

# REGIONAL CANCER CENTRE

**THIS JVANANTHAPURAM** 

19 9-2000



# **REPORT OF ACTIVITIES 1999-2000**

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#### INTRODUCTION

The Regional Cancer Centre, Trivandrum has proudly entered into the 21st Century to meet the continuing challenge of cancer. The new millennium offers new opportunities and new initiatives and we are committed to excel in all our activities. Our all round efforts in the last decade have been recognised nationally and internationally. The new patient attendance at RCC has trebled from 3000 to 10,000 per annum over the last two decades mainly due to the people's faith in our comprehensive and high quality cancer care.

As in previous years this year also we gave great accent to community cancer services and epidemiologic activities. The Early Cancer Detection Centre at Kollam is fully established. A health care institute for cancer detection and allied activities was opened at Kodungalloor. An Early Cancer Detection Centre has been started at Kozhencherry, Pathanamthitta. This will cater to the needs of the people in the foot hill region and the hilly tracts. This centre has launched a programme "Anti-tobacco revolution through schools". To begin with this programme has covered over 6000 schools during this year. In close collaboration with the Regional Cancer Association several Anti-tobacco activities were conducted. In recognition of these activities World Health Organisation, honoured us with the best anti-tobacco award in South East Asia.

An International school of colposcopy to train doctors, gynaecologists, nurses and field workers of the developing countries started functioning in this centre. We have also evolved low cost cervical cancer detection strategies.

The RCC Institute of Epidemiology, Surveillance and Preventive Oncology (RESPO) the first of its kind in India has started its programmes in earnest and received funding from the UNFPA for an "Operation Research Project on Cancer Control" in the North of Kerala. We Intend to develop RESPO for rendering epidemiological and research guidance to all branches of medical services in Medical Colleges and other centres.

An international conference "Radiobiology 2000" was hosted by us in a very elegant manner. This conference was attended by more than 200 delegates including 50 from foreign countries. Dr. R. Chidambaram, Chairman, Atomic Energy Commission and Secretary, Dopt of Atomic Energy visited this centre and inaugurated the Micro Selectron HDR System and also the Simulator on 23/4/1999. Dr. Anil Kakodkar, Director & Scientist from BARC visited the Natural Background Radiation Registry and inspected the activities.

During the year under report rapid strides were made in Research activities and 115 papers were published in peer journals and 85 papers were presented in conferences and 4 candidates were awarded Ph.D.

In tune with the newer trend of Holistic Medicine this centre has started an Ayurvedic Research Unit for treatment and research on cancer under the guidance of Vaidya Balendu Prakash. It was inaugurated by His Excellency Governor Justice Sukh Dev Singh Kang on 10th January 2000.

Hon'ble Chief Minister Sri. E.K. Nayanar inaugurated the Video Endoscopy Unit and Hon'ble Health Minister Sri. A.C. Shanmughadas commissioned the Apheresis Unit in the blood bank and Hon'ble Speaker Sri. M. Vijayakumar inaugurated the Dry Chemistry Analyser Unit in RCC on 20-10-1999.

Computerisation of the centre is nearing completion and already we were able to develop and implement the patient management and information system of the entire hospital.

This report contains the activities of the various divisions and also the audited statement of accounts for the year 1999-2000.

# DEPARTMENTAL ACTIVITIES DIVISION OF RADIOTHERAPY

Dr. M Krishnan Nair Dr. F. Joseph	Director & Professor Dy. Director & Professor (upto 26-10-99)
Dr. B Rajan	Medical Superintendent & Professor
Dr. T Gangadevi	Addl. Professor
Dr. P G Jayaprakash	Addi. Professor
Dr. C S Rafeeka Beegum	Addl. Professor
Dr. Suresh Chandra Dutt	Assoc, Professor
Dr. S Parameswaraл	Assoc. Professor
Dr. V N Bhattathiri	Assoc. Professor
Dr. Jayaprakash Madhavan	Assoc. Professor
Dr. K Ramadas	Assoc. Professor
Dr. K Ratheesan	Assoc. Professor
Dr. Thomas Koilparambil	Assoc, Professor
Dr. Francis V James	Assoc, Professor
Dr. Beela Sarah Mathew	Asst. Professor
Dr. T V Ajithkumar	Asst. Professor
Dr. Aswin Kumar	Lecturer

The division of radiation oncology lost one of its highly respected staff, Prof F. Joseph on 26.10.1999 who succumbed to cardiac illness. We pay respect to his leadership and excellent character.

This division of radiotherapy continues to be the major unit responsible for the primary care of cancer patients attending Regional Cancer Centre. There are 3 exclusive units with 16 radiotherapists. As the patient management involves multidisciplinary management with radiotherapy, surgery and chemotherapy, regular clinics of different division are being conducted. In association with various departments of Medical College, the following clinics are also conducted. Paediatric turnour board (weekly), Gynaecological turnour board (monthly), Gastroenterology turnour board (monthly). Surgery turnour board (monthly) and Clinico-pathological meeting (monthly). The staff are also actively involved in conducting clinics at peripheral centres at Karunagappally, Kozhenchery, Ernakulam, Palghat and Kannur for regular follow up of patients.

#### **Clinical Activities**

The division has taken the responsibility of 9269 new cancer patients registered at Regional Cancer Centre during 1999 - 2000. During this period there were 92685 review cases. Out of 7623 inpatient admissions, 3082 were under the care of the division. Teletherapy was used in 6500 patients and brachytherapy was used in 620patients. Brachytherapy services included ISI (Interstitial Implants), Surface Mould treatments, Intra Luminal application for Ca. Oesophagus, Manual after loading for gynaec tumours, Selectron for gynaec tumours, Micro selectron for oesophagus and Micro selectron for bronchus.

