2	1	_	_	1	2	1	2	-	_	-	_	į	10	0.33
148	Hypopharynx	_	_	-	1		1	1	'	1	7	1	3	4	3	1	Ł	23	0.77
149	Pharynx, etc.	_	_			_	'	,		'	4	'	-	+	3	'	-	4 0	0.03
150	Oesophagus		_	_	_	1	4	_	2	3	. 7	9	6	1	10	3	2	45	1.50
151	Stomach	_	_	_			2	1	3	3	2	4.	4	3	3	1	1	45 27	
152	Small Intes.	_	_			_	1	'	2	٥	1	. 4.	1	0	o	1	1		0.90
153	Colon	_		_	_	_	2	-	3	4	1	6	9	2	4	-	-	5 25	0.17
154	Recium	_	_	_	_	2	2	1	5	2	9	Ü	ა 5	6		4	-		0.84
155	Liver	1	_	_	1	٦		'	3	1	2	4	2		9		5	58	1.94
156	Gall bladder			-	•		-	-	_	'	~	4	4	-	2	1.	3	23	0.77
157	Pancreas		-	-	-	-	•	1	1	4	_	2	-	-	1	-	1	3	0.10
158	Actroperit	-	-	_	-	-	-	- 1	1	1	3	2	3	3	1	1	•	21	0.70
160	Nasal cavity	1	-	•	1	7	-	-		1	2		1	1	<i>.</i>	_	-	. 7	0.23
161	Larynx	'	-	_	- 1	, 2	1		1	-	3	4	1	2	2	5	3	24	0.80
162	Lung	-	-	-	-	-	2	1	-	-		1	_	1	-	-	-	4	0.13
163	Pteura	-	t	-	-	-	*	1	-	3	4	2	5	4	9	2	-	33	1.10
164	Thymus	-	-		-	-	-	1	-	,	-	1	3	1	-	-	-		0.13
	Bunkan	معت=ندون	J.	- ملاقست	- دادندن		- ماددېند		- دوسالتونونونو	-		- دىلىلانىدە		-		_ 	_ ::::	-1342-746 -	0,13 88 84-1 -
	1-1-1-1-1																		
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178	e Sharain		9 8 pt								Ŷ						ver z	6	d 0 13
1784 27174 27174	Sin ar er y Bressi				,2 v.t							e e	ů,						
178 2174 179 180	Skin otter Briesen Werushkos Cervix				d set										30 HI 17	1 - 2 - 1 			er v
178 174 179 180 181	Селуіх									52		65 65				46		6 ×	
					p vi	· V	(E)		100	52	88 10	65 65	85	- 100 T	:5 -3 -7	4			661 550 0.03
181	Cervix Placenta		2		D	10	-	7 - 9	24 1 2 15	52 6 22	88 10 24	60 60 60 60 60	85 - 14 19	7 24	50 TO 10	46 - 46 - 4	3	1 62 110	2.07
181 182	Cervix Placenta Body utorus	1	2 .			10	-	2 - 9 9	124 124 15	22	24	19	19	24	12	46 - 4 7	5	119	2.07 6.38
181 182 183	Cervix Placenta Body uterus Ovary	1 -				10 10 1	14	9			24 .1		19 8		12 7	7	5	119 31	2.07 6.38 1.04
181 182 183 184	Cervix Placenta Body uterus Ovary Vagina	1 - 6	2				14	9		22	24	19	19	24 5 -	12 7 3	7 - 1	5	119 31 11	2,07 6,38 1,04 0,37
181 182 183 184 188	Cervix Placenta Body uterus Ovary Vagina Uri Bladder	1 - 6 2	2 2 2	1		. 1	14	9		22	24 .1	19	19 8	24	12 7	7 - 1 1	5 2 1	119 31 11 11	2.07 6.38 1.04 0.37 0.37
181 182 183 184 188 189	Cervix Placenta Body uterus Ovary Vagina Uri Bladder Kidney		- -		· .	· 1	14 2 -	9 4	15 - - -	22 4 - 1 1	24 .1 2 -	19 3	19 8 1 -	24 5 - 1	12 7 3 1	7 1 1 1	5 2 1 -	119 31 11 11 7	2.07 6.38 1.04 0.37 0.37 0.23
181 182 183 184 188 189	Cervix Placenta Rody uterus Ovary Vagina Uri Bladder Kidney Eye Brain Nervous sy.	2	- 2		· .	· 1	14 2 - - 5	•		22 4 - 1 1 7	24 .1	19	19 8	24 5 -	12 7 3	7 - 1 1	5 2 1	119 31 11 11 7 68	2.07 6.38 1.04 0.37 0.37 0.23 2.27
181 182 183 184 188 189 190	Cervix Placenta Body uterus Ovary Vagina Uri Bladder Kidney Eye Brain	2	- 2			. 1 . 1 	14 2 - - 5	4	15 - - - 3 2	22 4 - 1 1 7	24 .1 2 - 6	19 3 - 3	19 8 1 - 8	24 5 - 1 - 3	12 7 3 1 - 4	7 - 1 1 1 1	5 2 1	119 31 11 11 7 68 3	2.07 8.38 1.04 0.37 0.37 0.23 2.27 0.10
181 182 163 184 188 189 190 191	Cervix Placenta Rody uterus Ovary Vagina Uri Bladder Kidney Eye Brain Nervous sy.	2	- 2	- - 1 5		. 1 . 1 	14 2 - - 5	4	15 - - - 3	22 4 - 1 1 7	24 .1 2 -	19 3 - 3 - 18	19 8 1 -	24 5 - 1	12 7 3 1	7 1 1 1	5 2 1	119 31 11 11 7 68 3 213	2.07 8.38 1.04 0.37 0.37 0.23 2.27 0.10 7.11
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181 182 183 184 189 190 191 192 193 194 195	Cervix Placenta Body uterus Ovary Vagina Uri Bladder Kidney Eye Brain Nervous sy Thytold Gl Other eno.Gl Ill def. site	3 -	- 2	- - 1 5 -		. 1 . 1 	14 2 - 5	4 1 21 1	35 - - - 3 2 27 - - 1	22 4 - 1 1 7 - 25 -	24 .1 .2 	19 3 - 3 - 18 2	19 8 1 - 8 - 7	24 5 - 1 - 3 - 9 - - 6	12 7 3 1 - 4 - 7	7 - 1 1 1 1 - 5	5 2 1 5 - 4	119 31 11 7 68 3 213 6 5	2.07 6.38 1.04 0.37 0.23 2.27 0.10 7.11 0.20 0.17
181 182 183 184 189 190 191 192 193 194 195 196	Cervix Placenta Body uterus Ovary Vagina Uri Bladder Kidney Eye Brain Nervous sy Thyrold Gl Other eno.Gl Ill def. site Sec. Lymph No	3 -	- 2	- - 1 5 -		1 1 26	14 2 - - - - - - - - - - - - - - - - - -	4 1 21 1	15 - - 3 2 27 - 1	22 4 - 1 1 7 - 25 - 2	24 .1 .2 	19 3 3 18 2 2 2	19 8 1 - 8 - 7 - 3 6	24 5 1 3 9	12 7 3 1 4 - 7 - 3 4	7 - 1 1 1 1 - 5 - 1 2	5 2 1 5 - 4 -	119 31 11 7 68 3 213 6 5 25 22	2.07 6.38 1.04 0.37 0.23 2.27 0.10 7.11 0.20 0.17 0.84 0.73
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181 182 183 184 189 190 191 192 193 194 195 196 197	Cervix Placenta Body uterus Ovary Vagina Uri Bladder Kidney Eye Brain Nervous sy. Thyrold Gl Other eno.Gl III def, site Sec. Lymph No. Sec. Res, etc Sec. Other	3 -	7	- - 1 5 -	10	1 . 1 . 5 1	14 - 2 - 5 - 30 2 3		15 - - 3 2 27 - 1	22 4 - 1 1 7 - 25 - 2	24 .1 .2 	19 3 - 3 - 18 2 2 2 3 4	19 8 1 - 8 - 7 - 3 6	24 5 1 3 9	12 7 3 1 4 - 7 - 3 4	7 - 1 1 1 1 - 5 - 1 2	5 2 1 5 - 4 -	119 31 11 7 68 3 213 6 5 25 22 39 28	2.07 6.38 1.04 0.37 0.23 2.27 0.10 7.11 0.20 0.17 0.84 0.73 1.30 0.94
181 182 183 184 188 189 190 191 192 193 194 195 196 197 198 200	Cervix Placenta Body uterus Ovary Vagina Uri Bladder Kidney Eye Brain Nervous sy. Thyrold Gl Other eno.Gl III def. site Sec. Lymph No Sec. Res. etc Sec. Other Lymphosare	3 -	277	1 5 1 1 1 -	10	1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14 - 2 - 5 - 30 2 3	4 1 21 1	15 - - - 3 2 27 - 1 1 2	22 4 - 1 1 7 - 25 - 2 1 2 · ·	24 .1 2 6 -2 2 3 5 2	19 3 - 3 - 18 2 2 2 3 4 2	19 8 1 - 8 - 7 - 3 6 7 4	24 5 1 3 9 - 6 2 3 4	12 7 3 1 - 4 - 7 - 3 4 4 2	7 - 1 1 1 - 5 1 2 3 1 -	5 2 1 5 - 4 - 4 1 -	119 31 11 7 68 3 213 6 5 25 22 39 28	2.07 6.38 1.04 0.37 0.37 0.23 2.27 0.10 7.11 0.20 0.17 0.84 0.73 1.30 0.94 0.47
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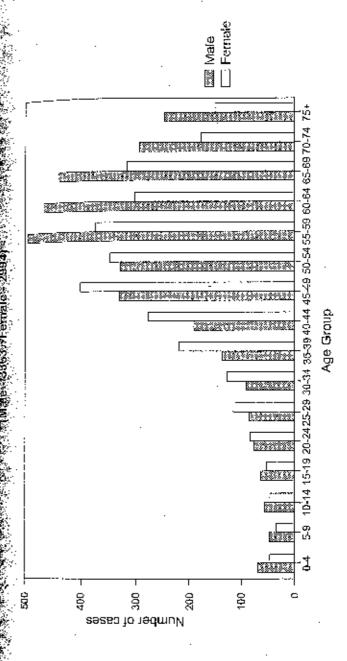
Total

TABLE - 3

Ten leading sites of cancer in male and females

Regional Cancer Centre, Trivandrum, 1995

					·
	Male				Femal
Site	No	%	Site	No	
Lung	431	12.82	Breast	703	23.4
Mouth	260	7.73	Cervix	524	17.5
Tongue	230	6.84	Thyroid	213	7.1
Lymphoma,HD	218	6.48	Ovary	191	6.3
Oesophagus	214	6.36	Mouth	150	5.0
Leukaemia	196	5.82	Tongue	136	4,5
Larynx	187	5.56	Leukaemia	125	4.1
Stomach	119	3.54	Lymphoma,HD	93	3.1
Oropharynx	111	3.30	Brain	68	2,2
Brain	108	3.21	Body uterus	62	2.0



1995 CASES TRIVANIMA 2.4 14.2 7.1 7.1 2.3 2.3 4.7 2.4 6 LYMPHOMA, HODGKINS DISEASE SYSTEMMISE DISTRIBUTION OF & PHARYNX OTHER DIGESTIVE ORGAN BORE, COM TISSUE, SKIN овзорилсов & stomach REPRODUCTIVE SYSTEM RESTORAL CANCER ALL OTHERS LEUKAEMIA HYROID UR I NARY

TURAL BACKGROUND RADIATION CER REGISTRY, KARUNAGAPPALLY, KOLLAM DISTRICT.

by the Department of Atomic Energy, Govt of India till 1998

CORAL INVESTIGATOR	- DR	. M KRISHNAN NAIFI	
GEIDAL INVESTIBATOR	- 60	, իկ իչիչի ֆիսաբում ւմաու և	

Principal Investigator nvestigators

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Dr. V. Padmanabhan,

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Dr. Paul Sebastian.

Dr. S. Parameswaran,

Dr. Jayaprakash Madhayan,

Dr. Ravi Ankathil, Dr. V.M. Pradeep,

Dr. Cherian Varghese

- Dr. U.C. Mishra.

Director, Health Safety

& Environmental Group, BARC.

DELD OFFICE: VAVVAKKAVU, KARUNAGAPPALLYTALUK

்றிற்கு-in-charge

- Ms. P. Jayalekshmy (Sociologist)

Cvtotechnologist

Collaborator

- Mr. K.S. Mani

enior Research Fellow (Statistics) - Mr. S. Jayadevan

มีนักtor Research Fellow (Physics)

- Mr. S. Santhosh

Rediation level measurements supervised by

iùr. Raghu Ram K. Nair

The objectives and study method as detailed in the 1996-1997 emital report of the Regional Cancer Centre, Trivandrum remained the garie guring 1997-1998. The progress achieved during 1997-98 is

la Ropulation enumeration

Field work of enumeration was completed for 12 panchayats. The Entitierated population by end of 1998, March was 3,51,969. Persons បើទេនិញ្ញី during 1st round enumeration were traced and information ed from them. Processing of data obtained is ongoing.

(b) Radiation measurements

Scintillometer survey has been completed in 75064 houses (cit and except a few houses which were locked or unused, inside levels of radiation measurements have also been completed.

12 month Thermo-luminiscent dosimetric (TLD) measurement been completed in 940 houses. In 645 houses, the dosimeters been placed and will be evaluated after the 12 month period example. Analysis of soil to measure their Thorium, Uranium, Potassium level ongoing and measurements have been completed for 165 soil sair and for 35 samples such measurements have to be completed. house Radon-Thoron measurements using SSNTD technique has completed (12 month measurements) in 284 houses and in 200 h year long measurements are to be completed. Thoron-in-breath and have been completed in 105 individuals and in 25 persons these a to be completed. Data compilation, standardisation and analysis ongoing.

The scintillometer survey results of Inside house levels of race are as follows. (Compiled by Dr. Raghu Ram K. Nair)

Radiation I mGy/Yr	evels	% of total houses in the taluk
< 1	mGy	21.2%
1-1.99	н	72.2%
5-9.99	u	5.1%
10-19.99	4	1.3%
20+		0.2%

672 houses have been identified as receiving more than 201 annually. These and other measurements obtained including his occupancy of individuals will be used to calculate the radiation real by Individuals. Association of such radiation with cancer occurrence be critically assessed and evaluated statistically only after sufficients collection is completed.

(c) Cancer registration

ongoing. This Population Cancer Registry is India's 2nd Rural Cancer

Registry and Kerala's 1st Population Based Cancer Registry. The sources appears include hospitals and pathology (aboratories, in pally taluk, Kollam town and Trivandrum. The Regional Cancer gords provide 60 to 55% of all cancer cases of the taluk. The transferred de kept in the 12 panchayats are yet another important source witinised regularly. As the death registration in the area is not supplementary information is obtained through informal promise like PHC & Anganvadi workers and by visits to houses. During riperlod 1990-1994, 1644 incident cancer cases were identified ministria resident population of the taluk. During 1995 & 1996, 765 dalicet cases including those reported as cancer deaths have been ionated the processing of this information is ongoing and incidence rates will be obtained for this period very shortly.

inhe enormous data base of the Hospital Cancer Registry maintained shee 1982 has been a very useful source for the registry operation.

to Messement of cancer problem in Kerala

nd the cancer incidence rates obtained from Karunagappally show possible to make an assessment of the cancer problem in Aralas if is estimated that annually almost 30,000 cancer cases would diagnosed in Kerala. This would result in 90,000 prevalent gases yearly. Lung cancer is the leading cancer in males and females cervix and breast are almost equally predominant sites ger in this rural population. From the data obtained it is seen that \$45% of all cancer in male and 56% of all female cancers are able for prevention or early detection. (Fig.)

Brevalence of various forms of tobacco use has been obtained. 1005,40% of male population above 50 years of age are tobacco-alcohol less. These are vital information for planning cancer control. The sinval rates of various cancer types are being compiled.

(e) Gancer patient services

The facilities at the field office, Vavvakkavu have been extensively utilised for various patient services.

Monthly clinics were held regularly in which follow-up examination treated patients of the RCC was undertaken and only those who Sured further examination were asked to go to RCC, Trivandrum. Since Using standard cancer registration methodology the Populic Methodology of the project 84 such clinics have been conducted and Cancer Registry covering the entire population of Karunagappall 2528 patients were examined. 41 field clinics were conducted in various panchayats in which 308 new cancer patients were detected. healthy persons have utilised the facilities for cancer screening, in hospitals in the taluk refer the patients or send material for cytoscreening to the field office. This service has been immensely benefor the taluk hospital patients who belong to the lower strata of the social screening to the project office.

(f) Distinguished visitors & International Co-operation

During the year Dr. Nakaya, an eminent cytogenetiscistal Morlshima, Radiation researcher, Dr. Kato, Epidemiologist, Dr. All Epidemiologist visited the study area and have offered co-operation the Health Research Foundation, Japan.

The Health Research Foundation, Japan under Dr. Sugahara other international research groups have been taking a keen interest the population studies on Natural Background Radiation, Karunagapyl A similar study now ongoing in the High Natural Radiation area in Caprovides a unique opportunity for deriving meaningful conclusional the health effects of such High Natural Radiation. These two studies offer a broad base for comparing the dose effects of chronic export to humans to such High Natural Radiation with the effects of acceptosure received by the population exposed to Atom Bomb explosion and of Chernobyl and other nuclear accidents.

(g) Academic activities

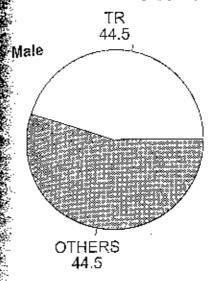
The facilities in the project have supported research work. The Ph.D students working in the project are completing their doctor programme. They are 1. Ms. P. Jayalekshmy (Sociologist) 2. Mr. Jayadevan (Statistics) 3. Mr. Santhosh (Physics). Requests for technique support from the project is also being received from the Kerala University department of Physics for research studies.

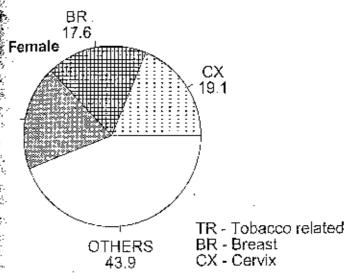
Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)

oportion of cancer cases amenable for prevention and early detection - Karunagappally





DIVISION OF RESEARCH

Dr. Prabha Balaram - Addl. Professor Dr. RayIndran Ankathil Assoc, Professor Dr. S. Kannan Asst. Professor Dr. P. Remani. Asst. Professor Dr. Molykutty John Asst. Professor Dr. Thomas Abraham Scientific Officer

The unending quest for knowledge about the carcinol mechanisms, diagnostic and therapeutic modalities which could beneficially adopted is the driving force behind the activities of this division Attempts to quench this thirst was made through externally full research projects (18 Nos. - total financial support of approximate) lakhs) on various aspects of cancer biology. The basic and applied as complimented each other. The findings were published as papers(17) in national and international journals of repute and presented before national and international scientific community. The programment continuing and is hoped to eventually provide valuable clues to questions.