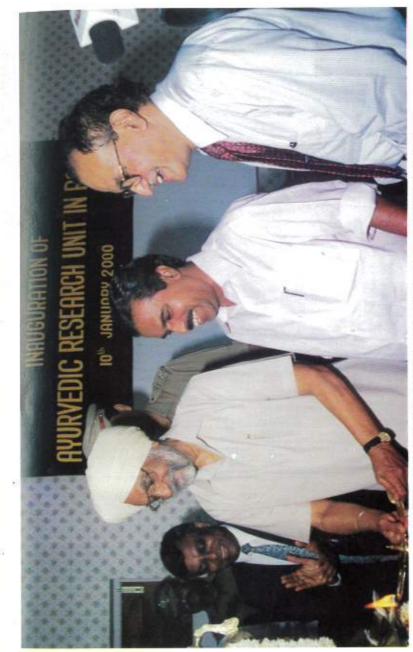
Academic activities included teaching and training in post graduate courses in Radiotherapy (MD & DMRT) to 8 students. Further weekly seminars and journal clubs are conducted. The staff also supervise planning, simulation and computerised planning related to teletherapy and brachytherapy.

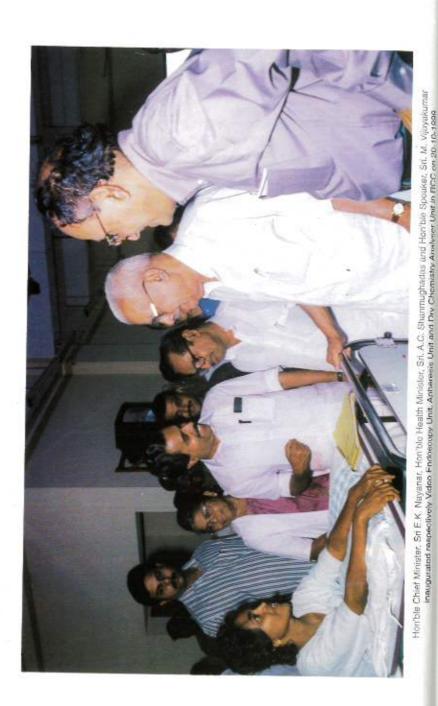
Many staff participated in the national conferences such AROI, Calcutta, APCC, Madras.

The Radiobiology Section attached to this division is making rapid progress under the leadership of Dr. V.N. Bhattathiri.

Radiobiology 2000, an International Conference on Radiation Biology was held from 17-19, February 2000 at Priyadarshini Planatorium. It was under the joint auspices of Regional Cancer Centre and Indian Society of Radiation Biology. Dr. Chidambaram, AEC Chairman was the Chief Patron and Dr. MR. Das (STEC) and Dr. M. Krishnan Nair (RCC were the patrons and Dr. VN. Bhattathiri was the organizing secretary.

The meeting was attended by more than 200 delegates including more than 50 from abroad representing 13 countries. Dr. Stefan Groth (IAEA), Dr. Streffer (Germany), Prof. Vinay Jain (Delhi), Prof. Natarajan and Prof. Myllenders (Holland), Dr. K.S. Kumar (USA), Dr. NC Verma (BARC), Dr. T. Nakano (Japan) were participants. Dr. K.A. Dinshaw, TMH gave the Dr. AR. Gopal Ayengar Oration. The meeting was held in co-operation with the Atomic Energy Regulation Board, ARG Trust, Board of Research in Nuclear Sciences, Council of Scientific and Industrial Research, Department of Science and Technology, International Atomic Energy (IAEA), Indian Council of Medical Research, Transworld Academy of Medical Sciences (Trieste, Italy) etc.





Examinership

Dr. V.N. Bhattathiri

Examiner for MD (Radiotherapy), Govt. Medical College, Aurangabad.

# Meeting organized

# Dr. V.N. Bhattathiri

- Organising Secretary of National "SAQ-CME programme" for radiation technologists. October 9-11, 1999.
- Organising Secretary of International meeting on radiobiology, entitled "Radiobiology 2000", February 17-19, 2000.
- Organizing Secretary, Indo-German Workshop on Predictor Assays, February 21-22, 2000.

#### Positions held

Dr. V.N. Bhattathiri: Evaluator for papers in connection with 12th Kerala Science Congress conducted by Science, Technology and Environment Committee, Govt. of Kerala.

Dr. V.N. Bhattathiri has written "Cancer: Sareerathile Kadannalkoodu" in Deshabhimani daily (12th May, 1999) and "Cancer niyanthrikkan aaharakramam" in Kerala Kaumudi (17th August, 1999).

The following post graduate thesis projects are running.

- 1. Concurrent chemo radiation in carcinoma esophagus (Dr Susan Mathew)
- Concurrent chemo radiation in carcinoma cervix (Dr Asha Arjun)

#### Ongoing research projects

- ATLAS Adjuvant Tamoxifen in Breast Cancer Longer against shorter Randomized clinical trial.
  - (Funding agency: ATLAS-Clinical Trial Services Unit, Oxford, UK.) Principal Investigator Dr. B. Rajan
- Estrogen receptor gene polymorphism in breast cancer and response to tamoxifen treatment

(Funded by State Science & Technology Department)

Principal Investigator Dr. B. Rajan

UKCCCR Randomised Trial of Adjuvant Endocrine Therapy and Chemotherapy in women with early breast cancer (Funded by UKCCCR, London)

Principal Investigator Dr. B. Rajan  Primary progesterone therapy for operable breast cancer a randomised multi-centre control trial (in association with Tata Memorial Hospital, Mumbai)

Investigator

Dr. B. Rajan

 Phase 3 Randomized Double-blind Evaluation of a new estrogen receptor modulator compared with Tamoxifen In women with locally advanced or metastatic breast cancer (In collaboration with M/s Eli Lilly Ranbaxy Ltd).

Investigator

Dr. B. Rajan

 Phase III study of RFS 2000 (9-Nitro-Camptothecin) Vs most appropriate therapy in refractory pancreatic cancer patients.

Investigator

Dr. S. Parameswaran

 Multicenter study of cremophor-free, protein stabilized, nanoparticle formulation of paclitaxel (ABI-007) in patients with stage IV metastatic breast cancer

(Funded by Quiltiles India Ltd)

Principal Investigator

Dr M Krishnan Nair

Co-investigators

Dr B Rajan, Dr K Ratheesan,

Dr N Geetha, Dr K Ramachandran &

Dr Jayaprasad

An open randomised comparative multicenter study of the
efficacy, safety and toleration of voriconazole vs
amphotericin B followed by other licensed antifungal
therapy in the treatment of acute Invasive aspergillosis in
immuno compromised patients

(Funded by Pfizer Central Research)

Principal investigator

Dr M Krishnan Nair

Co-investigators.