Research project

Immunoblology of Gestational Trophoblastic Disease and Correlation to tumour regression (1994-1997)

(Funded by Department of Science and Technology, Govt. of its

Principal Investigator Co-investigators

Dr. Prabha Balaram Ms. Molykutty John, Dr.T.N.Rajalekshml Dr.V.P. Gangadharan.

Dr. Joy Augustine

This project was concluded this year. The major findings was Overexpression of various growth factors such as the epidermal growth factor, transforming growth factor, the epidermal growth factor ptor,cytokines such as interleukin 1 alpha and beta.downregulation the transforming growth factor beta, and no significant difference in proliferative compartment as assessed by the percentage of Ki-67/10 PCNA positivity and immunological status of the patient assessed the helper/suppressor lymphocyte population, lymphocyte mitoger assay and cytotoxicity functions and alteration in the intensity and path

ial of the serum B HCG levels (>300 mIU/ml) at four weeks of flon when combined either with the lectin binding characteristics the cellular atypia assessed from imprint smears to be a better stle indicator of persistance of the disease, 2) The observation ere is a possible alteration of the EGF binding domain of the hal growth factor receptor (deletion/mutation), 3) possibility of a anism of cell accumulation rather than hyperproliferation (defective Seis/cell arrest?) playing a role in this disease. The epidemiological show higher incidence in this region, one of the highest in the Takin low socioeconomic status, females belonging to O+ blood morpand low Incidence in females of the B+ blood group.

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

Funded by the Council of Scientific and Industrial Research,

New Delhi)

Principal Investigator co-investigators

Dr. Prabha Balaram Dr. T.N. Rajalekshmi, Dr. Molykutty John

GTD is a group of diseases encompassing abnormalities of placenta while benign but hyperproliferative hydatidiform mole at one end and the malignant choriocarcinoma at the other end of the spectrum. India comparatively high incidence rate of this disease ranging from 1.3 1000 deliveries with Kerala showing the highest hospital incidence. genesis and natural course of GTD still remains obscure and nounding. Recurrent cases are rare and the disease is mostly related individual pregnancies. The studies carried out last year in the serum wed the circulating antibodies to HSV in 19% of molar placentae and months of the state of the stat placentae showed the presence of circulating antibodies to HIV. lialating antibodies to RSV was positive in 60% of molar placentae and 5% of normal placentae. The positive titre was much higher in the malapatient's sera with 11% of molar patients showing a titre of >500 in attast to 3% in normal pregnant women suggesting a role of RSV in श्रीविद्यार्शिक placentae. The results suggest a possible viral association in mmunohistochemically, many of the tissues of molar(50-60%) and placentae (20-30%)were positive for the Respiratory syncitial virus of jack fruit lectin binding. The interesting observations were 110 willign, human papilloma virus(20-30%) and herpes simplex virus II(10%).

antigens. Tissues were also analysed for the expression of cell regulatory genes in order to understand the process of cell proliferal accumulation. Evaluation of p53 protein showed that it was almost si In the normal and the molar placentae while the Rb protein was express at a higher rate in the molar placentae, c-myc and bc/2 were eq expressed in both the normal and molar placental tissue again sugge that the proliferative rate is not very different in the two tissues. The erbB2 protein which is homologous to the epidermal growth factor reco was also overexpressed in the molar lesions. The preliminary observe suggest a possible accumulation of cells due to a cell arrest in the phase brought about by the Rb proteins and the transforming go factor beta. We expect to get an answer to this by the end of the sty.

The p53 protein expression showed close relation to the proging of the disease with persistent disease showing higher expressions p53 and c-myc expression was altered with alteration of the Rb pfd expression. The expression of antimetastatic protein nm23, anti-apolitic gene bol2 and the signal transducing protein ras p21 are being evaluain these lesions.

Genomic instability in relation to progression in oral cancer and precancers. (1996-1999)

(Funded by the Board of Research in Nuclear Sciences, Dept.

Atomic Energy, GOI)

Principal Investigator

Dr. Prabha Balaram

Co-Investigators

Dr. K. Ramdas, Dr. K. Ratheesan

Dr. K.R. Nalinakumary, Dr. Anita Bala

The expression of p53. Rb and c-myc proteins were evaluated oral precancers and cancers in order to assess their involvement malignant transformation and relation to habits. Expression of Ab and myc appeared to be related to malignant transformation more than atteration in the p53 gene with the expression of Rb protein being downregulated with the carcinomatous changes. It was interesting to in patients with the precancerous lesions of the oral cavity, that while Ab protein expression was affected by both the chewing and alcohol habits,the p53 protein expression was affected only by chewing smoking habits and not by alcohol usage. Such a correlation was it evident in the cancer cases possibly due to the stoppage of habits on the patient is aware of his disease. However In few patients (3/82). p53 was strongly expressed. The relation is being studied further for the nature of the alteration in these genes. Eventhough the c-myc gent sequilibrium .

cell cycle regulatory gene showed a correlation with the of the p53 gene, it did not show any difference based on the sign of the p53 gene, it did not show any difference based on the p53 gene. manus wife related while the Rb protein expression is affected both by is longer and alcohol and these genes are affected much more than the removedene in oral cancer.

Molecular epidemiology of cancer of the oral cavity and organization or organization of the oral cavity and organization or organization organizati feinded by the International Agency for Research on Cancer, Lyon) Principal Investigators Dr. Prabha Balaram

Dr. Nubia Munos (IARC)

ัดดี Investigators

Dr. K. Ramdas, Dr. K.R. Nalinakumary,

Dr. Elizabeth Abraham

a study was carried out to analyse the prevalence of human positional virus in oral cancer patients and hospital controls. The study involves samples from 5000 oral cancer patients and an equal number of gangion 3 centres in India, namely,Trivandrum, Madras and Banglore. walence of HPV and its subtype infection is to be correlated with characteristics such as age, sex, habits, (tobacco, alcohol issociated infections, sexual behaviour etc. The HPV analysis is to med out by Dr. Wallboomer, Section of Molecular Pathology, Free Mily Hospital, Amsterdam. The preliminary evaluation was done ells from buccal smears which was not seen to be the right sample elanalysis. Biopsies are being analysed. HPV positivity was seen to beingch lower in buccal smears in comparison to the biopsies.

Genomic instability in breast cancers (1998-2000)

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

Rincipal investigator

Dr. Prabha Balaram

©o-investigators

Dr. Igbal Ahmed, Dr. Elizabeth Abraham

The study was started in order to evaluate the nature of genomic listability observed in patients with cancer and benign lesions of the bleast. The major parameters being analysed are the alterations in the well by ole regulatory genes, the apoptotic and proliferative indices, the inaligation potential, the inherent DNA damage repairing capacity by comet assay, and the status of the BRCA1 and BRCA2 genes using PCR and SOP analysis. A total of 122 lesions have been evaluated. Since the all impers in each group is low for a proper analysis, the study is being

Genetic susceptibility studies in breast/ovarian cancer fair (1997-2000).

(Funded by the Department of Science and Technology, Gol India)

Principal investigator Co-investigator

Dr. Ravindran Ankathil Dr. Thomas Abraham

Dr. Jayaprakash Madhavan,

Dr. V.P.Gangadharan

At the Regional Cancer Centre, Trivandrum several families been identified in which cancer of the breast/ovary aggregate. Inherit of susceptibility gene BRCA1 located on the chromosome 17g has reported to be the basis of this familial occurence. But information lacking concerning possible genetic defects or genetic susceptibility In close relatives of the so called cancer families. This study air develop a sensitive and practical genetic assay by which genetic susceptible high risk relatives in breast and ovarian cancer families be specifically identified and distinguished from their low risk relationships These family members will be analysed at the molecular and cytoner levels for genetic susceptibility markers. At the molecular level germline BRCA1 mutations in affected members in these cancer fair will be investigated employing polymerase chain reaction single strain conformation analysis(FCR-SSCP). At the cytogenetic level constitutional chromosomal abnormalities , chromosomal fragile site mutagen induced . chromosome sensitivity shall be investigated emply. peripheral blood lymphocyte microcultures.

Evaluation of hematological and cytogenetic response of interferon treatment. In CML patients (1997-1998)

Investigators

Dr. Ravindran Ankathil

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

Chronic Myeloid Leukemia(CML) is characterised cytogened by the reciprocal translocation t(9,22) (q34;q11). This results in a denial chromosome 22, the Philadelphia (Ph') chromosome ,which is pressing 90-95% of CML patients. Ph' chromosome serves as a marker for malignant clone and allow the cytogenetic diagnosis and follow upplied disease. Recently, interferon alpha therapy has been useful in suppression a relapse of Ph' positive cells. Interferons have the potential to collaprogression in the chronic phase and with the definitive suppression cytogenetic clonal evolution, provide effective treatment of more advantages of the disease. This study aims to evaluate the hematological cytogenetic response of interferon alpha treated CML patients.

phonosome sensitivity studies in colon cancer families (1994-

1997)

/Fainded by Dept. of Science, Technology and Environment,

testigators

Dr. Ravindran Ankathil, Dr. Jayaprakash Madhavan

mis project has been just completed. During the tenure of the we have registered and analysed the pedigrees of all the colorectal GRC)patients with a family history of cancer. We have identified generalities in which 2,3 or more first or second degree relatives were also affected with the disease. But there is paucity of Information on the genetic determinism for familial CRC predisposition. Therefore, wallwestgated constitutional chromosome abnormalities and bleomycin meinse ghromosome sensitivity of 26 familial and 30 sporadic colorectal garger patients, 60 unaffected family members (first/second degree resultives) and 30 normal healthy controls to determine whether these សេនសេរីមីទីទេ could give any clue to genetic predisposing factors by which the high risk members in CRC families could be identified. The test assay usella comycin induced chromatid breaks in short term microcultures of pallahoral blood lymphocytes of the subjects. The CRC patients, the preffected family members and the controls did not show any constitutional chromosomal abnormalities. However, with regard to Weost Win sensitivity there was significant difference between the CRC patients unaffected relatives and controls. The mean break/cell values 6 1.64 £ 0.42 for the FCRC patients and 1.08 ± 0.34 for the SCRC realignizations were significantly higher than the mean b/c values of 0.62 \pm **CHBRoaths** unaffected relatives and 0.52 ± 0.12 for the controls (p<0.001). the indeworthy observation was that six unaffected members from 6 েরিটারিলাles also showed bleomycin hypersensitivity at the initiation of ithestogy. Because they expressed mean b/c values >1.0 which was as high as those of the patients they were regularly followed up. Out of these adeveloped CRC later, This clearly demonstrated that mutagen hypersensitivity among unaffected relatives in CRC families may be related iowancer predisposition. Hence this cytogenetic assay could be utilised iowaitify the genetically high risk individuals in CRC familles.

Establishment of a Familial Cancer Registry (1995-2000)

lijvestigators

Dr. Ravindran Ankathil, Dr. Aleyamma Mathew Ms. Latha P.T, Ms. Anitha Nayar

Dr. M. Krishnan Nair

Virtually all forms of cancer in humans show a tendency to eggin families and familial cancers comprise a significant fraction of cancer burden. The family history analysis is an easily acceptable very productive method for identification for familial cancer cluster have started taking details of family history of cancer among all the patients registered in our centre. The study is being continued with following objectives.

- To investigate the incidence of familial cancers at the Reg. Cancer Centre through pedigree analysis.
- To compile the pedigrees and estimate the relative cancer of the family members
- 3. To establish a registry for familial cancers.
- Etlopathological studies in Hodgkin's Disease with special emphasis to the role of Epstein Barr Virus (1996-1989)

(Funded by Kerala State Department of Science and Technique

Investigators

Dr. Ravindran Ankathli

Co-Investigators

Dr. Elizabeth Abraham,

Dr. Joy Augustine

During the second year of the project, serological study to it the antibody titres against Epstein Barr viral antigen in Hoo Disease(HD) was undertaken. A total of 82 HD patients consisting adult and 12 pediatric cases were included. For comparison, 85 agg sex matched healthy normal controls were also included. 8 out 82 patients (98%) and 57/85 (67%) had IgG antibody titres against capsid antigen. The geometric mean titre (GMT) for patients was and the GMT for controls was 1:35. Only one control showed a fitter 1:320 and 7 controls had a titre of 1:160. Thus 87% of patients antibody titres > 160. Compared to controls, HD patients had significa higher IgG antibody titres against EBVCA (p<0.001). Serum of paint with nodular sclerosis and lymphocyte predominant subtypes show lower antibody (GMT 1:345) titres than those with mixed cellularity lymphocyte depletion subtypes (GMT 1:583). Patients with advance disease(stages III and IV) had higher IgG antibody titres against 🖫 (GMT 1:617) than those with limited disease (GMT 1:315). Patient the 15-34 and above 50 age group had higher IgG antibody litres age. GMT 1:470 and GMT 1:460 respectively.

membrane changes in relation to tumour progression, pression and metastasis in Oral and Breast cancers using lectins (1998-99).

(spinded by Dept. of Science, Technology and Environment,

Principal Investigator

Dr. P. Remani

@gi]mestigator

Dr. Elizabeth Abraham

ine formation of distant metastasis involves several discrete. Patens that depend on a complex array of cellular interactions instruction tumour and host cells. Many of these interactions are mediated isurface molecules. The normal and malignant invasive squamous the a cells synthesize and secrete the glycoconjugates including oteins, glycolloids and ganglicsides on to the cell membrane Lectins have been shown to have specific affinity for mentary binding sites on terminal sugars. Linked to horse radish ase the lectins have been used to localize terminal sugars in the and sections. In this study, our aim is to investigate staining possibles of primary oral and breast cancer tissues with Jack fruit lectin notification to see whether these lectins can be used to predict the osang metastasis of tumours. Scrape smears from 66 patients with equatious cell carcinoma of the oral cavity were used for the study. The number of tumour cells with membrane staining was noted and expressed morganizate. The frequency of lectin binding cells varied among the 66 imdurs studied ranging from 53% to 100%. In 52 patients, >85% of the furnour cells showed lectin binding whereas in 14 patients, < 85% of ໃນກັດບໍ່r cells showed lectin binding.

(2) Lectins as diagnostic markers in haematological malignancies (1994-1997).

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

Principal Investigator

Dr. P. Flemani

Co-Investigators

Dr. P. Kusumakumary,

Dr. G. Rajasekharan Pillai

VCA than those in the 0-14 years and 35-49 years. But there was in the EBV antibody titres with respect to the gender of the gen

lymphomas. Imprint smears and histology sections from 63 lymph cases (Non Hodgkin's lymphoma, Hodgkin's lymphoma, Granulon) lymphadenitis, Reactive follicular hyperplasia) and 154 cases of leuk (Acute Myeloid Leukemia, Acute Lymphoblastic Leukemia, Chi Lymphocytic Leukemia, Chronic Myeloid Leukemia) were used in study. The results of the lectin binding studies showed that in Hod disease histiocytes and epitheloid cells showed intense staining. Sternberg cells showed binding of moderate degree. Immuno showed only weak staining and could be readily distinguished from Reed Sternberg cells. In Non Hodgkin's lymphoma lymphocytes d show any staining. The cleaved cells on follicular lymphoma si moderate staining as compared to the similar cells in non neop lymphriodes. Vascular endothelial cells showed a more intense sta than that was observed in reactive lesions. Lectin binding in different types of leukemias also showed different binding patterns. ALL and varying degrees of membrane and cytoplasmic staining especially in M1, M2, M3 and M4 subtypes.

13. Development of multifactorial index of Radiocurability of the Cancers (1993-1997)

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

Principal Investigator Co-Investigators

Dr. V.N. Bhattathiri

Dr. P. Remani, Dr. B. Chandraids

Mr. C.A. Davis,

Dr. Aleyamma Mathew

Smears, pre-treatment alone or serially during radiotherapy, to from squamous cell carcinomas of cral cavity were studied for quantiful nuclear abnormalities and cell membrane lectin binding patterns. Arg two hundred patients were available for pretreatment study and value numbers for serial studies. Analysis regarding the relation of the about to proliferative, invasive and metastatic capacity of the turnours and radiosensitivity showed the following Important findings:

- Micro/bi/multinucleation and nuclear budding are market proliferation and related to turnour growth in size. Micronucleal is a better marker for this than the conventional mitotic index,
- Multinucleation, which is due to failure of cytokinesis and karyokinesis, is linked to cell membrane damage and its failuid. proliferation and membrane lability.

lectin binding characteristics of cells from tumours with high mph node metastatic potential were different. When these are integrated with other usual factors influencing lymph is involvement, the usefulness for such prediction is increased.

nuclear abnormalities showed significant dose related increase duling radiotherapy.

gish though micronucleation was higher in radio-sensitive tumours, invas not statistically significant, suggesting that their use alone is raplikely to have predictive value.

militinucleation was significantly higher in sensitive tumours than sistant ones. Combined evaluation of the various parameters can failably identify sensitive turnours halfway through a course of reatme⊓t.

sensitivity of the cell membrane in combination with fast nuclear of offeration, is what makes a tumour radiosensitive or otherwise.

mimours with high propensity for lymphnode involvement have mplex cell membrane and hence they are more radiosensitive.

mate of change of micro/bi/multinucleation and the plateauing in counts during radiotherapy can identify the presence of radiation induced accelerated proliferation in tumours, and this is linked with fheir radiocurability.

are Erythrocyte agglutination by lectins may be an in vitro model to study factors influencing cell membrane sensitivity.

Evaluation of AgNOR, Transferrin and radiation induced micromultinucleation as indices of proliferation and adiosensitivity of oral cancers (1997-2000)

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

Principal investigator

Dr. V.N. Bhattathiri

Co-Investigators

Dr. P. Remani, Dr. K. Jayasree

Dr. B. Chandralekha, Mr. C.A. Davis

The main objectives of this study is to assess whether the silver Majned nucleolar organizer region associated proteins, transferrin keep up with nuclear proliferation and hence is a marker of by segotors and micromultinucleoli can be used as the markers to predict ligitadiosensitivity of oral cancers.

Evaluation and classification of radiation induced a immediate nuclear and cytopiasmic changes in oral epidem carcinoma cells (1997-1999)

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

Principal Investigator Co-Investigator

Ms. L. Bindu Dr. V.N. Bhattathiri

Radiation is known to cause damage to the nucleus and cylone of cells exposed to it resulting in cell death. Many of these change be identified by morphological changes. Modes of death, like applications and newer changes in morphology has been described. Many of have not been evaluated by cytology. The relation of these to rad dose and time has not been evaluated. The purpose of this studion investigate the various changes in detail cytologically or his phologically and classify them. Hundred patients with oral cancer included in the study. They will be given fractionated radiotherapy, sa smears will be taken from the tumour avoiding the normal tissue. the start of treatment and after the delivery of fractions of radiation smears from each patient will be studied. The smears will be stair Giernas's and the various nuclear and cytoplasmic abnormalities sin Some of these abnormalities are, nuclear budding, micronuclean multinucleation, apoptosis, karyorhexis, karyolysis, cytoplasmic 🕷 ation, cytoplasmic granulation etc. For this 50 cells will be selected radiation related changes. In each cells separately scored.