Dr N Geetha, Dr K Ratheesan,

Dr Iqbal Ahamed, Dr K Ramachandran

Conferences, etc. attended - (Chapter III)

Papers presented - (Chapter IV)

Papers published - (Chapter V)

### **OBITUARY**



**Dr. F. JOSEPH**Born on 02-05-1945
Died on 26-10-1999

Dr. F. Joseph (Late Dy. Director and Professor of Radiotherapy, RCC) belonged to the 1963 MBBS batch of the Trivandrum Medical College.He Postgraduated from the same college in M.D. Radiotherapy. Starting his official career as tutor he became Professor and Deputy Director and died in harness.

He was a gentleman of highest character and has a special place in the hearts of all who came into contact with him. His diligence was indefatigable and he dedicated his life for the cause of patients especially the down trodden. He had a meticulously clean official career, and his exertion for honesty and hard work was unremitting. In his death RCC has lost an able administrator and a noble teacher. He leaves behind his wife Vilma Joseph, son Joseph and daughter Lucy Joseph.

MAY HIS SOUL REST IN PEACE

# DIVISION OF SURGICAL ONCOLOGY

Dr. M. Iqbal Ahamed - Assoc. Professor
Dr. Paul Sebastian - Assoc. Professor
Dr. K. Chitrathara - Asst. Professor
Dr. Jem Prabhakar - Asst. Professor
Dr. Cherian Koshy - Asst. Professor
Dr. Namrata Dhakkad - Asst. Professor

Dr. Manoj Pandey - Asst. Professor Dr. Shaji Thomas - Asst. Professor

Dr. Firoz Rajan - Locturer
Dr. Paul Augustine - Lecturer
Dr. Bipin T. Varghese - Lecturer

Dr. Elizabeth Mathew lype - Medical Officer Dr. Chandramohan - Medical Officer

### Anaesthesiology

Dr. K. Gopalakrishnan - Consultant
Dr. Rachel Cherian Koshy - Asst, Professor

Dr. Mary Thomas - Lecturer
Dr. Venugopal - Lecturer

There has been an overall increase in the number of academic staff in the division of Surgical Oncology during the academic year. Three lectures, Dr. Firoz Rajan, Dr. Paul Augustine and Dr. Bipin T. Varghese have joined in surgery and Dr. Venugopal in anaesthesiology. Dr. Vasudevan Mappad has been shifted to anaesthesiology from the palliative care division. Moreover, Dr. Chitrathara has joined back after successfully completing MCh in Urology and Dr. Jern Praphakar after acquiring vast experience in Photodynamic Therapy. This has resulted in an increase in the quantum of operative work during the period, but not in proportion to the strength and experience of the academic staff due to the lack of operating space and facilities. However, once the new theatre block with four operating rooms get fully equipped, probably by the end of this calendar year, the quantity and quality of the operative work could remarkably be improved and the present waiting list considerably reduced.

During the reporting year a total of 1526 surgical procedures were carried out, of which 924 were major procedures done under general anaesthesia (Table - 1).

#### TABLE - 1

Total	-	1526
Minor procedures	· •	602
Major operations	-	924

Of the major surgical procedures, 162 patients had undergone primary radiotherapy and 163 patients had post chemotherapy residual or recurrent disease. 116 patients had previous surgery/surgeries at the same site, particularly those of thyroid, ovarian, gastrointestinal and retroperitoneal diseases.

Photodynamic Therapy (PDT) started last year as part of multicentric trial has been continued. The results of Foscan PDT as a curative modality in early recurrent oromandibular cancers have been very encouraging, though not in cases of advanced and refractory cancers as a palliative measure. In the light of successful conduct of this trial and the meticulous way it has been carried out, international agencies started approaching the centre with more new clinical trials and oncology related research work. The results of these trials presented in international conferences were very well appreciated; and the quality was of international standard.

The diagnostic endoscopic procedures, as in the fast year have been carried out in the endoscopic division. Now the surgical oncology division could acquire the whole set of cystoscopic equipments and are being routinely used.

As in the previous years, head and neck cancers including thyroid and salivary tumours formed the major bulk of the operative work (Table - 2).

TABLE - 2
Region wise distribution of major operations

Region	Number	Percent
Head and neck	489	52.92
Breast	160	17.32
Genitourinary	135	14.61
Gastrointestinal and retroperitonium	64	6.93

Total	924	100.00
Skin including malignant melanoma	27	2.92
Bone and soft tissues	49	5.30

In the head and neck region, oromandibular cancers formed the major site of cancer (56.5%), particularly tongue, buccal mucosa, lower alveolus and floor of the mouth. As a single anatomical site, tongue was the commonest site, and majority of tongue lesions were locally advanced, where surgery was offered as the primary modality of treatment of often following anterior chemotherapy; and in nearly 70% of such resections, primary reconstruction was performed using various pedicided flaps. During the reporting year there was an increase in the number of laryngopharyngeal resections done for patients with post radiotherapy residual/recurrent laryngeal cancers, and in almost all such cases pharyngeal reconstruction was done, using pectoralis major myocutaneous flap.

Compared to previous years, there was an increase in the number of patients with genitourinary cancers being operated here; similarly the number of desophargeal resections and breast reconstructions have also gone up.

#### Anaesthesiology

A total of 945 patients were given anaesthesia for various surgical procedures. This include 11 patients in whom photodynamic therapy was done under general anaesthesia because of difficult accessibility and 10 patients where reexploration was done for various reasons. There was no evidence of anaesthetic mishap.

In 20 patients surgical procedures were carried out under epidural anaesthesia, where the epidural catheter was retained for 2-3 days for post operative pain management.

In 77 patients awake nasal blind intubation was done because of the risk involved in intubation of anaesthesia even in cases of extensive resection of oromandibular cancers; however 53 patients required tracheostomy for various other reasons.

Associated co-existing diseases were treated and controlled before taking up for anaesthesia. These Include:

Hypertension	-	209
Heart disease	-	120
Diabetes	-	210
Respiratory diseases	-	112

Drug allergy - 19 Psychiatric problem - 9

#### **Academic Activities**

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

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

#### Research Projects

 Population based screening for oral premalignant lesions through inspection and oral examination -Trivandrum Oral , Cancer Screening Study (TOCS)

(Funding agency : IARC, Lyon, France)

Co-investigator

Dr. Paul Sebastian, Dr. Manoj Pandey

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

(Funding agency : IARC, Lyon, France)

Co-investigators

Dr. M. Iqbal Ahamed, Dr. Manoj Pandey

3. Trivandrum rural cohort in tobacco related mortality (TRM) (Funding agency : IARC, Lyon, France)

Co-investigators

Dr. M. Iqbat Ahamed, Dr. Manoj Pandey

 Psycho-social and vocational rehabilitation of cancer survivors. (Funding agency: Centre for development studies, Trivandrum)
 Principal investigator Dr. M. Iqbal Ahamed

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

(Funding agency : IARC, Lyon, France)

Co-investigators

Dr. Manoj Pandey

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

(Funding agency : Noval scotia, UK)

Co-investigators

Dr. M. Iqbal Ahamed,

Dr. Jem Praphakar, Dr. Paul Augustine

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

(Funding agency : Nova scotia, UK)

Co-investigators

Dr. M. Iqbal Ahamed,

Dr. Jem Prabhakar, Dr. Paul Augustine

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

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

Chief investigator

Dr. M.Igbal Ahamed

 A prospective study on postoperative complications in patients undergoing head and neck cancer surgery.

Investigator

Dr. M. Iqbal Ahamed

10. Should we do a hemithyroidectamy during total laryngectomy. A prospective analysis of 100 cases.

Investigator

Dr. M. lobal Ahamed

 A cervicoscopy study - visual inspection using 3% acetic acid as a screening strategy.

Co-investigator

Dr. Namrata Dhakad

12. Natural history of genital HPV infection

Co-investigator

Dr. Namrata Dhakad

13. Comparative evaluation of early detection of cervical cancer precursors by visual inspection with acetic acid and by Schillar's lodine in Kerala, India.

Co-investigators

Dr. Namrata Dhakad

14. Cancer vaccines for ovarin cancer

Co-investigator

Dr. Namrata Dhakad

15. Prospective trial for rehabilitation of Lymphoedema in patients cured for breast cancer

Co-Investigator

Dr. Namrata Dhakad

Cervical cancer control project

Co-investigators

Dr. Namrata Dhakad, Dr. Chitrathara,

Dr. Paul Sebastian

17. HPV Infection in oral malignant and premalignant lesions (1999-2004)

(Funding agency: NCI, John's Hopkins University, USA)

 Geotyping of the CYPIAI and GSTMI genes in Tobacco associated oral cancer (2000-2003)

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

Metalloprotenases in oral cancer (2000-2003)
 (Funding agency: Indian Council of Medical Research, New Delhi)

# Awards/Honours/Fellowship/Training

#### Dr. Manoj Pandey

- Selected to be featured on the Who's Who in the World: 2000.
   17th Edition.
- Selected for distinguished leadership certificate award 1999 by American Society of Bibliography.
- "2000, Millennium Medel of Honour" awarded by American Institute of Bibliography, USA.
- Citation in "2000 outstanding intellectuals of the 20th century" by International Biographical Centre, Cambridge, UK.
- Best paper award IASO NATCON 99, Jolly grant, Dehradun, October 8-10, 1999.

# Dr. Elizabeth Mathew type

- Dr. S. Kameswaran gold medal for the best All India Candidate in Otorhinolaryngology, Рила, August, 1999.
- Secured first place in the quiz competition held in the State Annual Conference of the Association of Otolaryngologists of India, Cochin, May 2000.
- Award of the membership of National Academy of Medical Sciences, January, 2000.

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 - Asst. Professor

Dr. Mini S. - Lecturer

Dr. Sunu John - Resident Medical Officer

Dr. Siyanandan - Locturer

Paediatric Oncology division is directly concerned with the management of patients up to the age of 14 years registered in this centre.

# **Clinical Activities**

Out patient service functions on all six days every week. The distribution pattern of paediatric patients registered during the reporting year is given below.

Distribution		Numbor	_
Total new cases	-	369	_
Acute lymphatic leukaemia	-	105	
Acute myeloid leukaemia	-	22	
Non Hodgkin's lymphoma		10	
Hodgkin's disease	-	15	
Brain tumour	-	30	
Neuroblastomas	-	18	
Wilm's tumour	•	13	
Germicell tumours	-	15	
Rhabdomyosarcoma	-	14	
Soft tissue sarcoma	-	5	
Hepatoblastoma	-	5	
Osteo sarcoma	-	13	
Ewing sarcoma	-	4	
Retinoblastoma	-	14	
Langerhan cell histiocytosis	-	8 .	
Naso pharybgeal carcinoma		3	
Carcinoma pancreas	-	1	

Adenocystic carcinoma parotid		1
Myelodysplastic syndrome	_	2
Carcinoma thyroid		. 3
Papillary mesothelioma testis		•
Spindle cell tumour	_	· · · · · · · · · · · · · · · · · · ·
Melanocytic tumour	_	
Nerve tissue myxoma		· f
Melanotic neuroepithetial tr	_	-
Pilomatricoma		1
Aplastic anemia	_	-
Non malignant	•	5
Total OPD cases	•	24
	-	8532
Total inpatients	-	679

The most commoл malignancy reported was acute leukaemias (37.57%). Of the acute leukaemias 82.6% were acute lymphoblastic leukaemia.

All new patients were evaluated in detail and appropriate treatment was given. This division has an exclusive ward for management of paediatric oncology patients alone. The division conducts daily counselling sessions for parents of paediatric patients. Paediatric tumour board, with a multidisciplinary team consisting of paediatric oncologist, paediatric surgeon, pathologist and radiation oncologist was held every Monday at 2 PM and major treatment decisions were taken.

# Academic & Research Activities

The division actively took part in the teaching, training programmes for under graduates and post graduates (MD RT & MD paed) students from Medical Coffege, Trivandrum, Training programmes were also conducted for MSc and BSc Nursing students and Nursing assistants regarding the various aspects of paediatric oncology.

#### Sangamam '99

Paediatric Oncology Division organised a unique meeting on November 14, 1999 - A get together of long term survivors of childhood cancer at RCC. About 100 cured persons and their family members whole heartedly came to participate in the Sangamam '99. It was a full day programme and was very well appreciated by the media and public alike. It was a morale boosting experience for the parents of paediatric patients presently undergoing therapy.