Biological Prognostic Markers in Oral carcinoma (1997-200)

(Funded by Indian Council of Medical Research)

Pricipal Investigator Co-Investigators Dr. S. Kannan Dr.V.N. Bhattathiri Dr.Elizabeth K. Abraham,

Dr.K.R. Nalinakumari

The treatment response and survival rate in oral cancer palar vary widely from one patient to another. The present clinical as value pathological features of the testons possess only limited ability to provide treatment response. In order to assess the biological behaviour attended and for individualized management, the present study provide analyze a set of proteins involved in the crucial steps of carcinogers as prognostic markers in oral carcinoma. The proteins such as position CDK-2, CDK-4, CDK-6, p21, p16, Cyclin D1, Cyclin E, VEGF and MC

Figure immunohistochemically analyzed in the pre-treatment biopsy. In a specific part of this, also the relation between apoptosis and prognosis of specific part of the specific

Expression pattern of Various Growth Factors and Growth Factor Receptors In Oral Pre-mailignant and Malignant Lesions (Completed)

/Funded by Department of Science and Technology, Govt. of India)

Investigators

Dr. S. Kannan.

Dr. G. Jagadeesh Chandran

Dr. K. Raveendran Pillal,

Mr, Sujathan Dr. Babu Mathew, Dr. K.R. Nalinakumari Dr. M. Krishnan Nair

The expression of proteins involved in signal transduction pathways are shown to be altered in various malignancies and this alterations can also be used as markers for tumor progression. The present study and od the expression pattern of certain growth factors and growth factors in various stage of tumour progression in oral mucosa in solicito study the relation of these proteins with oral carcinogenesis. The fundamental mucosa, non-degligation and dysplastic leukoplakias and frank invasive oral squamous callegrounds. The expression pattern of epidermal growth factor (EGF) and steep to (EGFR), transforming growth factor - alpha & beta-3 (TGF-MIS), c-erbB2 product (Neu) and insulin like growth factor- I receptor (EGF) were studied by immunohistochemistry.

Immunohistochemical staining showed that all these proteins exhibit incensistency in expression in different oral lesions except EGFR. Inhariate analysis between the expression pattern and stage of tumor progression revealed that EGF, TGF, Neu, TGF-B3, IGF-IR, have alignificant correlation coefficient. In multivariate analysis only EGF, TGF and IGF-B3 were showed to have independent role on tumour incension in oral mucosa. When analyzing the association between the expression pattern of these proteins and proliferative status, IGF-1R,

EGFR and TGF-83 showed significant correlation in univariate and and in multivariate TGF-B3 alone showed independent association cell proliferation. Thus the present results indicate that the expres pattern of TGF-B3 may be a useful biological marker to assess the lesions.

18. Hole of Cathepsin D in Gestational Trophobiastic Disease

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

Principal Investigator

Dr. Molykutty John

(Young Scientist award project

the year 1997)

The expression of Cathepsin D was studied in 45 trophys. tumours and 38 normal placental tissue of corresponding gesting ages including spontaneous abortion cases. Extensive and oran cytoplasmic immunostaining was noted in both cyto and syncilly phoblastic cells in nearly all cases of placental tissue, apontain abortion cases and in hydatidiform mole. A statistically significant in is noted between normal placental tissue and trophoblastic tunit There was also statistically significant difference in the Intensition proportion of cell staining of both villous stromal cells and decidual between normal pregnancy and molar pregnancy. Correlation of staining score to the regression pattern of the tumour showed the lesions of the slowly regressing cases showed slightly higher catigo D expression when compared to spontaneously regressing ground similar phenomenon was noticed with lesions in the chemotherapy for The strong immunoreactivity for cathepsin D in trophoblastic tunits suggest its role in trophoblastic cell transformation, proliferations: invasion. The activities may be important both in higher rate of proliters and in the maintenance of the higher proliferative rate in tropholic tumours.

Projects recently sanctioned

Antimetastatic protein NM23 and adhesion protein molecular indication committee Member -Research Fellow CD44 in breast cancer

(Funded by: Department of Science, Technology 🔊 Environment, Govt, of Kerala)

Investigators

Dr. Prabha Balaram. Dr. Igbal Ahamed

Dr. Elizabeth Abraham

Evaluation of metastatic potential in GTD using adh preteins and antimetastatic genes as Indicators

(Funded by: Indian Council of medical Research, New Delhi)

Investigators

Dr. Prabha Balaram, Dr. Molykuti

Expression of epidermal growth factor and transforming growth factor alpha inrelation to aggressiveness in GTD

Funded by: Indian Council of Medical Research, New Delhi.)

grivestigators

Dr. Molykutty John, Dr. Prabha Balaram,

Dr. Chandrika Devl.

Binic Credits

Riabha Balaram

Thesis evaluated

and Ph.D Examinership - Mahatma Gandhi University, Kerala 1

- Calicut University, Kerala

en n Examinership

- Bombay University, Bombay

i for projects and publications 1997-98

indian Council of Medical Research, Govt. of India Council of Scientific and Industrial Research, Govt. of India Department of Science and Technology, Goyt, of India Blosciences Journal Biomedicine Journal

member:Selection panel for staff

Regional Cancer Centre, Trivandrum

Tropical Botanical Garden and Research Centre, Palode, Trivandrum.

Raily Gandhi Centre for Biotechnology, Trivandrum.

Assistant Editor - Biomedicine

Executive Committee member - Indian society for Radiation Biology Courses conducted Two month Immunology training for M.D. Microbiology students, Medical College, Trivandrum - Annual.

Die Bevindran Ankathil

. 尚得 Examinership

Calicut University

Remani P

M. Phil Examinership

- Mangalore University

Research Supervision

Dr. Prebha Balaram

1. Genomic instability in breast cancer. Ongoing doctoral thesis programme - Ms.Prlya S_{de}f

2. Molecular biology of Gestational Trophoblastic disease

Ongoing doctoral thesis Programme-Ms.Swapna Er

3. Molecular alterations in oral cancer Ongoing doctoral thesis with special emphasis on oncogenesprogrammeand tumour suppressor genes Ms. Prishla Varghese

4. p53 tumour suppressor gene in oral MDS Thesis - Dr. Suma Précancers and Cancer

Samuel

- A clinico pathological study

5. Antithrombin III levels in pregnancy MDS Thesis - Dr. E.M.Kosk induced hypertension

6. Immunomodulatory effect of selected MDAyurveda Thesis regimes in rheumatoid arthritis ayurvedic treatment

Dr. Mini B.S.

Dr. Ravindran Ankathii

 Cytogenetic and epidemiological studies in breast and colorectal cancer families

Thesis submitted-Jyothish

2. Etiopathological studies in Hodgkin's lymphoma

Ongoing doctoral thesis programme -Chandini R.

3. Genetic susceptibility studies in breast/ Ongoing doctoral ovarian cancer families

thesis programme -Vinodkumar B

4. Cytogenetic and hematologic response in studies of blotherapy in patients with hematologial mallonancies

Ongoing doctoral thesis programme - Hariharan

5. Genetic studies of patients suffering from recurrent apthous ulcers

Ongoing MDS Programm Dr. Manoj .S. Nair

avindran Ankathil Raja Ravi Sher Singh of Khalsia memorial award Sancer research in 1996 instituted by Indian Council of Medical arch, 1997.

joykutty John

Ph.D Degree awarded in January 1998.

Awarded American Cancer Society Fellowship for Beginning Investigators (ACSBI) fellowship of UICC for 12 months (March 1988).

utine Investigations undertaken

1. Karyotyping from peripheral blood

lymphocyte Microcultures - 292 Bonemarrow karyotyping - 152

Serum Immunoglobulin estimation

- 390 lgG: - 390 lgM

- 390 **IgA**

Conferences, etc. attended - (Chapter III) Papers Presented - (Chapter IV) Papers Published - (Chapter V)

DIVISION OF LABORATORY MEDICINE Coral cancer continues to be the leading malignancy seen in India. TUMOUR BIOLOGY TUMOUR BIOLOGY TUMOUR BIOLOGY

Dr. M. Radhakrishna Pillai

- Assoc. Professor

The department continues to direct basic and translational responsion programs towards prevention, control and cure of cancer. Responsion programs are being continually funded by extra mural funding agent after peer review, at times where support for such investigation increasingly constrained. The mechanisms regulating tumor growth programmed cell death continued to be the focus of research. Signification have been made in the understanding of relationships between associated gene function, apoptosis and treatment outcome.

Breast cancer research is a substantial activity in the departmen Despite all current research into newer treatment protocols therapeutic agents, it is a well known fact that such lines of Investigation are unlikely to make any major impact on breast cancer controller management. For any major breakthrough or achievement, the basio and molecular biology of the disease needs to be correctly define Recent evidence has emphasized the Importance of programmedat death or apoptosis in the maintenance of tissue homeostage pathogenesis of tumors and response to therapy. Programmed cell deli is a genetically regulated process of cell death or cell suicide, normally occurring after completion of a fixed life span or after the cells genetically damaged. An inverse correlation was observed between 2 gene expression and the extent of apoptosis. The extent of apoptosis directly correlated with p53 protein accumulation, p53 gene mutation. turnor cell proliferation, histopathological grade, turnor size and lym node status. There was no statistically significant association between estrogen and progesterone receptor status and apoptosis. In addition the TNM stage of the disease correlated with immunoreactivity of page 1 and KI-67. BcI-2, by Inhibiting apoptosis may cause a shlit in tissue kine towards the preservation of genetically aberrant cells thereby facilitating tumor progression. The ability of apoptosis also occur in the presence mutant p53 protein suggests the existence of at least two p53 dependent apoptotic pathways, one requiring activation of specific target genes and the other independent of it. We will now correlate these results to treatment. response in these patients.

Gral cancer continues to be the leading matignancy seen in India. Seearch into the development of oral cancer continued with ligations into the cellular alterations seen during oral carcinogenesis. If an inverse is light cancer correlation was observed between the extent of angiogenesis and light cancer consists of the apoptosis atimulating bax protein. Inverse correlation was observed between CD34 expression and apoptosis and fice of the apoptosis stimulating bax protein. Inverse correlation was observed between the bax/bcl-2 ratio and CD34 immunoreactivity. In presence of mutant p53 also showed a correlation to the extent of presence of mutant p53 also showed a correlation to the extent of between CD34 expression, cyclin D1 and TUNEL reactive cells fet that increased angiogenesis, decreased apoptosis and is guilated proliferation occur simultaneously during tumor progression are also involved in this complex process.

We have had continued success in our human papillomavirus (HPV) research program. The relationship between apoptosis, apoptosis regulatory proteins, cell proliferation and human mavirus infection during various phases of tumor progression in theiglerine cervix was investigated. Apoptosis showed significant negative problem with increasing histological abnormality. Higher tumor cell proferation was also associated with increasing histological abnormality, re was significant correlation between histological grade and implinoreactivity of p53 and bol-2. However mutant p53 was seen in on 5% of samples analyzed. Expression of Bax and the bax: bol-2 ratio wed an inverse correlation to histological grade. There was also an Therese correlation between extent of apoptosis and immunoreactivity of Si A significant positive correlation between expression of the bax motein and apoptosis was evident. Presence of HPV DNA detected by ▼ F@R significantly correlated to the extent of histological abnormality. High REPV - E6 protein also showed this significant correlation. There was minverse correlation between apoptosis and HPV infection. High risk infection was associated with decreased apoptosis and also aciated with HPV 16 and 18 infection. Modulation of apoptosis and poptotic regulatory proteins by high risk HPV infection may therefore be important factor in the development of cervical cancer.

We have also studied the role of the ras group of oncoprotein the development of colorectal tumors. Expression of the ras once product p21 and Jack fruit lectin (JFL) binding were analyzed in no rectal tissue, adenomas and carcinomas. Mild expression of ras pa observed in 50% of the normal rectal tissue samples. In aden expression of three types of ras proteins ranged from mild to mod The expression of N - ras p21 was maximum in the carcinoma of with 91% of samples showing immunoreactivity. K - ras p21 was se 58% of the cases while H - ras p21 expression was seen in 53 cases. Correlation analysis revealed significant association betypepositive p21 immunoreactivity and increasing histological abnormal JFL binding on the other hand, was found to be reduced with increase histologic abnormality. Normal rectal epithellum showed intense bir with over 60% cells showing a positive reaction. Adenomas were set have moderate to intense staining with a range of 30 - 60% positive. Lowest levels of JFL binding was associated with invasive turnoist significant negative association was thus evident between JFL bing and histological abnormality. A negative correlation was also evi between expression of N - ras and K - ras oncoproteins and JFL binding These results suggest that ras encoprotein expression during many tumorigenesis is accompanied by cell surface glycoprotein alteration

Other areas of work ongoing include the radiobiology research program and in vitro molecular chemosensitivity assay development in radiobiology program funded by the International Atomic Energy Age was completed and results submitted for publication.

Research projects (1997-98)

The mutent p53 protein in breast cancer.

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

Principal Investigator

Dr M. Radhakrishna Pillai

 Cellular manifestations of p53 and bcf-2 expression in ovarian cancer.

(Funding Agency : Indian Council for Medical Research).

Principal Investigator

Dr. M. Radhakrishna Pillal

Tumor response to radiation therapy in carcinoma of the uteri cervix : the role of ras gene mutation

(Funding Agency :Indian Council for Medical Research).

Principal Investigators

Dr. M. Krishnan Nair, Dr M. Radhakrishna Pillal Radiosensitivity, treatment outcome and ras gene mutation in rectal carcinoma.

Funding Agency: Department of Atomic Energy, Govt. of India)

grincipal Investigators

Dr. Jayaprakash Madhavan, Dr. M. Radhakrishna Pillai

Molecular Regulation of Programmed Cell Death.

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

e Principal Investigator Dr M. Radhakrishna Pillai

programmed turnor cell death and proliferative fraction ratio in the staging of thyroid cancer.

Principal Investigators

Dr V.M. Pradeep,

Dr M. Radhakrishna Pillai

Д Fjetomere dynamics, telomerase activation and epithellal tumor

Funding Agency : Council for Scientific and Industrial Research).

Principal Investigator

Dr M. Radhakrishna Pillai

uman Resource Development

The following we candidates completed their dectoral program and submitted theses to the University of Kerala.

Ms. S. Lakshmi

 Patho-biological factors in cervical oncogenesis

∛ Ms. S. Asha Nair

 The histogenesis of squamous cell carcinoma of the uterine cervix

The division has currently one Post doctoral trainee and 6 PhD and dates working in the Doctoral Programme of the University of Kerala and Industrial Search and University Grants Commission.

Dr. T.T. Sreelekha

 Gene mutation and tumor response to radiotherapy

Ms. Lakshmi Kesari

: Programmed cell death in

preast cancer.

Mr. R. Radhakrishnan

Cellular and malecular profits of Non Hodgkin's lymphons

Mr. G. Srinivas

Programmed cell death, chemotherapy response an prognosis in pediatric acute lymphoblastic leukemia.

Mr. Pradip Nair

Molecular manifestations of progression in the uterine can

The division is also a resource and training centre for post grading of the Medical College hospital, Thiruvananthapuram. The following students completed and submitted their thesis to the University of Kanand National Board of Examinations.

Dr. Jessey M.M., Dept. of Pathology, Medical College Hospitzlije p53 tumor suppressor protein and tumor, proliferation in gastric carcing.

Dr. V.G. Reghunathan, Dept. of General Surgery, Medical Collections: Gastric careinoma : analysis of clinical and cellular variables:

Dr. G. Pushkas Dept. of E.N.T., Medical College Hospital: Clifts implications of tumor cell proliferation and associated gene express in laryngeal lesions.

Dr. Bindu C.S. Dept. of Pathology, Medical College Hospital: Cliffon pathological study of breast cancer.

M.D/ M. STheses (currently beeing carried out)

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

Dr. Sreekala, Dept. of Obstetries & Gynecology, SAT Hospital Medical College: Clinical significance of human papillomavirus premalignant and malignant lesions of the uterine cervix.

Dr. Preethi T.R., Dept. of Pathology, Medical College: The dr. p53 gene expression in epithelial ovarian tumors.

Dr.V/jayalakshmi, Dept. of Pathology, Medical College Epidermal growth factor and angiogenesis in thyroid carcinoma.

Conferences, etc. attended - (Chapter III)
Papers Presented - (Chapter IV)
Papers Published - (Chapter V)

OVISION OF CLINICAL LABORATORY SERVICES

ant. Padmavathy Amma B.

Technical Officer

Ginical Laboratory Services has always been of immense help in Ginical Laboratory Services has always been of immense help in a probability in the Regional Cancer Centre, but also from the Medical colleges, like Sovt. hospitals, Private hospitals and Laboratories of the State. One of the sallent features is that all the clinical investigations are done one for roof and the laboratory functions 24 hours a day through out the laboratory functions per day (240 in hematology of in blochemistry). Sample collection are done meticulously for solly disposable consumables are deformed thermo-chemically at the laboratory itself.

The hematology section has to its credit most advanced equipment like fully automated analyzer COULTER ONYX delivering results of 18 parafreters and COULTER ACT®, and coagulation analyzer. The bis lemistry laboratory has 3 analyzers (E-MERCK) a new dry chemistry analyzer (JOHNSON&JOHNSON), a blood gas analyzer (CORNING), italian photometer (CORNING) and electrophoresis package. The aboratory is up-linked to the computer server at the center's computer server at the center's computer server at the center's computer stillated elsewhere at the centre. The stand alone computer at the laboratory compiles and manages the inventory and staff details by a pusion software developed for the purpose.

The reports are sent to the respective wards through the counter and results demanding urgency are conveyed over the telephone to the provided by the state of the patient and modality of treatment. The average reporting time of results varies from 5 min. to 45 min. according to the augmber of investigations requested irrespective of workload.

The activities of the leboratory according to patient care priority are autilined below. Special stains and Immunocytochemical analysis for by house alkaline phosphatase and non-specific esterase determination are performed for leukemia detection along with peroxidase activity PAS appecificity and blood picture with full differential count. Myeloma band differential by serum electrophoresis and presence of urinary Bence Johns protein are performed. Acid phosphatase both total and prostatic specific

detection will reveal a lot about the presence and progress of progress. Liver metastasis is easily ascertained by estimation of function test and coagulation profile.

Other than diagnostic aid the laboratory has also a major or play in the patient supportive investigations. The patient of this calculates in the group where results are sent in the minimum time hematological profile along with liver function and renal function performed for each patient every day till the end of the chemother regime. The detection of HbsAg and serum electrolytes estimated the count and Pearls reaction in bone marrow is critical for patients.

The results of the laboratory are kept as the most reliable of participating in external quality evaluation program with Christian Moscollege Vellore and stringent internal quality control program. It laboratory has set a range of acceptable reporting range of valuationaries. The values falling above or below the expected range further analyzed for concurrent values before reporting. By all this since it is assured that the results are in par with any of the leading referent laboratory both in India and abroad.

The laboratory also provides useful data and samples for various research projects, the details of which are listed elsewhere.

	me word ordownale.
Name of the project	Investigating Officer/s
1. Atlas Trial	Dr. B Rajan
Droloxifen Trial	Dr. K Ratheesan & Dr. N Gee
Gemeitabine Trial	Dr. V P Gangadharan &
4. TLCD-99 Trial	Dr. Ramdas
1200-35 [ria]	Dr. Jayaprakash Madhavan, Dr.Cherian Varghese
5. Idoxifene Trial	Dr. S Paramaewama e
	Dr. N Geetha
6. Vitamin A Trial	Dr. Ramdas
Training	·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·

The laboratory also provides training program for MSc Biochemistry students from both Rajiv Gandhi Centre for Biotechnology and Mahating Gandhi University, for a period up to 3 months. Short term training

yen for students from various universities undergoing MBA in MCA students from Kerala University also undergo in software development and use in a multi-diciplinary and in the laboratory.

individual Achievements

In Rajesh K.A., laboratory technician in addition to discharging in addition to discharging in a duties is also engaged in taking theory classes in microbiology in the language in the langua

Mr. Harlharan S., laboratory technician has registered in Kerala lightership for doing part-time doctoral research. His research work is on registered and hematological response of patients with hematological malonancies, under the supervision of Dr. Ravindran Ankathil.

Investigations carried out during the year 1897-198

1 A	~				
odfiemical	No.	Haematological	No.	Urine analysis	No.
	29796	Hb	79920	Sugar	9280
118121.	28872	_	76360	Albumin	9280
15 C	26616		38120	Acetone	3630
aga∍e algaeid	6840		73680	Bile pigment	3120
MAT	2886		61610	Bilesalt	1100
iliubin.	10212	E.S.R.	20110	Urobili-	1128
60T	18564		23260	Reaction	655
sei	19112	B.T.	5912	Specific gravity	360
AR.	19216	CT	5912	Bence John's	54
30				Proteins .	
BSAq	4846	PT	358	Microscopy	386
	3952	A PTT	38		
	3952	П	25		
iĝlesterol.	210	Immunohisto-			
30 30	٠.	chemistry			
<u>D</u> L	116	Peroxidase	4870	•	
glyceride.	116	PAS	490		
ĐH.	116	Esterase	120		
jiÿlase	68	LAP	312		
agnesium.	11	Bone Marrow	2138		
ÇΡ	1320	1			
ostaticACP	716	•			
jectro ph or e si	s 174	,			
à+	4567				
)	4567				
<u>ėlcium</u>	3320				

DIVISION OF INFORMATION SYSTEM

Dr.Cherian Varghese Bindu S S Manoj G

- Systems Manager (i/c)
- Systems Analyst
- Jr. Systems Analyst

Patient management modules

The following patient management modules are running at value. sites with full support of the division.

- New patient registration
- 2. Appointments and general patient information
- Inpatient admission.
- 4. Cytology and histopathology
- 5. Pharmacy billing and stock

As a second phase development of Patient management monit an inhouse software for clinical laboratory services was developed using Ingres RDBMS in UNIX Operating System. In this module Biocheni and Haematology results are entered from the respective labs. A terminal was provided in OPD and these reports are generated at OPD counter. Provision for both internal and external quality conchecks are incorporated. Periodic reports are also generated according This computerisation has enabled speedy access to the results an reduced the workload of staff in Clinical Laboratory. The delay cause for maintaining various registers and getting the reports to the patlents. reduced. Patients can enquir the status of the laboratory results at OP counter itself.

Another Inhouse software is developed for Radiotherapy Treatman Management System in Clipper 5.0 under DOS Operating System and implemented in Radiation Physics Division. Accurate values to Percentage Depth Dose, TDF, daily given dose, daily tumour dose treatment time and Gap Correction for both SAD and SSD technique (all the radiotherapy machines installed in RCC are calculated. Period reports are generated.

Other supports

The Division provides technical support as well as maintenance 🖁 all the personal computers installed in various divisions. Presently total of 25 stand alone PC's are installed at various sites.

gachnical support for data processing and annual report preparation population Cancer Registry and Population Cancer Registry is provided. ort is provided for other ongoing projects such as Natural and Radiation Registry programme (NBRR) in Karunagappally, Berum Oral Cancer Screening Study (TOCS) in Mangalapuram and digemia Research Project, Trivandrum. Necessary software are deve for data entry (with online data checking) and report generation for nagalor data ethi. Mangalapuram and Leukaemia research

raining programmes

pivision extends guidance for doing project work for students from Sarious colleges in the state of Kerala.

Five students from College of Applied Sciences, Kottayam, have ideveloped a software for Blood Bank Data Management in Ingres.

three students from University Institute of Technology, Trivandrum have deeloped an inventory package in Foxpro.2.6 for Clinical Laboratory.

Four Students from Marthoma College of S&T, Ayur did their project work using Visual Basic for Radiation Physics Division.

Software purchased

Corel Perfect Suite ver.8 includes Corel WordPerfect 8, Quattro Pro-Alisorel Presentations, Corel Central, Corel Photo House, Netscape Navigator Ver.3.0.

Hardware purchased

An external CD Writer - HP CD Writer Plus 7100

DIVISION OF COMMUNITY ONCOLOG Intent of premalignencies

Dr. Babu Mathew

Professor

Dr. Ramani, S. Wesley Sri.C. Sreekumar

Assoc. Professor.

- Social Investigator

Highlights activities

- Participation in the "Janakiya Assoothranam Programmes" state as per the directive from the State Planning Board. The diverhelped the Primary health centres in planning, organising implementing this project, effectively in 9 places this year.
- Human resource development: training of doctors, health of the Members of voluntary organisations and general public for car control activities.
- Generation and distribution of health education materials utilization of mass media for cancer awareness.
- Anti-tobacco workshops and campaigns throughout the State the support of voluntary agencies.
- Establishment of village level comprehensive cancer comprehensive programmes and early cancer detection camps in the villages
- Community based cancer research in the form of chemoprevents studies in prevention of oral cancer by visual screening, cervlose for downstaging of uterine cervical cancer and the utilizations trained house surgeons for cancer survey and surveillance.
- Management of early cancer detection clinic in the centreal maintenance of a pre-cancer registry.

Early cancer detection clinic

An early cancer detection clinic of RCC is functioning in department to examine patients with warning signals of Cancer, evaning off O.P hours and by prior appointments.

We have a supplementary registration system in this clinic and fixed registered 1915 patients. There were 27 cancers, 83 oral precancers breast lesions and 114 cervical dysplasias. Down staging of cance seen in this clinics.

Low cost Cervical Cancer detection programmes are done on Tue and Thursdays. A total of 1153 persons were screened during the curt year and we have detected 4 cancers, 4 carcinoma insitu and dysplasias (precancers)

We have started managing precancers of cervix and oral cavity by Miathermic excisions and minor surgeries. 812 colposcoples, 155 and 19 leep diathermic excisions were done windervix. We have a precancer registry where all leukoplakias and and treated. Oral biopsies and Signs were done for all relevant precancers. Strict follow up of the ntious persons done was promptly.

geripheral Centres

Pativ Cancer Detection Centre at Kollam

ECDC at Kollam started functioning during the current year. This making under the auspices of Kollam Cancer Care Society. The technical ort for training, early detection and palliative care is given by this

We have given one month training to Medical Officer of this centre. es we have trained Medical Practitioners, Gynaecologists, ENT suggens, Dentists, Surgeons and Doctors of Homeo and Ayurvede etc. alikaliam to support ECDC Kollam. They were given practical training at Health workers, Anganwadi workers Panchayath people and wakintary agencies were also given training in primary and secondary prevention. This division has participated in majority of the camps arganised by ECDC Kollam.

Approject office for community based cancer research activities

This office which was opened at Mangalapuram with 36 enumerators and 0 other staff is functioning well. Regular clinics are held here on saturdays for detecting oral precancerous lesions. Special clinics on charays and field visits by doctors are conducted to increase the ത്തിjance of patients.

Hublic education

- Two workshops were conducted for 168 key trainers of Health education from different schools.
- Scout masters, Guide captains and school teachers (360 people) were given awareness about hazards of tobacco to start antitobacco cells in schools.
- Forty six cancer awareness programmes were given to members of voluntary organisations, factory workers, community others as shows in table I.

4. Trained a group of voluntary workers of HOPE Foundation are involved in group activities like Early detection Cancer. The idea is to set out a new plan for Cancer det prevention by regular house visiting in this district. They about 89 cases for confirmation of diagnosis,

Generation and distribution of health education materials

Ten sets of audiovisual slides containing 36 colour slides blue toned slides with cassettes were given to key health educator health education materials generated during previous years distributed among community volunteers and other target groups programmes through AIR were broadcasted and obe talk stign. ASIANET and one programme through Dooradarshan were telegraph during the period under report.

Professional education and colposcopy training

We are also involved in teaching and training programmes of Miles and Paramedical students of Medical College and Private hospitals term training is also imparted to Specialist doctors, House surgestion General practitioners, MSW students, Nurses etc. Colposcopy (all) was given to 19 Gynaecologists. Cytotechnicians and Cytotechnoxia were given practical training in Low cost cervical cancer delegate strategies. Inservice training was given to 35 health supervisors and in doctors of other systems of medicine.

Visit by foreigners, policy makers etc.

A few visits were made by WHO authorities to this centions inspection and also medical authorities, planners and policy makers inother states to study the pattern of cancer control activities of RCG being declared as a WHO collaborating centre. We have helped two States in organising community encology activities this year. The main done by this department was much appreciated by them.

Project Consultancy

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

abilities for the poor

with the help of Social investigators and doctors of this division we reproduction and acted at first and arranged accommodation sellines to poor patients and acted as liaison between rural camp patients

of information to many patients, bystanders, voluntary through person to person communication, leaflets, pamphlets, and exhibits were given routinely. Psycho-social support is given ristivision for removal of cancer stigma and for motivation of patients n niergo treatment.

Anteles in Lay Press

articles were published in print media by Dr. Babu Mathew.

- Mathrubhoomi (August 1997) On Panmasala habit

A short cut to suicide regarding

- India Today (June 1997) hazards of Panmasala

Dietary lifestyle and cancer Vanitha 1998

Mr. Greekumar has written "Cansarinethire Kurishuyuddam" in Akanyamam Daily (December, 14, 1997.)

toncer camps

iwenty eight cancer detection camps were conducted during, the under report, the details of which are shown in table 2.

Milage level Comprehensive Cancer Control programmes (VCCCP)

Ten new villages were included in VCCCP during this period. Trained unemployed educated youths surveyed their community and detected ் மூற்ற cancers and precancers as shown in table 2.

Antitobacco programmes and Campaigns

In addition to the tobacco cum cancer awareness mentioned in ign 1, a week long awareness programmes for target groups like school chers, working journalists, supervisory staff of social welfare and Education Dept, Factory workers etc. were held from 26th May to 31st ∰yon the current years theme of "World No Tobacco Day" on 31≊ May. day was observed with a workshop, a public meeting and a rally. Witintary organisations like Regional Cancer Association, Alcohol and gug information centre, International Union for Health Education and Bharath Scouts and Guides collaborated with RCC to observe "Working tobacco day" and in organising antitobacco programmes. In Trichur dising Junior chambers and scouts have organised seminars and standard antitobacco cells.

Research projects

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

(Funded by: IARC)

Principal Investigator

Dr. N. Sreedevi Amma

Co - Investigators

Dr. Remani Wesley,

Dr. Thara Somanathan,

Dr. Namratha, Dr. Syamala Kumari

IARC Investigators

Dr. Sankaranarayanan, Dr. D.M Park

The study is to evaluate whether visual inspection of cervix using 3% acetic acid (dervicoscopy) permits improved detection of invasive and pre invasive lesions compared to unaided visual inspection and determine whether cervicoscopy can improve the sensitivity of pap small. All the 3000 women targeted were completed in this academic year. The second phase of this study has been started in this year including schillage test, cervicoscopy, colposcopy and biopsy for all relevant cases to evaluate low cost technologies. The study will be over by 1999.

Evaluation of Oral Visual Inspection in the control of Oral Cancel

(Funded by: IARC)

Principle Investigator

Dr. Babu Mathew

Co - Investigators

Dr. M. Krishnan Nair, Dr. Manoj Pande

Dr. Elizabeth Ninan, Dr. Gigl Thomas

Dr.Thara Somanatan,

Dr. Iqbal Ahemmed,

Ms. Binu, Dr. Ramadas

IARC Investigators

Dr. R. Sankaranarayanan,

Dr. P. Pisani and

Dr. D.M. Parkin

The aim of this community based randomized intervention trial is to plate the effectiveness of mouth self examination by trained workers feventing mouth cancers, detecting invasive Oral Cancer at an early and preventing deaths from oral cancer. Approximately 90,000 fects aged 40 - 64 yrs, living in two community development blocks fivandrum district, are recruited and randomised to screening and froi arms. The subjects are advised to give up tobacco habits. Sancers and cancers will be treated. The study group are followed up first cancer incidence and mortality. The first phase of the study is fiduring this academic year.

Evaluation of Chemoprevention of Oral Cencer with long term administration of Vit. A. in subjects at high risk.

(Funded by: IARC)

Principal investigator

Dr. Babu Mathew

Co - Investigator

Dr. M Krishnan Nair,

Dr. Sreedevi Amma N,

Dr.Ramadas, Dr. Sudhakaran

P.R., Dr. P.P Nair

IARC Investigators

Dr. H. Sankaranarayanan and

Dr.D.M. Parkin.

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,

Dr. R. Sankaranarayanan

Collaborators

Department of Biochemistry, University

of Kerala John Hopkin's University,

Baltimore, U.S.A.

Study of Tobacco Related mortality in Trivendrum District

Funded by: IARC)

Chief Investigator

Dr. Babu Mathew

Co-investigator

Dr. M. Krishnan Nalr

External Investigators

Dr. Richard Reto,

Dr. R. Sankaranarayanan

TABLE 1
Details of cancer awareness programmes 1997-'98

SL. NO	DATE ——-	PLACE	ORGANISED BY	NO.A TTEN- DED	TYPE OF PARTICIPANTS
1	8/4/97	Chitranagar	Chitranagar Residents Association	65	Lava Disabilità
2	9/4/97	Trivandrum	Sevika Sangam	81	Lay Public
3	11/4/97	Kollam	DCCP	72	Religious People
4	18/4/97	Chenganoor	St. Marys Orthodox church	250	Panchayat Presidents Religious organisation
5	22/4/97	RCC	RCA & ICDS		members
6	27/4/97	Kollam	DCCP	81	Teachers
7	18/5/97	Kollam	DCCP	84	Community Volunteers
		CORETT	DCCP	79	Doctors of other systems
8	26/5/97	Trivandrum	RCA .		of medicine
9	27/5/97	Trivandrum	RCA .	269	School Teachers
		Hotel		28	Members of Kerala
10	28/5/97	RCC	RCA	·	WATCH
11	29/5/97	RCC	RCA .	68	Journalists
			TIOA .	96	Health educators and
12	30/5/97	Peroorkada	Hidustan Latex & RCA	000	Policy makers
13	30/5/97	Trivandrum	RCC & RCA	306	Factory workers
			TIOO G. FILM	42	Members of Youth
14	31/5/97	Triyandrum	FCA and Scout & Guides	160	Congress
Alffactions.	S11/19/27		EZ MES	S. S	Scouts & Guides

W3194	Transfer of	September & Children		Serve ? Chicles
100 M (2019)	estinguistics and the second	Scouls & Guides Englishen beis	44 AND CONTRACTOR	Membersof Junion
				chambers
				MSW Students
			294	Community Volunteers
			85	Elete group
		Sowhrida Gramam	384	Tribal Volunteers
15/8/97	Valiyathura	CSI Church	216	Lay Public
20/8/97	Poovar	G.V.H.S.S Poovar	141	Students & Teachers
29/8/97	Pathanamthitte	a Mahila samajam & YWCA	112	Religious women
30/8/97	Puliyoor	PCA & SBT	420	Lay Public
3/9/97	Thrikadavoor	DCCP Kollam	62	Health workers
6/9/97	Poojapura	State Council of Education	32	Teachers
20/9/97	Kottakkakam	RCA	180	Bank Employees
18/10/97	RCC	RCC	52	Nurses
22/10/97	RCC	Nursing College, TVM	4	M.Sc Nursing Students
22/10/97	Thumba	ISRO	520	Staffs, ISRO
23/10/97	RCC	Lóyola College	8	MSW Students
26/10/97	Ayoor	SevikaSangam	350	Religious People
11/11/97	Paravoor	Municipal Council Peravoor	132	Panchayat Presidents
		•		&Members
12/11/97	RCC	RCC	39	Nurses
14/11/97	RÇÇ	Medical College Trivandrum		House Surgeons
16/11/97	Thiruvalla	Education Department	130	Science Teachers
				&Keytrainers
	30/8/97 3/9/97 6/9/97 20/9/97 18/10/97 22/10/97 22/10/97 23/10/97 26/10/97 11/11/97	12/6/97 RCC 27/6/97 Nilamel 30/7/97 Anchal 13/8/97 Palode 15/8/97 Valiyathura 20/8/97 Poovar 29/8/97 Pathanamthitta 30/8/97 Puliyoor 3/9/97 Thrikadavoor 6/9/97 Poojapura 20/9/97 Kottakkakam 18/10/97 RCC 22/10/97 RCC 22/10/97 Thumba 23/10/97 RCC 22/10/97 RCC 22/10/97 RCC 22/10/97 RCC 22/10/97 RCC 11/11/97 RCC 26/10/97 Ayoor 11/11/97 RCC 12/11/97 RCC	of Junior chambers 12/6/97 RCC Loyola College 27/6/97 Nilamel S.B.T.Nilamel 30/7/97 Anchal YWCA 13/8/97 Palode Sowhrida Gramam 15/8/97 Valiyathura CSI Church 20/8/97 Poovar G.V.H.S.S Poovar 29/8/97 Pathanamthitta Mahila samajam & YWCA 30/8/97 Puliyoor RCA & SBT 3/9/97 Thrikadavoor DCCP Kollam 6/9/97 Poojapura State Council of Education 20/9/97 Kottakkakam RCA 18/10/97 RCC RCC 22/10/97 RCC Nursing College, TVM 22/10/97 RCC Loyola College 26/10/97 Ayoor SevikaSangam 11/11/97 RCC RCC 12/11/97 RCC RCC	12/6/97 RCC Loyola College 48