# Research projects

- Molecular Epidemiology of Paediatric Leukaemias and Lymphomas in Kerala India in collaboration with Dr. Gareth Morgan, University of Leeds, UK.
- Viraferon as a vaccine adjuvant with Hepatitis B vaccine in collaboration with Medical Gastroenterology Department, MCH, Trivandrum.

# Award/Fellowship

# Dr. Priyakumari T.

ICRETT-Fellowship at Rollins School of Public Health and Medicine, Emory University Atlanta, Georgia USA, March - April, 2000.

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

# DIVISION OF MEDICAL ONCOLOGY

Dr. V.P. Gangadharan - Assoc. Professor
Dr. N. Geetha - Assoc. Professor
Dr. Sreejith Nair - Asst. Professor
Dr. B.M. Hussain - Lecturer (on leave)

Dr. NP Prakash - Lecturer

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

About 1,750 new cases and 15,000 cases are reviewed in the out-patient section annually by this division. The in-patient admissions and services are for chemotherapy and management of emergencies and complications and approximate 50-60 patients at any time. Special procedures like bone marrow aspiration and biopsy and central venous cather insertion are done routinely.

#### Academic activities

Post graduate residents in Medicine and Radiotherapy are trained in medical oncology in this division. In addition, training is imparted to the cursing staff and students of RCC with emphasis on the care of immunocompromised host.

# Research projects

Interferon α 2a in chronic phase of CML

Investigator Dr. VP. Gangadharan

Neoadjuvant chemotherapy and limb salvage in osteosarcoma

Investigator Dr. V.P. Gangadharan

3. Cutaneous manifestations of lyphoreticular malignancy

Investigator Dr. V.P. Gangadharan

4. Role of intrinsic nuclear factors in prognosis of osteosarcoma

Investigator

Dr. N. Geetha

 Study on the efficacy of alpha interferon in combination with cytarabine in chronic myelogenous leukaemia

Investigator

Dr. N. Geetha

A randomized, open label comparative Multicenter Trial of Voriconazole Vs. Ambisome for emperical antifungal therapy in immunocompromised patients with persistent fever and neutropenia.

Co-Investigator

Dr. N: Geetha

Randomised 8 patients with neutropenia during the intensive phase of treatment of AML and ALL in this trial.

 Multicenter study of Cremophor free protein stabilized nanoparticle formulation of Politaxel in patients with stage IV metastatic breast cancer.

Co-Investigator

Dr. N. Geetha

 Multicenter study of Cremophor free protein stabilized nanoparticle formulation of Politaxel (low dose) in patients with stage IV metastatic breast cancer.

Co-Investigator

Dr. N. Geetha

 A randomized, open label comparative Multicenter study of Voriconazole Vs. Amphotericin in invasive aspergillosis.

Co-Investigator

Dr. N. Geetha

10. A randomized, open label international study of interferon alpha Vs. peginterferon in chronic myeloid leukemia.

Co-Investigator

Dr. N. Geetha

# Awards/Fellowship/Training

#### Dr. N. Geetha

- Training in Stem cell Transplantation, Washington Hospital Centre, Washington and National Cancer Institute of Health, Bethesda, USA, August, 1999 to February, 2000.
- Awarded the National Cancer Institute, USA fellowship to undergotraining in transplantation for the year 1999-2000.
- Awarded the International Paediatric Oncology Society fellowship
  for the year 2000.

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

# DIVISION OF DENTAL CARE

# Dr. Nalina Kumari K.R. - Lecturer

This division is instituted to provide complete dental care for cancer patients. This division functions six days a week and imparts a variety of treatment modalities for the benefit of cancer patients. The various procedures undertaken are included below.

#### Highlights of activities

- Basic procedures like
  - a. Oral prophylaxis
  - b. Conservative therapy
  - c. Dontal extractions
- 2. Minor surgeries like oral biopsles
- 3. Therapeutic management of pre-cancerous and other oral lesions
- Management of temperomendibular problems like trismus, occlusal adjustments
- 5. Reconstructive procedures like construction of maxillofacial prosthesis
- 6. Pre and post radiation care of teeth
- Management of oral problems of patients undergoing chemotherapy like ulcers, spontaneous bleeding, toothache etc.
- 8. Preparation of bite blocks & moulds are also under taken

Patients are referred to this unit directly from the out patient unit or from the radiotherapy unit as from the various other units functioning within the RCC.

Table 1. Patient attended during the year 1999-2000

Total number of patients attended	3325	_
Total number of new cases		
ECDC patients	756	
•	1	
CCL patients	15	
Pre-cancer patients attended	1	

Table 2. Services rendered during the year 1999-2000

Service	Number
Biopsies taken	503
Teeth extraction	2364
Post radiation (new cases)	218
Total No. of PRC of teeth cases	<b>525</b> ·
Maxillotacial prosthesis prepared	1
Conservative therapy	9
Oral prophylaxis done	65
Bite blocks & moulds prepared	1
Occlusal adjustments done	5

Table 3. Site-wise distribution of biopsies done in 1999-2000

Olympid History	No.	Percentage
Site of biopsy		1 3.001,149
Right buccal mucosa	75	14.91
Left buccal mucosa	94	18.69
Right commissure	9	1.80
Left commissure	15	2.98
Hard palate	20	3.98
Soft palate	6	1.19
Right oropharynx	1	0.20
Right retromolar region	12	2.39
Left retromolar region	10	1.99
Dorsum of tongue	24	4.77
, Left border of tongue	47	9.34
Right border of tongue	37	· 7.36
•	2	0.40
Tip of tongue Under surface of tongue	5	0.99
Floor of the mouth	21	4.17
Left lower alveolus	38	7.55
	24	4.7 <b>7</b>
Right lower alveolus	9	1.80
Left upper alveolus	6	1.19
Right upper alveolus	4	0.80
Left lower sulcus	4	<b>Q.00</b>

			100.00
_	Total	503	100.00
	Tatal	Ų	0.99
	Upper lip	5	0.00
		16	3.18
	Lowerlip	_	
	Maxilla	3	0.60
		o o	0.99
	Right upper sulcus	5	
		4	0.80
	Left upper sulcus		1.99
	Right lower sulcus	10	1.00

# Pre and Post Radiation Care of Teeth

One of the functions of this division is to provide pre and post radiation care of teeth for cancer patients.