38

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45

46

19/11/97

6/12/97

11/12/97

12/12/97

2/2/98 -

8/2/98

14/2/98

18/2/98

21/2/98

Nettayam

SreeRamakrishna Mission

rectayaun	SieeHamakrishna Mission	32	Lay Public
Chenganoor	Sevikasangam	423	
Trivandrum	Hindi Pracharasabha		Lay Public
Kottarakkara		234	Students
	Sevikasangam	362	Lay Public
RCC	RCA & Rotary Club	49	Rotarians
PrasanthNagar	SreeNarayanaSamskarika Samithi	22	
	·		Members of SreeNarayana
Mariyapuram	Christian Youth Movement	400	Samskarika Samithi
Thycaud		123	Youths
•	DME .	35	Health Supervisors
Sastamangaiam	SBT	158	Bank Employees
			&LayPublic
			acay upic
			•

			Details of cancer dete	ction;cai	mps:1997	B. martine	rangement gan	
SI.No	Date	Place	-	ital creened	New Cancers	Old Cancers in recurrence	Oral Pre- cancers	Other pre- cancers
1	15-4-97	Kamukinkode	C.S.I.Church	32	1	1	3	1
2 .	18-4-97	Chenganoor	St.Marys Orthodox Church	78	2	1	6	9
3	20-4-97	Ponnumangalam	St.Joseph's Church	79	0	0	1	. 2
4	26-4-97	Kuttichal	Residents Association	n 212	0	0	0	0
5	20-5-97	Ponnumangalam	Yajanasala	171	0	2	2 .	2
6	25-5-97	Vattappara	NSS Medical College	104	1	0	1	2
7	23-6-97	Karipoor	Loyola College(VCC	CP) 171	2	0	12	2
8	12-7-97	Cheilamangalam	Residence Association	on 30	0	0	1	0
9	19-9-97	Trikkadavoor	DCCP, Kolfam	76	0	0	1 5	5
10	19-9-97	Kattakkada	Swedeshi Arts Club	63	0	O	7	2
11	24-10-97	Anchal	DCCP, Kollam(VCCC	P)1423	12	2	42	16
12	25-10-97	Thrikovilvattom	DCCP, Kollam	950	7	2	35	18
13	31-10-97	Kallada	DCCP, Kellam	932	6	1	58	15
14	21-11-98	Funalur	DCCP, Kollam	962	7	4	29	18
15	24-11-97	Nettayam	Rural Health Centre	52	4	0	7	8
16	28-11-97	Karavalloor	DCCP, Koliam	423	4	1	57	20
17	29-11-97	Aryankavu	DCCP, Kollam	232	3	0	20	9
18	30-11-97	Law College	Poura Samithi	14	0	0	0	C

		TOTA	\L	9227	77	18	524	205
01	30-3-30		Sathyasaibabha Association	312	0	0	3	7
31	30-3-98	Puliyarakonam						10
30	28-3-98	Thrikkadavur	ResidentsAssociation DCCP, Kollam	577	6		47	10
29	20-3-98 F	onnara	Sreevaraham	276	4	0	10	5
28	15-3-98	Pathanamthitta	Mezhuveli Rotary Club	225	4	2	65	6
27	1-3-98	Karunagappally	NBRR	98	1	0	4	2
6	27-2-98	Kiliyalloor	ECDC,Kollam	465	2	0	26	12
25	20-2-98	Mayyanad	DCCP,Kollam	350	2	0	14	10
24	24-1-98	Pattazhi	DCCP,Kollam	235	3	0	10	4
	04400	- December 1	CereSociety					
23	18-1-98	Kurumathoor	Malabar Cancer	410	4	1	34	18
22	10-1-98	Poovachal	SRK Mission	165	1	0	8	0
21	21-12-97	Kaniyapuram	Muslim Association	14	0	0	0	0
20	14-12-97	Valiathura	Christian Movement	24	1	0	0	0
19	3-12-97	Edavacode	ICDS	72	0	0	7	2
			&RotaryClub					

Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)



Staff, Early Cancer Detection Centre and District Cancer Control Programme, Ernakulam

DIVISION OF E.C.D.C, ERNAKULAM

The overall activities of the Early Cancer Detection Centre (ECDC) ing the year were as follows:

- 1. Cancer screening clinic every day at ECDC, Ernakulam
- 2. Cancer screening camps in rural and urban areas with assistance from non- governmental & governmental organizations.
- Cancer awareness programmes
- 4 Conduct the activities of the Ernakulam District Cancer Control Programme
- Monthly follow-up clinics of old RCC treated patients in ECDC, Ernakulam
- 6. Monthly pain clinics
- Provide cytology and histopathology diagnostic facilities for material sent by Medical Centres.

ECDC Ernakulam

On an average 30 to 35 people attend the ECDC, Ernakulam every for cancer screening. They attend as referred from other centres or self volunteered for screening. A total of 12,901 persons were sened during the year ECDC & DCCP together.

Average No. of patients attending monthly follow-up clinics - 130

Number of patients seen in pain clinics - 168 Screening outcome in detail are given in Tables 1 to 5

TABLE 1
The screening activities in detail during 1997-'98

•			
Particulars of work done	ECDC	DCCP	Total
Persons screened	6968	5933	12901
Cervical smears	3789	3823	7612
Oral smears	204	57 9	783
Fine Needle Aspiration	1769	799	2568
Sputum	135	•	135
Other body fluids	32		32
Histopathology	83	14	83
Colposcopy	102		102
Colpodirected Biopsy	26		26

TABLE 2			
Screening in EC	nc.	III Thyrold	
No. of persons acreened		Benign	393
Cancer cases	- 6968	Susplcious	15
Cytological examination	- 427	Malignancy	13
Gynaec cyfology	- 5991	Miscellaneous	1
Cancer cases	- 3789	Total	422
Mon-gyman and I	- 52		422
Non-gynaec cytology	- 2202	IV Lymphnode	
Cancer cases	- 375	Benign	263
TABLE 3		Suspicious	-
Results of Pap screening of gynecolo		Malignancy	
Total O	A _{rcs:} sweats iv EC	a. Primary	б
TOTAL CIVITABCOLOGICAL STREAM	- 3789	b. Secondary	65
mvasive Sq. Ca.	- 49	Miscellaneous	8
Adenocarcinoma	- 3	Total	340
Carcinoma-n-situ	-6		
Dysplasias	- 279	V Salivary Gland	
Inflamation		Benign	30
All other conditions	- 2133	Suspicious	4
Normal smear	- 1075		8
	- 244	Malignancy	U
TABLE 4		Total	42
Results of non gynaecological amous su		VI Liver	
Results of noл gynaecological smear ex	aminations in ECC	Control	
Lesion	Total	Benign	7
l Oral		Malignancy	17
Benign		Miscellaneous	4
Pre-malignant	49	T-1-1	
Suspicious	50	Total	28
	9	VII Lungs	
Malignancy	94		
Radiation changes	1	. Benign	4 .
Miscellaneous	i	Mallgnancy	15
Total	204	Miscellaneous	2
36 ha	204	Total	21
il Breast			21
Benign		Vill Other Sites	
Suspicious	620	Poside	163
Malignancy	5	Benign	
Miscellaneous	94	Malignancy	29
	4	Miscellaneous	1
Total	723	Total	193
	/ E -U	ASS	,,,,

IX Body fluids	
Ascitic fluid	
Benign	4
Malignancy	. з
Total	7
Pleural fluid	
Benign	19
Malignancy	5
Total	24
Hydrocele fluid	
Benign	. 1
X Urine	
Malignancy	1
X Nipple Discharge	
Benign	60
 Malignancy 	1
Total	67
Total	2067

TABLE 5 Sputum Cytology

Lesion	Total
Benign	106
Suspicious	2
Malignancy	24
Miscellaneous	3
Total	135

TABLE 6 Histopathologic Examination

A. 4	- matokertrologic Examination		
Specimen	Benign	Ca-In-situ	Malignant
Gynaecological	26 .	7	4
Breast	6	2	4
Oral	5	_	3
Other sites	19		5
Miscellaneous		-	-
·	Total	56	9

msu done in	DCCP - April 1997 - March 1998 (Rural scre	ening)
munber o	of persons screened Female	5,933 5,034
	Male Cancer cases	899 59
	Gynaec cytology Cancer cases	3823 12
	Non gynaec cytology Cancer cases	370 47
<u>od</u>	Non-malignancy Pre-malignant lesions (Clinical/Cytological) Malignancy	439 262 17
	Suspicious of malignancy Miscellaneous Total oral smears	0 52 572
Breast	Non-malignancy Malignancy	126 12
	Suspicious of malignancy Miscellaneous Total breast aspiration	64 203
cajyix	Non-malignancy Pre-malignant lesions Malignancy Total cervical smears	3,591 220 12 3,823
īmyroid A	Benign Malignancy Suspicious Atypia Miscellaneous	187 3 1 3 27
<u>L</u> IN	Total thyroid aspiration Benign Granulomatous	221 21 30
	Suspicious Miscellaneous Malignancy Total L.N aspirations	0 11 7 69
Other Sites	NMC Suspicious	123 1 8
	Malignancy Miscellaneous Total	174 -306

Results of Gynaecological smears $\{\%\}$ n =337CIN 71 15 ND - Nipple Discharge GS - Genvica/ Smears Screening activities in Early Cancer Detection Centre, Ernakulam OS - Oral Smears BF - Body Fiuids CIN I S6 Salivary gland 3.3 FNAC - Site distribution of malignacies (%) n=247Source of cytology smears (%)-site wise in = 5991 FNAC 29.51 Ereast 38 SPUTUM 2.25

kulam District Cancer Control Programme (DCCP) - 1993-'98.

The district cancer control programme Ernakulam was started in and by 1998 it had completed 5 years. The District Medical Officer, kulam, Dr. K. Sivadasan was instrumental in planning the day to day bule of screening camps through the PHC's, the time table for training antire health workers of the district in government sector, and issued is for participation in the programme by the governmental health system in the district. The Regional Cancer Centre had designed achnical details of the programme. For programme implementation. district was divided under 4 nodal centres situated in the 4 taluk itals, at Parun, Perumbavoor, Mooyattupuzha and Mattancheri in hin taluk. The necessary updates for doctors were conducted by as also the training for health workers. Every week one screening was conducted under each nodal centre, thus 4 screening camps a held in each work and these camps were held in different locations. doctors who had received their training conducted these screening amps, with the ECDC providing the support group personnel Matechnician, clerk, helper etc. Cytology examination the material allected in the camps were transferred to the Early Cancer Detection ghire at Kaloor, Ernakulam. Thus a centralised collection and evaluation of specimens was adhered to. The results indicate that the programme an become a sustainable one. The Early Cancer Detection Centre, makulam mainly caters to the population of Ernakulam district, but a affic percent in the city and hence is a highly symptomatic group. The himber of cancer cases thus is large in this screened group.

Cancer Pain Clinics were regularly conducted under the district incer control programme since July 1995. A total of 68 pain clinics were conducted 34 being in the district hospital cancer ward. In both was together 312 patients received medicines. Morphine was supplied in the needily patients. Following are the resume of results.

TABLE 1
DCCP & ECDC Screening - 1993-98

	DCCP	ECDC	Total
No. of persons	31816	. 34906	66722
No. of persons Male	5667	2866	8533

Female	26149	32040
No. of clinics	674	1460
No. of cancer cases	222	2039
Premalignant cases	2169	1749
Suspecious of malignancy	17	f58

TABLE 2

Site and number of cancer cases detected* in ECE	of cancer cases detected* in ECDI
--	-----------------------------------

Oral	- 527
Breast "	- 498
Cervix	- 291
Thyroid	~ 51
LN +ve	- 310
Lungs	- 36
Liver	- 38
Body fluid & sputum	- 126
Other sites	- 162
Total	-2039

^{*} Attendees - Doctor referred and self volunteered

TABLE 3

Site & type of cancers detected in DCCP camps*

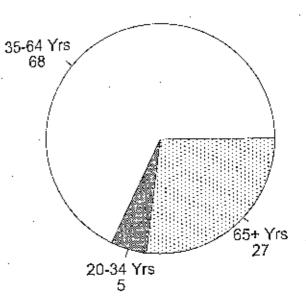
Oral	7 1 .
Breast	31
Cervix	7 3
Thyroid	6
LN +ve	20
Other sites	21
Total	222

^{*} Attendees - Motivated by propaganda

TABLE 4
Tobacco alfohol habituees among attendees

	Male	Female
Tobacco chewers	32%	17%
Tobacco smokers	61%	0.5%
Alcohol users	37%	0.1%
No habit	27%	83%
	-	

Age distribution of attendees



DIVISION OF E.C.D.C, PALAKKAD

Dr. R. Ananda Kamath

- Cytopathologist

Activities

The centre continued all the activities undertaken during the previous year. These comprised of examination of patients at the centre, referred from the other institutions, participation in Cancer Detection Camp organised by voluntary agencies, collection of smears from these patient either directly or by FNAC, processing and reporting these, referring diagnosed cancer cases to RCC or elsewhere for proper treatment approviding pain and palliative care to incurable and advanced cases per WHO guidelines. The output of work has been analysed appresented along with.

During the year 4 screening camps were conducted in rural area where 1050 patients were screened. 63 new patients were seen in the pain clinics and there were 262 patients visited to the pain clinic during the reporting year.

TABLE -1
Break up of cytological smears for the year 1997-98

	<u> </u>		a. 1937 90
Specimen	Centre	Camp	Totaí
Cervical smears	254	134	388
Succal smears	86	2	88
Breast	46	D	46
Lymphnode	21	1	22
Nipple discharge	6	1	7
Fluid	3		3
Thyroid	8		8
Sputum	151		15 1
Others	23	1	24
Total	598	139	137

TABLE -2
Analysis of Gynaecological smears

Cervical smears .	Centre	Сатър	Total
·	29	39	68
Normal	194	68	192
Inflammation			
Mammation with squamous	5	1	6
Inflammation Inflammation with squamous Inflammation with squamous Inflammation with glandular Cell proliferation Endocervicitis Trichomonas Vaginalis infection Viral infection Autolytic atrophy Mild dysplasia Moderate dysplasia Severe dysplasia	3	'	•
Inflammation with glandular		2	8
cell proliferation	6		34
Endocervicitis	25	9	J4
Trichomonas		4.5	
Vaginalis infection	8	10	18
Viral infection	1		1
Autolytic atrophy	2	1	3
Mild dysplasia	9	1	10
Moderate dysplasia	3		3
Severe dysplasia	2 .		2
	1		1
Suspicious	9	2	11
. Ca-in-situ Suspicious Squamous cell carcinoma Radiation changes	21		21
Radiation changes	3		3
Add to the	6	1	7
Total	254	134	388

TABLE -3
Analysis of Non-Gynaecological smears

Specimen		Centre	Camp	Total
Buccal smears				
	-malignant	56	1	57
	malignant	13		13
	picious	4		4
	gnant	13	1	14
Tota		86	2	8 8
Breast				
Non	-malignant	37		37
	picious	1		1
	: ignant	8		8
	- Total	46		46

Lymph	node			
	Non-malignant	16	1	
	Suspicious	2		17
	Malignant	3		ž
	Total	21	1	17 2 22
Fluid			•	24
	Non-malignant	2		
	Malignant	1		2
	Total	. <i>3</i>		1
Nipple (discharge	. 0	7-	3
	Non-malignant	-		
	Malignant	5 1	1	6
	Total			1
Threeld	· O.C.	6	1	7
Thyrold	Ala			
	Non-malignant	7		7
	Melignant	1		1
_	Total	8	_	8
Sputum				
	Non-malignant	144	÷	144
	Suspicious	з .		3
	Malignant	4	-	. 4
	Total	251		251
Misce/lar				_0,
	Non-malignant	11	1	12
	Suspicious	1		12
	Malignant	9		· g
	Total	21	1	22
			•	~~

TABLE - 4
Cancer Detection Camps during the year 1997-98

Dete	Place	Organisation	No. of patients Screened	No. of smears
06.04.97	N.S.S. School Palfatheri, Marutharoad, Palakkad.	Sathya Sai Seva Sangham, Chandranagar	100	19
20.04.97	Govt. H.School, Meppayoor, Kozhikode Dt.	Malabar Cancer Care Foundation		57

2.97	Muttikulangara Palakkad Dt.	Ayyappa Seva Sangam Muttikulangara	150	
901.98	Kurumathode Govt. H.S, Kannur Dt.	Malabar Cancer Care Society Kannur.	500	63
		Grama Panchayath Kurumathode.		

TABLE -5 Pain and paillative care clinic, 1996-97.

		N <u>umbers</u>
New cases		63
WHO	Step I	. 3
	Step II	19
	Step III	41
Total Numb	er of visit	s 26 2

Research programme

Smt. Lakshmi S., Cytotechnologist had submitted a thesis on "Patho-Riplogical factors in Cervical Oncogenesis" to the University of Kerala for the award of Ph.D.

DIVISION OF LIBRARY AND INFORMATION SERVICES

Sri .M.Chandrakumaran Nair

- Senior Librarian

Being the information provider, this division proved its active participation in all the programmes of the centre during the period under report. The acute dearth of space was solved by shifting the library to the new premises last year end. Since then, considerable increase in the use of library resources has been noticed. Library remained open in all the days from 9 am to 5 pm except on sundays and nine national holidays. In order to manage the new set up in the new building, two library assistants were appointed which strengthened further the library services.

Upgradation of infrastructural facilities

A computer of latest configuration - pentium 166MMX, 32 MP EDORAM, 2.1 GB HDD, 256 KB cache, SVGA colour monitor along with 20X CD drive and an Inkjet printer from HCL has been procured. In view of the increasing demand for projection facilities, a portable OHP has also been acquired during the period.

Library Collection

Despite budgetary constraints, high priority has been accorded to continue subscription to journals with the available funds, library received 105 journals of which 70 are foreign journals. On the basis of the review by the library committee and considering the demand for new journals journals were discontinued and 7 new journals were added. Subscription to 'Cancer research' for 1997 was sponsored by Nicholas Piramal India Ltd. About 400 numbers of reprints of journals which are not subscribed to the library were collected mostly from the authors concerned. The collection development during the year under report are detailed below.

	Added during 1997-1998	Collection as on March 1998
Books, monographs and		- سأ بن بن
back volumes	529	5805
Current journals	1	105
Reprints and reports	425	2656
Audio-Video cassettes	6	86 <u></u>

_{hternet} search facility and Electronic Mail

The noteworthy feature of this year was the heavy use of interriet search and E-mail facility provided in the library. The library is taking are of the entire E-mail requirements of the centre. As one's direct connection to the world of network and the most economical means of communication, E-mail is being well utilised by all of our departments for library official and research project requirements. This facility is also being made and the most project requirements.

ONLINE access to MEDLARS databases provided in NICNET connectivity and also on internet was utilised by both internal users and external users.