The importance of pre & post radiation care lies in the fact that if not carried out with extreme strictness then the patients will have to suffer the inovitable consequences like sever sensitivity of teeth. Post radiation caries and finally osteoradionecrosis.

In the pre-radiation care we try to eliminate all the conditions within the oral cavity which are liable to post a problem during the next 5-10 years after radiation therapy especially in the head & neck region. This includes procedures like oral prophylaxis, conservative therapy, extractions & oral hygiene instructions for better maintenance during treatment.

Another main complaint of patients during and after radiation and chemotherapy include burning sensation of the oral cavity and mucosites. This is managed by the use of smoothening, protecting and anti-microbial oral rinses and cintments.

Post-radiation case includes mainly fluoride therapy, which is advocated to all the patients undergoing radiation in the head and neck region, is one of the best possible ways to protect the teeth from sensitivity and post radiation cares. Currently about 560 patients are undergoing fluoride therapy of which about 218 are new cases. This therapy is to be continued for about one and half years from the day of radiation. Patients under this therapy have less complaint concurring the oral cavity than those not using this therapy.

#### Other activities

 Biteblocks and moulds were prepared for treatment of oral cancer patients in connection with their treatment with radiation and radium implantation.

- Maxillofacial prosthesis for correcting the deformities of the face after doing surgery in some cases of oral cancer.
- For pre-malignant cases of leucoplakia, SMF, lichen planus etc. monthly check-up is conducted to assess the condition of patients who are under treatment.

# Research Activities

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

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

# DIVISION OF CLINICAL SERVICES AND MEDICAL RECORDS

Mr.R. Raveendran Nair

 Administrative Officer (Clinical Service)

Mr. V. Surendran Nair

Asst. Public Relations Officer

Mr. G. Rajasekharan Nair

Medical Records Officer

This division is concentrating on three aspects of patient services:

- 1. Public relation and front office management
- 2. Medical records maintenance
- 3. Patients accounting and billing

Since the quantity of work has been increasing day by day we are planning to computerise the entire activities of patient service. The initial work-up and system study has already been taken by our Computer Division. The following are the activities under the reporting year.

- Public relation
- Out-patient service with the support of nurses and other paramedical workers
- New registration and income assessment
- Case sheet assembling after registration
- Patient identity card preparation
- Follow-up
- Issue of all laboratory reports, and X-rays
- Preparation and issue of all certificates
- Interim filling of case sheets
- Summary typing
- Pay ward booking and its allotment
- Conduct of follow-up clinics at ECDC, Ernakulam
- Co-ordination of CCL, ESI, CGHS and health schemes
- Conduct of pay clinic
- Filing and retrieval of case sheets for follow-up, admission, research, cancer registry and other services

- Maintenance of death register and death reporting
- Send follow-up letters and other patient correspondence
- Maintaining of various registers
- · Coding and indexing
- Data entry at various level
- Filing of all laboratory reports and X-rays.
- Abstract and update the case sheet for outside clinic
- Printing and Issue of various forms
- Telephone exchange operation
- · Lesion with press and electronic media
- Arrangement of press conference and issue of press release
- Patient welfare activities including proper guidance and assistance to patient for getting financial aid from various bodies.
- Arrangements of interviews and discussion with Doordarsan, Soorya and Asianet
- Received complaints and feedback about the services from patients and brought to the notice of the concerned officials.
- · Guidance given to various trainees coming to our centre
- · Coordination of public function and workshops

During the reporting year, RCC has provided free of investigation and treatment except chemotherapy to 51% of total patients and 18% of patients have been provided both investigation and treatment at a concession rate. The 6% of the patient has been opted to register under "P" category and 25% under ordinary category. The centre has spent Rs. 35,43,158/- towards the cost of anticancer drugs and Rs. 3,56,291/- towards the cost of other supportive medicines to the poor patients.

During the year under report 132 new cancer patients received investigation/treatment under Cancer Care for Life insurance scheme, 588 patients received benefits from ESI scheme, 268 patients received benefits from CGSS/CHSS scheme, 92 patients received benefits from other schemes.

The public relation wing has released more than 50 press notes during this period. This wing has published more than 50 articles about the centre during this period in various media.

The clinical service is making all efforts to get more financial support to poor patients from Prime Minister's National Relief Fund, Chief Minister's Relief Fund and other organisations. More than 43 lakhs rupees has been sanctioned by the Hon.ble Prime Minister of India to poor cancer patients.

The Susan Daniel Cancer Relief Fund, California, USA helped more than 50 patients at the rate of \$50 per patient. M/s MELAM MASALA contributed more than six lakh rupees to poor patients. Many other organisations helped the poor patients in many ways. We acknowledge all who have contributed to the poor patients welfare fund.

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

Sri. V. C. Kabeer, Hon.ble Minister for Health and Family Welfare released a book named "Medical Laboratory Technology" written by Mr. V. Surendran Nair, Asst. Public Relations Officer. The book was published by State Institute of Language.

17 students of M.App. Science (Medical Documentation), M.G. University, Kottayam has completed their practical study in the front office and medical records for a period of 15 days and 3 students completed their project work for a period of three months through this division.

This division also assisted 3 students of Hospital Administration for their project work.

Table 1. Patient attendance during current and previous year

		<u> </u>
· ·	Current yéar (1999)	Previous year
New cases registered	9269	9002
Review cases	92685	85607
<ul> <li>Radiation Oncology</li> </ul>	71678	62976
<ul> <li>Surgical Oncology</li> </ul>	2361	2670
<ul> <li>Medical Oncology</li> </ul>	11094	12206
- Paediatric Oncology	7552	8055
Total patients (New & Old)	101954	94909
Daily average patients	340	316
Average attendance per patient	11	10.5
No of inpatient admission	7 <b>62</b> 3	6901
<ul> <li>Radiation Oncology</li> </ul>	3082	3120

- Surgical Oncology	838	. 764
- Medical Oncology	2373	2149
- Paediatric Oncology	879	868
- Paliiative Care	451	
Total appointment given	74513	67103
Attendance from appointment	64985 (87%)	57448 (86%)
Average in patients length of stay	10	10
Hospital Deaths	509	437
Total number of 'P' patient	724	
New 'P' patient	549	
Old 'P' patient	175	
Total number of review 'P' patient	2641	

When we compare the district wise distribution of new case with that of previous year it is almost same in the reporting year. Table 2 shows the same.

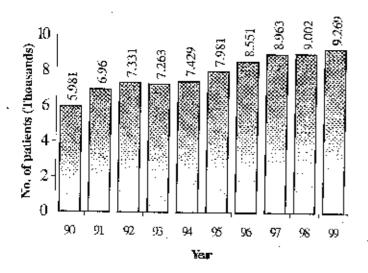
Table 2. District wise distribution of new cases reported at RCC

District	No.	%	%
		(Current year)	(Provious year)
Trivandrum	2650	28.6	27.7
Kollam	1892	20.4	20.2
Pathanamthitta	611	6.6	6.2
Alapuzha	474	5.1	5.5
Kottayam	257	2.8	2.8
ldukki	104	1.1	1.2
Ernakulam	734	<b>7</b> .9	8.0
Trichur	459	5.0	4.2
Palkkad	2.8	2.8	
Malappuram	335	3.6	3.6
Waynad	31	0.3	0.5
Kozhikode	1 <del>9</del> 6	2.1	2.7
Kannur	298	3.2	3.5
Kasargod	45	0.5	0.4
Other State	921	9.9	. 10.7
Total	9269	100	100

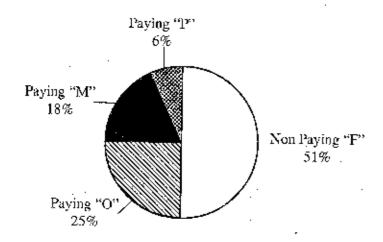
Number of patients registered during the last 10 years (1989-99) Number of paying and non-paying cases - 1999

Conferences, etc. attended - (Chapter III)

# Number of Patients registered during the last 10 years (1989-1999)



# Number of paying and non-paying cases - 1999



# **DIVISION OF NURSING SERVICES**

Sr. Vijaya

CNO & Assoc. Prof. of Nursing

Ms. Usha Bal D

Nursing Officer

Ms. Graceamma Joseph Nursing Superintendent

The division is concerned with rendering comprehensive quality care to suffering cancer patients on a holistic view point which includes physical, social, emotional, cognitive and spiritual needs of the individual patient. This division has been actively involved in rendering palliative care services to patients with advanced cancer and conducting training programmes in Oncology Nursing and Palliative Care.

# **Outpatient Services**

The out-patient department consists of cancer clinics, specialty clinics, blood bank, clinical laboratory, endoscopy, imageology and nuclear medicine. Nurses have a vital role in this area by providing the necessary information, direction, guidance and psycho-social support to patients and bystanders and in assisting various investigative procedures and diagnostic tests.

# Chemotherapy Day Care Unit

The unit functions as on out-patient Day Care Unit with 25 beds. An average of 100-110 patients avail of the service of this unit daily.

#### **Medical Oncology**

Nurses in this unit look after patients with various types of leukaemia, lymphoma, osteosarcoma and all other cancers requiring aggressive chemotherapy.

#### Radio-lodine Unit

The unit is specially equipped to admit patient for radio active iodine treatment for thyroid cancers. Mostly patients capable for self care are admitted to this unit and the nurses are on call to this unit through a hot line system. Patients are educated on radiation hazards and the need for isolation on intake of radio active iodine.

#### Surgical Oncology

This unit comprises of operation theater and surgical ward. Common surgical procedures include that of head and neck, breast,

thyroid, genitourinary and gastrointestinal systems and of the bone and soft tissue. Home care teaching programme for bystanders has been very active in this unit.

#### General Ward

Majority of the patients admitted to unit are elderly, dependent and in the advanced stages of cancer requiring very close attention.

#### .Payward Block

Since patients in different stages of cancer are admitted in this block, the responsibilities of nurses vary and they make earnest effort to provide individualised care. Admission to this unit is meant specially for surgery, radiation, chemotherapy, or for palliation.

#### Barchytherapy

This unit holds a ten beds capacity and provides facilities for interstitial implantation, intraluminal radiotherapy, intracavitary radiation for cal cervix and cal despophagus by using High Dose Rate Micro Selectron Selectron (LDR) is also used for treatment of cal cervix. Nurses are given training on radiation hazards and radiation precautions.

# Paedlatric Oncology

The unit is equipped with a play room and mother's room. Mothers are encouraged to stay with their children. Children with leukaemia, lymphoma, neuroblastoma, Wilm's tumour and brain tumours are cared for in this unit.

# Staff Development Programme

The Nursing Division strives to improve the standards and quality of nursing care by organising periodical training programme for the nursing staff.

Educational sessions are conducted for nursing staff in their monthly unit meetings, in which nurses present relevant topics and case studies and in certain units special classes are given by dectors.

Separate meetings are held for Head Nurses and Staff Nurses every month. Nurses are given opportunities to attend workshops/conferences/training programmes at local/state/national/international level. They are always encouraged and helped to present relevant papers in such programmes.

An intense training programme of three days duration on chemotherapy has been organized by the division for all the nursing staff in three batches during January to February, 2000.

#### Palliative care unit

Palliative nursing care services in RCC got its inception in 1992 in collaboration with the out-patient pain clinic activities. From 1993 onwards, nurses with more commitment and aptitude were motivated and selected for special training in palliative care nursing. The palliative care unit, designed by the Nursing Division as per the model unit of the Royal Marsden Hospital with a training as well as service section consisting of 8 general beds and 4 single room beds got commissioned in November, 1998. A day care unit was well furnished with the financial held of Ashraya Volunteer donation. During the year under report, the Division also organised and conducted 3 training programmes of one month duration on Palliative care for nurses sponsored by Directorate of Health Services of Kerala State. A total of 40 nurses from all over Kerala have completed the training successfully.

# Observation / Orientation Programmes

This division provides for one day observation / orientation programmes in oncology for under graduates and post graduates. Nursing students from various universities of Kerala State and that of outside Kerala and for the self financing colleges of nursing. The BSc(N) and MSc(N) students from College of Nursing, Trivandrum are given clinical posting in oncology for one month every year. Departmental visits and consultations are arranged for non nursing students too.

This division conducts a Nursing Assistant's training programme of one year duration followed by compulsory apprenticeship.