NCODISC, CURRENT CONTENTS & POPLINE

Library subscribed to ONCODISC, a monthly updated cancer information source on CD ROM this year as it contained revised edition is some full text documents. In view of the increased research activities, like weekly updated life sciences version of current contents on Diskette with abstracts was subscribed. Centre for Communication programmes John Hopkins School of Public Health has agreed to provide POPLINE in CD ROM to support Centre's clinical and epidemiological studies free of cost. We received the database this year which contains citations and abstracts of the world wide literature on population, demography, their onment, background radiation, health care communication, human sertlity etc.

RCC Publications

Forty seven research papers contributed by the academic staff were sided to the inhouse database of RCC publications along with its sistracts. Data relating to the various conferences symposia and seminars attended to by the staff members are also being added to the database concerned.

Other Information services

The distribution of fortnightly RCCL Current Contents carrying the ontents pages of journals and other documents added to the library dispurces and the RCCL press clippings, the quarterly clippings bulletin ontaining the press information on oncology and allied areas were ontinued. Database search facilities provided by BARC and NIC, New Welhi, are being effectively utilised using E-mail.

As regards the reprographic services, the entire professional, official and project photocopying requirements of all divisions were met by the library.

External users, institutional membership and interlibrary loan

The library resources are increasingly used by several doctoresearchers, students from Medical Colleges, University Department Research Institutes and other research organizations. The interlibrary borrowing arrangements with institutions like British Library, Centre of Development Studies and SCTIMST were continued.

Teaching and training

Teaching and Training activities include the one year apprentices in training to two library and information science graduates approved the Govt. of India and the five lectures provided to the M. Phil students clinical epidemiology Medical College.

Modernisation of Library and Information Services

Steps have been initiated to procure an integrated software computerise the entire house keeping operations also.

Conferences, etc. attended - (Chapter III)

Papers Presented - (Chapter IV)

Papers Published - (Chapter V)

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

prainte Aleyamma Mathew Mest. Prof. In Statistics & Moidemiology Faculty Member, Workshop on Research methods in oncological studies with computer applications, NewDelhi, July, 1997.

17th Annual convention of Indian association for cancer research, Calcutta, January, 1998.

Invited speaker, Role of statistics in medical field, Dept. of Statistics, University of Kerala, Trivandrum, February, 1998.

The foundation course in palliative care, Calicut, November, 1997.

IAPM, Meeting, Kerala chapter, Alleppey, May, 1997.

Faculty member, CME on breast neoplasm, Trivandrum, July, 1997.

CME on Paediatric Oncology, Trivandrum, January, 1998.

Review meeting for research projects of STEC, Trivandrum, August, 1997.

Irridium 192 Brachytherapy training, Hyderabad, 30th July and 14th August, 1997.

Symposium on Physical & Clinical Aspects of Electron Beam Radiotherapy, New Delhi, September, 1997.

Workshop on quality assurance in Radiotherapy & Radiodiagnosis, KAMP, Trivandrum, November, 1997.

Ms. Aleyamm Mathew

or, Anitha Mathews Lecturer in Pathology

Mr. Arun Kumar L.S Asst. Prof. in Radiation Physics

	·			·
а	8th Annual meeting of Kerala Association Medical Physics (KAMP), Trivending	6	(Clinical Research Methodology Workshop Ely Lilly), New Delhi, March, 1998.
Dr. Babu Mathew Prof. in Community Oncology	World Tobacco Control conference Beil (China), August, 1997	"	1	Workshop on Managing Operations Research, Kathmandu, Nepal, March, 1998.
e e	National workshop on Forensic odd logy, Dental council of India. Bangaig 1997.	Pavis CA gg, Assoc. Prof. in	Redistion .	Workshop on quality assurance in RT & Association of medical physicist, RD, Kerala, Trivandrum, November, 1997
н	ICMA Brain storming session panmasala. New Delhi, February, 198	Some Paris		Annual meeting of AROI Kerala chapter, December, 1997.
и	State level workshop on oral can control, Simla, March, 1998.	in T.S. Elias Est.prof in Ra	diation Physics	World congress on Medical Physics and Biomedical engineering – Nice, September, 1997.
Dr. Beela Sarah Mathew Lecturer in Radiotherapy	Advanced course on radiotherapy 200 clinical and preclinical strategies, Swift land, December, 1997.			18th AMPI Annual Conference on Medical Physics. Punjab, November, 1997.
Dr. Bhattathiri V N Asso, Prof. in Radiotherapy	Invited speaker on Radiation Biology's Department of Zoology, University of	"		HDR training, Royal marsden hospital, London, September, 1997.
	Kerala, March, 1997.	@ Elizabeth K	C Abraham Cytopathology	Faculty member, CME on breast neoplasms, RCC Trivandrum, July, 1997.
	International congress of radial oncology, Beijing, China, June, 1997	(0)1932	., .,	Faculty member, Association of otolaryngeologists of India, Trivandrum
di .	Research co-ordination meeting of IAEA, Manchester, UK, March, 1998.			chapter meeting, December, 1997.
Dr. Chandralekha B Prof. of Cytopathology	Faculty member, CME on recent trend in medical laboratory technology,	(RY 100 CONTROL OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROP		Workshop on electron microscopy, Trivandrum, December, 1997.
	Trivandrum, Auguest, 1997.			CME on Paediatric Oncology, Trivandrum, January, 1998.
" .	Faculty member, Annual national conference of IAC New Delhi, November, 193	Or Gangadha	ran VP Medicel	Urologists association, Cochin, October, 1997.
Dir Onellati M Kosily	2nd International hospice conference Mumbai, February, 1998	©ncology		International Symposium on Orthopaedic
	5th International conference of IAP			Oncology, Chennai, October, 1997.
Dr. Cherian Varghese Assoc. Prof. in Epidemiology	Mumbai, February, 1998. Visited the Haematology Malignancy Springer Spring			Annual conference of Indian Society of Haematology and Blood transfusion, Calcutta, December, 1997.
	and the Institute of Cancer Research, Royal Marsden Hospital, UK, Novemb 1997.	ler Pr. Geetha N. Asst. Prof. in F Oncology		DRL 301, Droloxifene trial meeting, Goa, April, 1997.

			•
Me Object	Faculty member, CME on breast neoplasms, Trivandrum, July 1997	Kannan S Prof in Basic	17th annual conference of the Indian association for cancer research, Calcutta, January, 1998.
Ms. Girija K Staff Nurse	Training on HIV and AIDS for Nurses, Trivandrum, May, 1997	ni A.S. Krishnakumar	Annual conference of endocrine society of
Ms. Girija C Staff Nurse	Training on quality assurance of patteriscare in medical Wards, Trivandrum, June 1997.	prof, in Imageology	India, Trivandrum, May, 1997. Workshop for the radiographic technologists, Trivandrum, November, 1997.
Dr. Gladys Jeevy Asst. Prof. of Anaesthesia	International update on pain, Mumbal, November, 1997.	*	CME of AORI, Trivandrum, December, 1997.
Ms. Gracy M Staff Nurse	Training on HIV and AIDS for Nurses, Trivandrum, May, 1997	ng Krishnan Nair M. Nijrector	Discussion with Dr. Federic Welsch, NCI and human resource development with
Ms. Helen B.R.C Staff Nurse	Training on HIV and AIDS for Nurses, Trivandrum, May, 1997.	,	Mayo clinic, USA, April-May, 1997. Atlas trial co-ordinator meeting, Oxford, UK,
Dr. M Iqbal Ahamed	International workshop on hepatoblia		September, 1997.
Assoc. Prof. in Surgical Oncology	surgery, Bombay, 1997.	"	9th International brohytherapy confere nce,USA, September, 1997.
к	International workshop on therapeutic () endoscopy, Hyderabad, November, 1997	Kumari Thankam Staff Nurse	The foundation course in palliative care, Calicut, November, 1997.
· ic	Faculty member, CME on applied nutrition Trivandrum, January, 1998,	ll l	3rd International Seminar on Psycho- Oncology Mumbal, February, 1998
Dr. Jayasree K Asst. Prof. in Cytopathology	National IAC conference, New Delhi, November, 1997	n.	2nd International hospice conference, Mumbai, February, 1998.
n 	IAPM meeting, Kerala chapter, Alleppey May, 1997.	pr. Kusumakumary Assoc. Prof. in Paediatric	1 st National Conference of Paedlatric Haematology Mumbal, November, 1997.
ı	Workshop on gynaecological cytopathhology, New Delhi, November, 1997.	Oncology ,	Annual Conference of IAP, Kochi, January, 1998.
	CME on concepts and critical issues in Fine needle aspiration cytology, New-	Ms. Laila K.P Staff Nurse	Training on HIV and AIDS for Nurses, Trivandrum,May, 1997
«	Delhi, November, 1997. Workshop on electron microscopy, Trivandrum, December, 1997.	Ms. Latha P.T Social Investigator	Faculty member. Symposium on principles of ethics in health care, Calicut, November, 1997.
я	CME on Paediatric Oncology, Trivandrum, January, 1998.		3rd International seminar on psycho- oncology, Mumbai, February, 1998.
Ms. Jikky M Staff Nurse	Conference on cancer awareness, education and detection CAED'97, Coimbatore, November, 1997.		2nd International hospice conference, Mumbal, February, 1998.

Dr. Manoj Pandey Lecturer in Surgery	International Symposium on breast cance and IASO MIDCON'97. Udalpur September 1997.
u u	Invited lecture. Recent advances in surgent: An update and north zone CME, Vant nasi, November, 1997,
н	North zone conference of Indian Association of Urology. Varanasi, November, 1997
и	International Federation of head and neo- oncologic societies. Asia-Pacific Congress Mumbal, December, 1997.
ŭ	Invited lecture. ASICON'97 Annual conference of association of surgeons of India, Bangalore, December, 1997.
и .	ASICON'98, Annual Kerala Chapter, ASI conference, Kottayam, February, 1998
Ms. Marykutty Mathew Staff Nurse	Training on HIV and AIDS for Nurses, Trive, ndrum, May, 1997
Sr. Mary Tom Staff Nurse	The foundation course in palliative care, Calicut, November, 1997.
Ms. Mint R.S Staff Nurse	Training on HIV and AIDS for Nurses, Trivandrum, May, 1997.
Dr. Molykutty John Lecturer in Basic Resarch	17th annual convention of the Indian association for cancer research, Calcutta, January, 1998.
	Workshop on research methods in oncological studies with computer, July, 1997.
Dr. Namrata Dhakad Asst. of Surgical Oncology	Mild term conference of Indian association of surgical oncology, Udaipur, Septe

Invited talk, symposium on medical physics & radiation protection, Mysore, July, 1997. Annual meeting of ARI Kerala Chapter, February, 1998. Salliative Care Nurses(RCC) Training on palliative care, Trivandrum, February, 1998. Ms. Philomina Joseph Head Nurse The foundation course in palliative care, Calicut, November, 1997. neck Prabha Balram tess Addl, Prof. of Basic Besearch invited speaker, 17th annual convetion of the Indian association for cancer research, Calcutta, January, 1997. S_{ri.} Prasanna Kumary .S Staff Nurse Vascular Access Training Programme, Mumbal, April, 1997. 2nd International hospice conference, Pir Rachel Chertan Koshv Mumbal, February, 1998. Asst. Prof. of Anaesthesia 5th international conference of IAPC, Mumbal, February, 1998. Invited speaker, National Workshop on 🛣 Dr. Radhakrishna Pillai M. Nuclear Médicine, Trivandrum, India, Assoc, Prof. in Laboratory Medicine & Tumour Biology February, 1997. Invited speaker. National Symposium on Reproductive Biology and Comparative Endocrinology, Trivandrum, 1998. CME programme on radiology, Trivandrum, 🏭r. K Ramacharidian Assoc. Prof. of Imageology October, 1997. Workshop on quality assurance in radio therapy and radiodiagnosis, Trivandrum, November, 1997. 41st state annual conference of Indian medical association, Mavelikkara, November, 1997. Training on MCA Gamma ray spectrometry 🍪 Dr. Raghu Ram K. Nair for soil analysis, Mumbai, Nov.-Dec., 1997. Asst, Prof. in Radiation

Dr. Padmanabhan V Prof. In Radiation Physics STEC Review meeting, Trivandrum, August, 1997.

Workshop on minimally invasive surgery in

gynaecological and surgical endoscopy,

CME on Obs. and Gyne, Trivandrum,

Physics

Trivandrum, November, 1997.

December, 1997.

mber, 1997.

1998.

International Symposium on recent

advances in genetic epidemiology and population monitoring, Madras, March,

Dr. Rajan B, Prof. In Radiotherapy	ATLAS trial Co-ordinators meeting, Oxfording	ıı .
16	The Institute of Cancer Research Meetings Brighton, UK, September, 1997.	2
. 41	12th International conference on braille tumour research and therapy, Oxford September, 1997.	п
n t	Collaborators meeting for the trial gemoitabine Vs. Epirubicin in elderly patients with metastatic breast cancer, Vienna, March, 1998.	ų
Mr. Rajasekharan Nair Medical Records Officer	Symposium on principles of ethics in health care, Calicut, November, 1997.	i. Ma. Regila Beegum
Dr. K. Ramadas Assoc. Prof. in Radiotherapy	Research co-ordination for the randomised clinical trial of radiotherapy combined with mitomycin C in the treatment of advanced head and neck turnors, Mumbai, December 1997.	Staff Nurse Dr. Rekha A Nair Asst, Prof. in Cytopathology
ıc ,	Asia pacific head and neck cancer congress, Mumbal, December, 1997.	•
Dr. Raveendran Pillai K Cytotechnologist	21st national conference of electron microscopy society of India, Trivandrum, December, 1997.	Dr. Remani P Asst. Prof. of Cancer
	17th annual convention of Indian Association of Cancer Research, Calcutta, January, 1998.	S Research
п	International CME on clinical radiobiology, Trivandrum, January, 1997.	Dr. K Sasidharan
u .	NEAC symposium on medical plants, Trivandrum, February, 1997.	Prof. of Imageology
Dr. Ravindran Ankathil Assoc. Prof. in Basic Resarch	Invited speaker, UICC symposium of familial cancer and prevention, Japan, May, 1997.	W が よ と
.	Faculty member, CME on breast neoplasms, Trivandrum, July, 1997.	
it	18th annual conference of Indian association of biomedical scientists, New	ır

23rd annual conference of Indian society of human genetics, New Delhi, December, 1997. DAE symposium of genetic epidemiology and population monitoring, Madras, 1998. One month training course on molecular genetic techniques, Japan, May, 1997. International workshop on human chromosome 21, Germany, 1997. DBT sponsored winter school on human genetics, concepts, paradigms and methods, Calcutta, January, 1998. Training on quality assurance of patient care in medical Wards, Trivandrum, June, 1997. NCi meeting, Madras, May, 1997 Faculty member, Indian Association of Pathologists and Microbiologists meeting, Kerala chapter, Alleppey, May, 1997. Workshop on electron microscopy, Trivandrum, December, 1997. 10th Kerala Science Congress, Kozhikode, January, 1998. Training on methods to evaluate mammalian cell survival and cytogenetic changes, manipal, June, 1997. Invited talk, IMA, Trivandrum chapter, June, 1997. Invited talk, IMA, Kollam chapter, August, 1997. Workshop on quality assurance in radiotherapy and radiodiagnosis, Trivandrum, November, 1997. Invited talk, IMA state conference, Mayelikkara, November, 1997.

Dr. Padmanabhan memorial oration, Assoc. of oncologists of India, Trivandrum,

December, 1997.

Delhi, October, 1997.

•	
Ms. Shamla Beevi Staff Nurse	Training on HIV алd AIDS for Nurse Trivandrum, May, 1997.
Ms. Sharo Thampy Staff Nurse	Conference on cancer awareness education and detection CAED'97 Coimbatore, November, 1997.
Ms. Sisy Das Staff Nurse	Training on HIV and AIDS for Nurses, Trivandrum, May, 1997.
Dr. Sreedevi Amma N Deputy Director & Prof. of Cytopathology	Faculty member, International experis conference on diagnostic cytology toward the 21st century, Hawaii, USA, June, 1997
ь	WHO workshop on national cancer conting programme (faculty member), Allahabad September, 1997.
ш	Faculty member, 27th Annual national conference, IAC, New Delhi, November 1997.
h	Workshops on Gynaecologic cytopathologic and colposcopy in Early diagnosis of carcinoma cervix. New Delhi, November 1997.
п	Governing body meeting of amala cancer hospital and research centre, Trissure March, 1997.
64	CME on breast neoplasms, Trivandrum
п	CME on recent trends in medical laboratory technology, Trivandrum, August, 1997.
<u>.</u>	Annual meeting of AROI - Kerala chapter, December, 1997.
IS	Governing body meeting of District cancers society, Ernakulam, March, 1998.
Dr. A. Sreekumar Lecturer in Nuclear Medicine	Symposium on treatment plan optimisation in radiation therapy. New Delhi, Aprili 1998.
Mr. Sreekumar C. Social Investigator	Symposium on principles of ethics in health care. Calicut, November, 1997.

W Syam Kumar Saft Nurse Si Vijaya Puthusseril Gjiet nursing officer Training on HIV and AIDS for Nurses, Trivandrum, May, 1997

Resource person, Nurses'conference, Ernakulam, April, 1997.

Conference on cancer awareness, education and detection CAED'97, Coimbatore, November, 1997.

3rd International Seminar on Psycho-Oncology Mumbai, February, 1998

2nd International Hospice conference, Mumbai, February, 1998.

PAPERS PRESENTED IN CONFERENCES, SEMINARS, WORKSHOPS ETC.

- Aleyamma Mathew. Multiple logistic regression analysis and Techniques of Survival analysis (invited lectures). Workshop on research methods in oncological studies with computer applications, New Delhi, July, 1997.
- Aleyamma Mathew. Role of statistics in medical field (invited lecture).
 Department of statistics, University of Kerala, Trivandrum, February, 1998.
- Anitha Mathews. Prognostic factors in breast cancer (Invited lecture).
 CME on breast neoplasms, Trivandrum, July, 1997.
- Anitha Mathews. Villonodular papillary adenocarcinoma of cervix. IAPM State chapter meeting, Allepey, May, 1997.
- Babu Mathew. Prevalence of tobacco, alcohol habit in Trivandrum, india. World tobacco control conference, China, August, 1997.
- Babu Mathew. Genotoxicity of 22 brands of panmasala ICM brain storming session on panmasala, New Delhi, February, 1998.
- Babu Mathew. Identification of human teeth in charged remnarts as evidence. National workshop on forensic odontology, Bangalore, 1997.
- 8. Babu Mathew. Role of dental surgeons in early detection primary prevention of oral cancer. State level workshop on oral cancer control, Simla, March, 1998.
- Chandralekha B. Recent developments in cytology (invited lecture).
 CME on recent trends in medical laboratory technology, Trivandrum,
 August, 1997.
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ADMINISTRATION

MEMBERS OF THE GOVERNING BODY OF THE REGIONAL CANCER CENTRE SOCIETY

1.	Srl 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	Alt.Vice-Chairman
	Secretary to Govt., H&FWD	•
4.	Sri S.Varadachari, IAS Commr, & Principal Secretary Finance Department	Member
5.	Srl Vinod Rai, IAS Principal Secretary to Govt. Finance Department	-do-
· 6.	Sri P.K.Sivanandan, IAS Principal Secretary to Govt. Planning Department	-do-
·7.	Sri K.N.Kurup Secretary to Govt. Planning Department	-do-
8.	Dr.P.Sivasankara Pillai Director of Medical Education	-do-
9,	Dr.B.Umadethan Director of Medical Education Thiruvananthapuram	-do-
10.	Dr.S.C.Gupta, Scientist	-do-
11.	Dr.M.S.Valiathan Vice-Chancellor, Manipal Academy of Higher Education	-do-
12.	Dr.M.R.Das, Director Rajeev Gandhi Centre, Trivandrum	-do-

13.	The Secretary to Govt. Union Ministry of Health & F.W.	-do-
12.	The Director General of- Health Service Govt.of India	-do-
13.	Dr.M.Krishnan Nair Director, RCC, Trivandrum.	Convener
MEMBERS OF THE EXECUTIVE COMMITTEE OF		

THE REGIONAL CANCER CENTRE SOCIETY

1,	Sri. V Vijayachandran, IAS Secretary to Govt., H&FWD	Chairman
2.	Sri S.Varadachari, IAS Commr, & Principal Secretary Finance Department	Member
3.	Sri. Vinod Rai, IAS Principal Secretary to Govt. Finance Department	-do-
4.	Sri P.K.Sivanandan, IAS Principal Secretary to Govt. Planning Department	-do-
5.	Sri, K.N. Kurup Secretary to Govt. Planning Department	-d o -
6.	Dr.P. Sivasankara Piliai Director of Medical Education Thiruvananthapuram	-do-
7.	Dr.B.Umadethan Director of Medical Education Thiruvananthapuram	-do-
R	Dr M.Krishnan Nair	Convener

Dr.M.Krishnan Nair

Director, RCC, Trivandrum

BUILDING COMMITTEE MEMBERS OF THE R.C.C

Member

Convener

1.	Sri. Narayanan Naik	Chairman
	Chief Engineer, Bulldings & Local works, P.W.D, Trivandrum	

Chief Architect P.W.D. Trivandrum Dr. B. Umadethan Director of Medical Education,

Trivandrum. Dr. M. Krishnan Nair -do-

Director, Regional Cancer Centre, Trivandrum.

Sri, T. Chandran

Sri. K.R. Bhaskaran Nair -do-Controller of Finance, Regional Cancer Centre, Trivandrum.

Sri. G. Raveendranathan Nair Chief Engineer (Construction), Regional Cancer Centre, Trivandrum.

MAJOR DECISIONS OF THE EXECUTIVE COMMITTEE **DURING 1997-98**

A) Promotions

The following promotions were sanctioned

- Dr.K.Ramadas, Dr.K.Ratheesan, Dr.Thomas Koilparambil & Dr. Francis V James as Associate Professors and Dr. Rafeeka Beegum as Addi. Professor in the Radiotherapy Department
- Dr. Ravindran Ankathil as Assoc. Professor and Dr. Molykutty John as Assistant Professor in the Cancer Research Dept.
- Dr. Ramani S Wesley as Assoc. Prof. of Community Oncology.
- Dr. Mary Thomas as Lecturer in Anaesthesiology.

B) Deputation to foreign countries

The Executive Committee in its various sittings has sanctioned deputation to the following staff:

- Dr. Ravindran Ankathil, Japan, May, 1997 & Berlin, Germany, Sept. 1997
- Dr.V.N.Bhattathiri, Beijing, China, 1997
- Srl. Thayal Singh Ellas, France & London, Sept. 1997
- Dr.M. Krishnan Nair, Palmsprings, USA, Oxford and Chicago. Sept. 1997.
- Dr.Rachel Cherian Koshy, Hawai, USA, Sept.-Oct.,1997
- Dr.Babu Mathew, Beiling, China, Aug. 1997
- Dr.B.Rajan, Oxford, Sept.1997
- Dr.Jem Prabhakar, London, Sept. 1997
- Or.Prabha Balaram, Lyon, France, June-July, 1997.

C) Purchase sanctionsed

- Radiotherapy Simulator
- Spare X-ray tube for CT scanner
- On-line Apharesis equipment

D) Appointments

The Committee resolved to appoint Sri N.Ramaswamy Iyer as Secretary to Director and Sri. V. Surendran Nair as Asst. Public Relations Officer.

The Committee resolved to appoint Part-time Consultants and Oncall Consultants for the RCC in General Medicine, General Surgery & Cardiology and Endocrinology, Neurology, Psychiatry, Physical Medicine and Dental Surgery on consolidated honorarium.

The Committee resolved to create one post of Lecturer in: Radiotherapy & Clinical Radiobiology, one post of Lecturer in Electronics, 10 posts of Radiographers, one post of Laboratory Technician (immunohistochemistry), one post of Dark Room Assistant.

E) Others

The Executive Committee resolved to sanction Rs.1,5 lakhs for antitobacco campaign (Tobacco free Schools Project) and Rs.1.5 takhs for preparation of film to the Regional Cancer Association.

The Committee resolved to stop the private practice of all doctors in the R.C.C. and to start the Pay Clinics alternatively from 2nd October, 1997.

ENGINEERING DEPARTMENT

The civil work for the in-patient tower block was completed and all the floors were occupied except operation theatre floor. Due to the paucity of funds the new operation theatre, C.S.S.D, B.M.T area couldn't be completed.

A laundry building and a nurses hostel was completed. Power laundry equipments are being installed and tested. Two walk-in-cooler and mortuary equipments supplied by M/s. Blue Star Limited has been installed and functioning. A 625 KVA diesel generator supplied by M/s Parry Engineering & Exports Limited has been installed and is functioning. The Installation of electrical equipments like main switch boards and different electrical panels supplied by various agencies are being carried out by M/s Harrisons Malayalam Limited and Is In the process of completion.

LIST OF STAFF

Dr. Krishnan Nair M	Director
Dr. Sreedevi Amma N	Deputy Director
Dr. Joseph F Deputy	Director
Dr. Rajan	B Superintendent
Prof. Joseph A	Hon. Secretary (Academic)

Radiotherapy	
Dr. Krishnan Nair M	Director & Professor
Dr. Joseph F	DyDirector & Professor
Dr. Rajan B	Supdt. & Professor
Dr. Gangadevi T	Addl. Professor
Dr. Jayaprakash P G	п
Dr. Rafeeka Beegum	
Dr. Parameswaran S	Assoc. Professor

	:
Dr. Bhattathiri V N Dr. Jayaprakash Madhavan Dr. Sureshchandradutt G Dr. Ramdas K Dr. Ratheesan K Dr. Thomas Koilparambil Dr. Francis V James Dr. Beela Sarah Mathew Dr. Ajithkumar TV Surgical Oncology Division Dr. Paul Sebastian Dr. Iqbal Ahamed Dr. Gladys Jeevy Dr. Chitrathara K	Lecturer Assoc. Professor (on leave) Assoc. Professor
Dr. Pachel Cheriyan Koshy Dr. Cherian M. Koshy Dr. Pabhakar J Dr. Namrata Dhakad Dr. Manoj Pandey Dr. Shaji Thomas Dr. Pradeepkumar Prabhu Sri. Hari kumar R Sri. Mohanan Pillai B Sri. Suresh P S Sri. Thankappan Chettiyar K	" Asst. Professor (on leave) Asst. Professor Lecturer " " Chief Anaesthesia Technician Theatre technician Senior helper "
Paedlatric oncology Dr. Kusumakumari P Dr. Priyakumari, T Dr. Shanavas	Assoc. Professor Lecturer
Medical oncology	
Dr. Gangadharan V P Dr. Geetha N Dr. Prakash NP Dr. Mirsa Husain	Assoc. Professor Asst, Professor Lecturer
Dental wing	•
Dr. Nalinakumari KR Smt. Sulochana Bal M	Lecturer Dental Hygenist

Clinical Services & Medical Records

Sri. Raveendran Nair R. Admn. Officer (CS) Sri. Surendran Nair V Asst. Public Relations Officer Sri, Rajasekharan Nair G Medical Records Officer Sri. Sreekumar B Coding clerk Smt. Sarala devi PG Cashier Sri. Mohanachandran C Clinical Records Asst. Srl. Anilkumar K Smt. Siju R Nair Smt. Sreelatha S Smt. Mariyamma MA Sri. Thankappan Nair K Telephone operator-cum-Sri, Johnson Xreceptionist Cashier-cum-Sri. John S. receptionist Clerk

Cancer Epidemiology & Clinical Research

Dr. Sankaranarayanan R Assoc. Professor (on leave) Dr. Cherian Vrghese Asoc. Professor Dr. Aleyamma Mathew Asst. Professor Smt. Padmakumari Amma G Medical statistician Smt: Latha PT Social investigator Smt. Anitha Navar Smt. Jalajakumari V Clerk | Smt. Chandrika D Coding clerk Smt. Javalekshmy P Scientific assistant

Pain and Palliative Care

Dr. Vasudevan Mappat Anaesthesiologist

Blood bank

Sri. Meera Sahib Asst. Technical Officer Smt. Gangadevi C Sr. Lab. technician

Cytopathology

Dr. Sreedevi Amma N
Professor & Dy. Director
Dr. Chandralekha B
Professor
Dr. Elizabeth K Abraham
Dr. Jayasree K
Dr. Rekha A Nair
Dr. Anitha Mathews
Aprofessor
Lecturer

Smt. Minyamma K Smt. Bindu B Smt. Sindhu P Radiation physics Dr. Padmanabhan V Sri. Davis CA Sri. Davis CA Sri. Thayal Singh Elias Sri. Arunkumar LS Sri. Raghuram Nair K Sri. Padmavathi Amma B Smt. Davis C Smt. Padmavathi Amma B Smt. Padmavathi Amma				
Dr. Sasidharan K Dr. Alex K Ittyavirah Dr. Ramachandran K Dr. Krishnakumar AS Dr. Krishnakumar AS Smt. Virshnakumar AS Smt. Sathyalekha SI Smt. Sathyalekha SI Smt. Pradeep S Sri. Udayakumar KR Sri. Prasad PP Sri. Shalleshkumar KN Nuclear Medicine Dr. Pradeep VM Dr. Sreekumar A Smt. Sheela V Sr. Radiographer Sri. Sheela V Sr. Radiographer Smt. Sheela SR Smt. Sheel	Srl. Sujathan K Dr. Lakshminarayanan Smt. Najeeya S Smt. Brinda TP Smt. Sulochana S Smt. Renuka Devi V Smt. Saina A Sri. Nataraj A	Cytotechnologist Sr. Scientific Öfficer Lab. technician	Smt. Seetha P Smt. Suseelamma S Smt. Radhamony Amma TG Smt. Leela M Smt. Ambili Govind K Smt. Mariamma Jacob Smt. Sreekala R Smt. Prameeladevl T Srl. Sunil Kumar S	
Dr. Pradeep VM Dr. Sreekumar A Smt. Sheela V Srl. Joe D'Kruz Smt. Sheeja SR Smt. Sheeja SR Smt. Minyamma K Smt. Sindhu P Radlation physics Dr. Ravindran Ankathil Assoc. Professor Dr. Kannan S Asst. Professor Dr. Remani P Dr. Molykutty John Sri. Thomas Abraham Scientific Officer Gr. I Smt. Bindu L Smt. Leela A Sr. Animal house keeperattender Sri. Vikraman Nair K Laboratory Medicine & Tumor Blology Dr. Radhakrishna Pitlai M Assoc. Professor Smt. Vikraman Nair K Sri. Davis CA Sri. Thayal Singh Elias Sri. Arunkumar LS Sri. Raghuram Nair K Sri. Ragmabhadran P Sr. Hadiographer Sr. Hadiographer Dr. Ravindran Ankathil Assoc. Professor Dr. Ramani P Sri. Kannan S Asst. Professor Sri. Vikraman Nair K Smt. Vikraman Nair K Smt. Padmavathi Amma B Smt. Padmavathi Amma B Smt. Usha J Sr. Lab technician Smt. Benuka P	Dr. Sasidharan K Dr. Alex K Ittyavirah Dr. Ramachandran K Dr. Krishnakumar AS Smt. Vimala B Smt. Sathyalekha SI Sri. Pradeep S Srl. Udayakumar KR Sri. Prasad PP	Assoc. Professor Asst. Professor Radlographer	Smt. Jayasree CG Smt. Vidiullatha PA Smt. Sheeba DR Srl. Radhakrishnan Nair T Sri. Sherrif JS Smt. Geetha P Srl. Santhan H Smt. Anitha C Smt. Sreekala D	
Dr. Padmanabhan V Professor Dr. Radhakrishna Pillai M Assoc, Professor Sri. Davis CA Assoc, Professor Clinical lab Sri. Thayal Singh Elias Asst. Professor Sri. Arunkumar LS Sri. Raghuram Nair K Sri. Ramabhadran P Sr. Radiographer Dr. Radhakrishna Pillai M Assoc, Professor Clinical lab Smt. Padmavathi Amma B Technical Officer Smt. Usha J Sr. Lab technician Smt. Renuka P "	Dr. Pradeep VM Dr. Sreekumar A Smt. Sheela V Srl. Joe D'Kruz Smt. Suja BR Smt. Sheela SR Smt. Minyamma K Smt. Bindu B	Lecturer Sr. Radiographer Radiographer	Dr. Ravindran Ankathil Dr. Kannan S Dr. Remani P Dr. Molykutty John Sri. Thomas Abraham Smt. Bindu L Smt. Leela A	Assoc. Professor Asst. Professor " " Scientific Officer Gr. I Cytotechnologist Sr. Animal house keeper-cum
OII ORGANIZATION TO	Dr. Padmanabhan V Sri. Davis CA Sri. Thayal Singh Elias Sri. Arunkumar LS Sri. Raghuram Nair K Srl. Ramabhadran P	Assoc. Professor Asst. Professor " Sr. Radiographer	Dr. Radhakrishna Pillai M Clinical lab Smt. Padmavathi Amma B Smt. Usha J Smt. Renuka P	Assoc, Professor Technical Officer
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Sri. Hariharan S Sri. Rajesh KR Smt. Helen B Smt. Anitha S	Lab. technician
Pharmacy	
Sri. Sivasankara Pillai K	Pharmacist
Information Systems Division	1
Sri, Jayasankar G Sri, Manoj G Smt. Suseela Devi B Smt. Jayanthy JK	System Manager (on leave) Jr. Systems Analyst Data Entry Operator
Community Oncology	
Dr. Babu Mathew Dr. Remani S. Wesley Sri. Sreekumar C	Professor (on leave) Assoc. Professor Social Investigator
Library and Informatiom Service	
Sri. Chandrakumaran Nair M Smt. Sreedevikutty C Ms. Deepika Lakshman Sri. Vishnu V Director's Office	Sr. Librarian Typist Library Assistant "
Sri. Ramaswamy Iyer N Smt. Savithriamma B Sri. Antony P Sri. Krishnan Kutty A	Secretary & CA to Director Jr. Personal Asst. Despatcher Helper
Administrative Office	· · · · · *
Sri. Bhaskaran Nair KR Sri. Joseph PP Sri. Rajendran R Sri. Gnaneswaran G Sri. Sasikumar SV Smt. Lalitha B Smt. Beena N Sri. Sasikumar K	Controller of Finance Administrative Officer Finance Officer Accounts Officer Asst. Purchase Officer Asst. Administrative Officer Asst. Accounts Officer Sr. Office Asst.

Smt. Shylaja C Smt. Jumailathu Beevi KM Smt. Remila CK	Office Asst.
Smt. Snehalatha	41
Sri. Sabu SR	a a
Smt. Sheela Kumari R	Cashier
Smt. Sudevi R	Jr. Personal Asst:
Smt. Mallikadevi S	ĸ
Smt. Anitha S	Confidential Asst.
Smt. Usha V	Data Entry Operator
Sri. Krishnan Nair P	Driver Gr. J
Sri, Sreekumaran Nair P	Driver
Sri. Krishnadasan TP	4
Sri. Sasidharan Nair N	<u>«</u>
Sri. Devarajapanicker K	Sr. Helper
Sri. Abdul Rahiman PM	ıć
\$rl. Anilkumar R	II
Sri. Rajayyan S	41
Şri. Hari C	41
Srl. Balachandran KG	<u>=</u>
Sri. Senan	N.
Sri. Balachandren I.,	ıć
Sri. Seethalekshmy PS	Despatcher
Sri. Subair M	Helper
Smt. Amrithamma M	al .
Sri. Santhosh Kumar CS	al .
Sri. Sivan Kutty K	d
Srl. Sulaiman S	a a
Sri. Vijayakumar C	"
Sri. Krishnankutty A	IF

Engineering wing

ineering wing	
Sri. Raveendranathan Nair G	Chief Engineer Consultant
Srl. Rajan	AMaintenanceEngineer
	(Electrical)
Sri, Vijayakumar L	Maintenance Engineer
	(Mechanical)
Sri. Asokan Nair R	First Grade Overseer
Smt. Suseela P	Jr. Personal Asst.
Srl. Santhoshkumar AR	Electrical supervisor

Sri. Rajendran KR	a	Nursing Services	
Sri, Sasidharan N	п	Vijaya Sr.	CNO & Assoc, Professor
Srl. Rajeevan B	п	Aleyamma M Kunappally	Head nurse
Sri, Venugopalan Nair VR	Eletrician	· Aleykutty PM	"
Sri. Giji PS	Œ.	. Annamma Jacob	II
Sri. Abraham T. Chacko	£!	Geetha Kumari BS	ıl
Sri. Sivarajan L	Eletronics technician	 Graceamma Jacob 	ır
•		Lizyamma Jacob	ıı
Security Services		Mariamma James	ıć
Sri, Vijayan Nair S	Sergeant	Modesty SD Sr.	16
Sri. Thankappan Nalr K	Security guard	Saly Abraham (on leave)	п
Srl. Sasikumaran Nair R	н	Ajitha.T.L	Staff nurse
Sri. Achuthan Nair	41	Aleyamma Chacko	α
Sri, Sukumaran Nair G	ıı .	Aleyamma Koshy	4
Sri. Somasekharan Nair R	ıć	Aleyamma Mathew	<u> </u>
Sri. Rajeswaran KP	ĸ	Ambika TB	ĸ
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Sri, Sasikumaran Nair R	at	Ancy Jacob	<u>=</u>
Sri. Stephenson C	п	Ancyamma.C.J	6
Srl. Prabhakaran Nair B	п	Anlamma Joseph	ar -
Smt. Mini N	Djetitian	Anilakumari S	at a second seco
		Anitha Kumari.P.V	41
ECDC Ernakulam		Anitha Paulin	an ,
Dr. Syamalakumari	Cytopathologist	Anitha T	П
Smt. Radha C	Cytotechnologist Gr.	Anithakumari Amma.T	п
Smt. Mercy Joseph	II-	Anju S	if
Sri, Jayalal Ks	St. Cytotechnologist	Beena Kumari N	п
Smt. Gracy M	Staff Nurse	Beena M	IL.
Ms. Lathamalathy	Cytotechnician	Beena Rani S	16
Sri. Dass	Helper	Beriny CA	п
Sri. John Evidus	и	Bensamma Varghese	u
		Bijt Kunjachan	<u>«</u>
ECDC Palakkad		Biji PR	ű
D. Aauda Kamath B	Cytopathologist	Bindhu B	a
Dr. Aananda Kamath R	Cytotechnologist	Bindhu M	
Ms. Veena VS	" Utech lologist	Bindu Bhaskar	a
Ms. Lakshmi S	Cytotechnician	Bindu PD	ei .
Sri. James Thomas	Staff nurse	Chandrika.P	Ji
Smt. Nirmala KC	Helper	Christeen V	п
Srl. Louis TC	Helper	Cine VC	п
Sri. Soman V	I telbei	VIII	

Daisy Chacko	IE
Elizabeth Eapen	"
Elsamma Joseph	ıı
Geetha KK	II.
Geetha Kumarl D	II.
Girija C	,,
Girija K	4
Gracy George	61
Gracy M	и
Helen BRC	4
Illin William	~
Indira Devi.G	
Indulekha KS	н
Jaya TS	ıc
Jayakumari.S.K	ıc
Jessiamma John	ır
Jessy PS	II .
Jessy Thomas	"
Jigy SP	41
Jikky M	61
Jini KV	ži
Jino VK	н
Jyothi Lakshmy D	~
Kumari Sindu S	u
Laly Joseph	£I
Leena M V	к
Letha M B	16
Llja Jose	16
Lssy CV	IF
Lissy Varkey	"
Lizy NM	II
Mangalam.S	II .
Manu G Zachariah	11
Mareena Silas	11
Mariyamma S	41
Mariyamma Ulahannan	41
Mary Kutty Mathew	u
Maya KB	-
Mini RS	K
Minilal KM	a

Moly MT	II.
Nazeera Beevl B	ır
Nirmala KC	16
Nisha P Rajan	16
Prasanna Kumari S	rs.
Prasanna Peter	ĸ
Raejani Kumari.K.K	Œ
Rajila Beegum	~
Rani Chandran.V	~
Reena A Thankaraj	*
Reetha EG	и
Rekha R	
Rethidevi.G.S	4
Sajina Beegum S	41
Sajitha.S	41
Salini PB	11
Saly Kurian	41
Saramma Baby	41
Saraswathi P	"
Saraswathy Amma P	"
Shamla Beevl A	"
Shanty Abraham	"
Shanty.P.S	10
Sheeba P	IF
Sheeba SV	10
Sheeja Beegam A	œ
Sheeja MS	4
Sheeja Rani MP	4
Sheena K Damodharan	R
Sheena Lal L	54
Shema C	
Sherly Jacob	-
Sherly M.	a
Shijikumari.N.G	41
Shobha S	41
Shyni Mol K	41
Sibi.K.R	
Siji Thomas	
Simmy Panikar S	
Sindhe GS	"
Sindhu Mol KR	"

Sindhu S	
Sindhu TT	
Sindhu.G	
Sindhumol MG	
Sindu.T.S	
Sini Lioid	
Sisy Das	
Sivakumari PR	
Sony B	
Sony Joseph	
Sophiya Lilly N	
Sosamma Chacko	
Sree Vidya A	
Subha Abraham	
Suchitra CS	
Sujitha Kumari VS	
Sukumaran G	
Suma PV	
Şuneethi MS	
Sunitha C	
Sunithakumari R	
Susha Koshy	
Swapna MA	
Swapna.C.R	
Syamala S	
Syamkumar SS	
Vilava 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 Economics 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. Uttanwar, Director, Software Technology Park, Trivandrum.

Institute 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

REGIONAL CANCER CENTRE

THIRUVANANTHAPURAM

ACCOUNTS

1997-98

REGIONAL CANCER CENTRE (REG. No. BALANCE SHEET AS

PREVIOUS YEAR		CURRENT YEAR
Rs. Ps.	LIABILITIES	Rs. Ps.
, 268534804.89	CAPITAL FUND	299549045.89
1768239.90	SPECIFIC FUNDS	1690383.90
15923766.04	UN-UTILISED GRANTS	27127239.40
947758.00	STAFF WELFARE FUND	1203229.00
361884.75	RAD,TH,RESEARCH FUND	909163.05
29447809.10	CCLFUND	33160810.10
5074231.52	ADV, RECD FOR RES.PROJE	4000505.05
23330978.46	SECURED LOANS	260 39 967.53
	CURRENT LIABILITIES & PROVISION	NS
10058348.55	SUNDRY CREDITORS	11066238.85
6432359.23	OTHER LIABILITIES	8683533.93
87123796.53	PROVN.FOR DEPRECIATION	105485771,53
448943976.97	TOTAL	518915888.23

Place : Trivandrum, Dated : 17-11-98 DIRECTOR Dr. M. KRISHNAN NAIR

SOCIETY, TRIVANDRUM 567/81)

AT 31ST MARCH, 1998

DUS YEAR Rs. Ps.	ASSETS	CURRENT YEAR As. Ps.
77582.82	FIXED ASSETS	283038114,91
954707.82	CAPITAL WORK-IN-PROGRESS	. 9700345,06
70266.00	INVESTMENTS	33002145,00
	CHERENT ACCUTO LOANS AND AD	WARDS.
111128.00	CURRENT ASSETS, LOANS AND ADV	
69732.00	INTEREST ON DEPOSITS	3445605.00
29481.12	ADVANCES TO PROJECTS	1151570.00
27 4 01.12 37568.58	ADVANCES TO PROJECTS	3194829,70
81959.00	DEPOSITS	11890438.72
51689.12	BALANCE WITH BANKS	361959.00
21051.31	CASH IN HAND	17271780.94
00.0000	GRAND-IN-TRANSIT	86702.46
58811.70	INCOME & EXPENDITURE A/C	4500000.00 15 147 2397.44
139 76.9 7	TOTAL	 518915888.23

Notes forming part of accounts

for M/s.SEKHAR & JAYANTHI CHARTERED ACCOUNTANTS

> GNANA SEKHAR S PARTNER

REGIONAL CANCER CENTRE (REG, No.

INCOME AND EXPENDITURE ACCOUNT

PREVIOUS YEAR		CURRENT YEAR
Rs. Ps.	Expenditure	Rs, Ps,
4971990.26	Opening Stock	6011128,00
22937870.95	Purchases	22023247,72
27690392.50	Salaries & Allowances	34917650,72
263929.00	Uniform and Liveries	199906,75
288447.80	Rent,Rates & Taxes	170478.10
739376.85	Postage/Telephone/Telegram	591592,36
469357.25	Travelling Expenses	821444,25
704386.10	Printing and Stationery	527025.99
725269.50	Advertisement	14377.00
2022867.00	Electricity/Water Charges	3361778.00
27000.00	Remuneration to Auditors	76500.00
6198665.28	Repairs and Maintenance	6186618.25
981747.38	Service Contract Charges	860814.17
1687241.00	Interest and Bank Charges	3739069.00
52697.00	Training Expenses	78084.00
150616.00	Conference/Seminar/Workshop	150801.00
89032.00	Computer Expenses	101446,00
5533.75	Books and Periodicals	75 11.25
42997.10	Land Scaping and Gardening	42142.50
422235.25	Propotionate Share to NTR	745010.80
8150.00	Publications	0.00
174270.55	Miscellaneous Expenses	126483.78
10000.00	Software	0.00
18861317.00	Depreciation	18361975.00
0.00	Cancer Education Programme	64157.95
89625389.52	TOTAL	99179242.59

Place : Trivandrum, Dated : 17-11-98 DIRECTOR Dr. M. KRISHNAN NAIR

SOCIETY, TRIVANDRUM 567/81)

FOR THE YEAR ENDED 31ST MARCH, 1998

PREVIOUS YEAR		CURRENT YEAR
As. Ps.	Income	Rs. Ps.
8820000.00	Grant-in-aid,Govt.of Kerala	11025000.00
	•	
1112130.00	Grant-in-aid,Govt.of India	2868556.64
0.00	Grant- National Sav. Dept.	2000000.00
24170259.00	Investigation Fees	29324785.00
2836020.00	Ward Charges	3664492.00
9367774.90	Sale Of Medicines	9368785.75
377666.00	Interest Income	268442.00
190225.00	Clinical Service Charges	2833120.00
58730,00	Training Fees	113828.00
5000.00	Incomo Fram Projects	15000.00
5000.00	Donation	10150.00
346062.80	Miscellaneous income	95688.50
6011128.00	Closing Stock	3445605.00
36225393.82	Excess Of Expend.over Incomo	34145789.70

		···· v—— ···· · ·	·	
8952	5389.9	52 TO	TAL	99179242.59

Notes forming part of accounts

for M/s.SEKHAR & JAYANTHI CHARTERED ACCOUNTANTS

> GNANA SEKHAR S PARTNER

REGIONAL CANCER CENTRE (REG. No.

CANCER CARE FOR

INCOME AND EXPENDITURE ACCOUNT

PREVIOUS YEAR Rs. Ps.	Expanditure	CUHRENT YEAR Rs. Ps.
65000.00	Salaries & Allowances	70000.00
2000.00	Advertisement and Publicity	69493.50
85400.00	Printing And Stationery	34132.00
40000.00	Postage/Telephone/Telegram	45000.00
25512.35	Fuel Charges	21824.25
12045,00	Maintenance	20729.00
17043.00	Spare Parts	12489.00
1871624.10	Reimbursement to Patients	3356281.75
5850.00	Miscellaneous Expense	9482.00
188510.00	Commn. to Federal Bank	90471.00
1435437.55	Excess of Inc.over Expend.	632203.96
3748422.00	TOTAL	4362106.46

Place : Trivandrum, Dated : 17-11-98 DIRECTÓR Dr. M. KRISHNAN NAIR

SOCIETY, TRIVANDRUM 567/81)

LIFE SCHEME

FOR THE YEAR ENDED 31ST MARCH, 1998

PAEVIOUS YEAR Rs. Ps.	Income	CURRENT YEAR Rs. Ps.
3411265.00	Interest on Fixed deposits and Investments	4362106.46
337157.00	CCL Membership fee not Invested	
	·	
748422.00	TOTAL	4362106.46

for M/s.SEKHAR & JAYANTHI CHARTERED ACCOUNTANTS

GNANA SEKHAR \$
PARTNER

REGIONAL CANCER CENTRE (REG. No.

SCHEDULE OF FIXED

	GROSS BLOCK			
	COST AS ON		SALE/	COST AS ON
PARTICULARS	1.4.1997	ADDITIONS	ADJ	31.3.1998
BUILD NGS OLD	590110.25	0.00	0.00	860110.23
BUILDING	27482529.71	257277.00	0.00	27739806.71
BUILDING RT	17/58983.70	0.00	0.00	17455885.70
BUILDING PHASE II	79185565.99	0.00	- 0.00	79185566.99
BOUNDARY WALL .	127118,63	0.00	0.00	127118.63
WATER SUPPLY & DRAIN	1769149.43	161838.00	0.00	1900287,43
FURNITURE & FITTINGS	7319505.43	258616.00	0.00	7578121,43
OFFICE EQUIPMENTS	1582218.98	54960.50	0.00	1637174.43
TELEPHONE EQUIPMENTS	2496181.00	232510.00	0.00	2728691.00
HOSPITAL & LAB EQUIP	58521342.07	10285172,00	0.00	68804514.07
ELE. INSTALLATION	31745208.90	3198905.00	0.00	34947:18.90
FIRE DETECTION	2915085.00	928055.00	0.00	3841120.03
AIR CONDITIONING	15448532,35	3000.00	. 0.00	154515G2.35
COMPUTER HARDWARE	2241017.00	187984.CO	0.00	2428981.00
GAS PLANT & CYLINDER	6035804.15	359056,00	0.00	6391660,15
VEHICLES	379329.60	0.00	0.00	379329.60
LIB.BOOKS & JOURNALS	4243831.68	1140175.59	0.00	5384007.27
LIFT & EUVATOR	5825810.00	0.00	0.00	6825810.00
ASSETS(DONATIONS)	337612.00	0.00	0.00	337812.00
	285977582.82	17060632.09	0.00	280036114.91

SOCIETY, TRIVANDRUM 567/81)

ASSETS AS ON 31-03-98

:	DEPRECIATION BLOCK		NET BLOCK	
UPTO		TOTAL UFTO	AS OA	AS ON
\$1.3,1997	ADDITIONS	21.3.1995	31.3.199\$	51.8.1997
372234.95	24394.00	396628.95	463481.30	487875,30
8602934.64	958344.00	9559278.64	18180528,07	18879595.C7
3040302.69	720929.00	8761231.59	13697854.01	14418583.01
3959278,00	27618 4.00	7720592.00	71464978.99	76226287.99
47001.88	4005,00	51007.88	76110,78	80116.78
986184,93	144720.00	1:10904.63	820082,50	802964.90
2256868.36	529125.00	2815993.08	4762128.07	5032637.07
655744.58	147215.00	802959.56	634214.87	926469.37
838195.70	283874.00	1120069.70	1608621.50	1659985.80
28821751.06	4497414.00	43319165.06	25485349.01	19899591.01
[C946126.65	5800138.00	14546334.65	20400752,25	20802012.25
947499.10	43/10/40.00	1331642.10	2459577.90	1967505.90
8024164.40	1114100.00	9138264.40	6313237,95	7424387.88
1742902.80	274431.00	2017333,80	411647.20	498114.20
1572111.65	722952.00	2295043.65	4096616.50	4463492.50
312411.56	18394.00	825795.56	53634.04	66012.04
1747 [31.26	545531.00	2292882.25	5091345,02	2495700.43
2072609.35	562960.00	2635589.35	3190220.65	3753200.65
170273.30	25101.00	195374.20	142257.70	*67538.70
 87123796.53	18361975.00	105485771.83	177552343.38	178858786.2

SEKHAR & JAYANTHI Chartered Accountants

Telephone: (0471) 464920 T.C. 26/1855, G.P.O. Lane Statue, Trivandrum - 695 001

AUDITORS' REPORT

We have examined the attached Balance Sheet of the REGIONAL CANCER CENTRE SOCIETY, Regn.No.567/81, Thiruvananthapuram as at 31st March, 1998 and the Income and Expenditure Account for the year ended on that date annexed thereto and report that:

- The said Balance Sheet, Income and Expenditure account and the schedules thereon are in agreement with books of accounts maintained by the Society.
- We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of our audit.
- 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 explanations 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.295.25 lakhs received from Government of Kerala between Capital and Revenue at Rs.185.00 lakhs and Rs.110.25 lakhs respectively are made on the basis of the addition to fixed assets or construction of building during the year 1996-97 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 reforred 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.7,497/-has been shown as Term Deposit Suspense Account as referred to in Note No.3 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, 1998, and;
 - 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, 1998.
 Trivandrum,

for M/s.SEKHAR AND JAYANTHI Chartered Accountants

Sd/~

Place: Trivandrum, Date: 17-11-98 S. GNANA SEKHAR PARTNER

SCHEDULE

NOTES FORMING PART OF ACCOUNTS

- Out of the grant received from Government of Kerala during the Financial Year 1997-98 amounting to Rs.295.25 lakhs, an amount of Rs.185 lakhs have been transferred to Capital Fund representing Fixed Assets acquired or constructed during the year and the balance of Rs.110.25 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.7,497/- which has been shown as Term Deposit suspense under the head "INVESTMENTS" 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 Pulayanarkotta measuring 17 acres assigned by the Government of Kerala vide Order No.GO(MS) No.1054/22/ RD dated 17.11.1982 has not been brought to 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/- for deposit works; carried out for RCC, has not been acknowledged as debt and hence not provided for in the accounts.
- Stationery is accounted on cash basis and πο stock in hand is taken into account as on 31st March, 1998.

- The balance in party accounts are subject to confirmation.
- Previous year figures have been re-grouped wherever necessary.

Place:Thiruvananthapuram.

Date: 17-11-98

M/S. SEKHAR & JAYANTH! (Chartered Accountants)

Dr.M.KRISHNAN NAIR DIRECTOR S.GNANA SEKHAR

(Partner)

SIGNIFICANT ACCOUNTING POLICIES

- 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.
- 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: 17-11-98

M/S.SEKHAR & JAYANTHI (Chartered Accountants)

DR.M.KRISHNAN NAIR (DIRECTOR) S.GNANA SEKHAR (Partner) SEKHAR & JAYANTHI Chartered Accountants Telephone : (0471) 464920 T.C. 26/1855, G.P.O Lane Statue. Trivandrum-695 001

UTILISATION CERTIFICATE

Certified that the grant of Rs. 2,95,25,000/- (Rupees two crores ninety-five lakes twenty-five thousand only) received during the financial year 1997-98 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:

		Rs. in lakhs,
G.O(Rt) 1157/97/H&FWD	dated 24-4-1997	70.00
G.O(Rt) 2548/97/H&FWD	dated 21-6-1997	25,00
G.O(Rt) 3245/97/H&FWD	dated 26-8-1997	90.00
G.O(Rt) 3769/97/H&FWD	dated 27-10-1997	50.00
G.O(Rt) 4452/97/H&FWD	dated 24-12-1997	40.00
G.O(Rt) 410/98/H&FWD	dated 20-2-1998	20.25
		Total: 295.25

have been utilised by the society during the Financial year 1997-98 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

Płace: Trivandrum Date: 17-11-98

> S. GNANA SEKHAR (PARTNER)

SEKHAR & JAYANTHI Chartered Accountants Telephone: (0471) 464920 T.C. 26/1855, G.P.O. Lane Statue, Trivandrum- 695 001

UTILISATION CERTIFICATE

Certified that an amount of Rs. 128,64,519.64 (Rupees One Crore twenty-eight lakhs sixty-four thousand five hundred and nineteen and paise sixty-four only) has been utilised out of the following grants:

Grant received during the financial year 1997-98 vide letter:

Amount (in rupees)

 F. No. V. 22015/5/97-R dated 22-1-1998 from Ministry of Health and Family Welfare, Government of India, New Delhi 30,00,000.00

(ii) F. No.V. 26015/1/97-R dated 19-3-1998 from Ministry of Health and Family Welfare, Government of India, New Delhi. 45,00,000.00

Add: Unutilised grant of the year 1996-97 53,64,519.64 128,64,519.64

Less: Unutilised grant carried to 1998-99 N I L
UTILISED GRANT DURING 1997-98 128,64,519.64

by REGIONAL CANCER CENTRE SOCIETY, TRIVANDRUM during the financial year 1997-98 for acquiring equipments and spare parts of equipments for the development of the society.

for M/s. SEKHAR & JAYANTHI Chartered Accountants

Place: Trivandrum Date: 17-11-98

> S. GNANA SEKHAR (PARTNER)