# Awards/Fellowshlps/ Honours/Training Sr. Vijaya

- UICC International Oncology Nursing Fellowship (IONF), Memorial Sloan Kettering Cancer Centre, New York, may 1999.
- 2. Life member, UICC
- Award for Vocational Excellence by Rotary Club of Trivandrum North, October, 1999.
- Executive Committee Member Nursing Research Society of India (NRSI) 1997-2000.

 Expert Committee Member to finalise the "Nursing standards for nursing practice in selected areas" under WHO project IND/HRH/031/98, Indian Nursing Council, New Delhi, November, 1999.

#### Ms. Graceamma Joseph

Appointed as Nursing Superintendent Gr. II w.e.f 15.11.1999.

#### Kumari Thankam

Successfully completed her studies and secured Diploma in Palliative Care (1 year), Oxford Brooks University, UK.

#### Ms. Lizyamma Jacob

10 day course on "Management techniques and Head Nurse clinical updates", Indian society of hospital administrators, Bangalore, January 12-21, 2000.

#### Mrs. Geetha P.T.

Successfully completed MSc. Nursing of Kerala University.

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

# DIVISION OF PHARMACEUTICAL SERVICES

Dr. T. Gangadevi

Professor (MO I/C)

Sri, Siyasankara Pillai -

Pharmacist cum Store Keeper

This division is one of the main functional units of this centre. This consists of two sections.

#### a) Central stores

The objectives of this section are to render quality medicines/ equipments, chemicals/reagents and other disposable items which are required for patients care service of in-patients/out-patients, diagnostic departments, research and palliative care units periodically. Drugs and chemicals are dispensed on weekly requirements.

The central stores possess 46 anti-cancer drugs, all first and second line of antibiotics, analgesics, anti-pyretic, anti-emetics, anti-histamic, diuretics, laxative drugs and closely disposables like removae sections, cavafix and pain clinic drugs like morphine sulphate tabs and liquid morphine. The main functions of central stores are as under:-

- Receipt of all drugs, disposable items, minor equipments, X-ray films/chemicals, laboratory chemicals/reagents, cleaning materials, clothing for patients/staff from different suppliers as per purchase orders.
- Receipts/issue of local purchase Items to meet the emergent requirements in wards/ departments.
- Stock entry as per Invoice is made into the computer stock from time to time.
- Issue of anti-cancer drugs, antibiotics, fluids and other disposable to pharmacy for patients care service.
- Issue of all drugs (except anti-cancer drugs) other disposables and cleaning materials are to be issued for all wards/departments and contractors through their weekly indents after the parusal MO I/C / Superintendent.
- Proper maintenance of stock and accounts.
- Conducting of stock verification on a monthly basis, quarterly by audit authorities and yearly.
- Preparation of all types of indents in time.

Purchase of all drugs and other requirements are mainly through tender system. The requirements will be calculated on the basis of average monthly consumption recorded during the last 12 months. Local purchase are also will have to be made as and when required basis to meet the exigencies of drug/equipment for a particular period/case only as per sanction accorded by superintendent.

A morphine manufacturing unit is being commissioned shortly to meet the requirement of palliative care unit.

It is to be appreciated that considerable number of patients are getting free drugs.

Detailed study reports are appended below:-

Total patients reported for treatment - 6839 Nos.

No. of free patients reported - 1446 Nos.

Total item purchase in central stores - Rs. 3,16,18,467.38/-

Total free drugs issued during the period - Rs. 42,42,176.90/-

Total cash collected - Rs. 3,16,18,467.38/-

#### b) Pharmacy

The prime function of this section is to assist in the proper management of patients by providing all anti-cancer drugs, antibiotic and other disposable items for all cancer patients and free anti-cancer drugs as per the RCC protocol. Medicines and other items are being Issued through computerized system by which the daily stock position is ascertained and stocks replenished.

# DIVISION OF PAIN AND PALLIATIVE CARE

Dr. Rachel Cherian Koshy Assoc. Professor

Medical Officer-in-Charge

Dr. Mary Thomas Lecturer
Dr. Vanugopal A Lecturer

Dr. R. Manjula Resident Medical Officer

Ms. Kumari Thankom Nursing Officer-in-Charge

Dr. P.T. Latha Lecturer

The division continued to offer pain relief, relief of other symptoms, counselling, family support to referred cancer patients, both out patients and inpatients and during home visits. The division undertook an intensive educational effort to give hands on training in palliative care to interested doctors and nurses both from the government and private sector. This training programme was funded by the Directorate of Health Services, Kerala. Faculty included visiting specialists and stall from other divisions of RCC.

The year under report has been a time to consolidate the recent progress in palliative care in RCC. A multidisciplinary approach is often required and necessary consultations are made as and when required. Another highlight of the year has been the successful completion of Diploma in Palliative Nursing from Oxford University by Kumari Thankom. She is the first nurse in India to obtain this qualification. In October 1999, she took over a Nursing Officer-in-Charge of Palliative Care. Thus building up of a fairly cohesive core palliative care learn was achieved.

#### A. Patient Services:

#### Out Patient

Total no. of New patients - 1868
Old cases/repeat visits - 7860
Total patient visits - 9728

#### Follow-up study

It was observed that several new patients make only one visit to the pain clinic. Research aimed at finding the reason for poor follow-up and for improving patient follow-up was conducted with the help of Ms. Archana - a volunteer, 549 out of 919 new patients registered in

he pain clinic from April to September 1999 who had not reported for ollow-up were sent letters during October to December 1999. The esults of the study are, 549 new cases were followed up from October o December, 1999; of these 249 were replied, 276 were not replied and 24 were address not known. Of the replies 157 were expired and surviving 92. Of the survivors 31 case for follow-up to pain clinic, 1 came to other departments in RCC and 50 patients did not come o RCC.

Auditing of our own service helped us to understand the need or strengthening the network of palliative care services in Kerala and idjoining Tamil Nadu areas. Steps are being taken towards this goal. We have started giving appointments to patients for subsequent visits.

# Interventional pain management was offered to patients with intractable pain

Interventional pain management	No.
Sphenopalatine ganglion blocks	20
Coeliac plexus blocks	A .
Stellate ganglion block	1
Peripheral nerve block	6
Epidural blocks	1
Trigger point injections	5
Total	41

**n-patient wing:** 451 patients were admitted. Of them 100 were provided terminal care, 59 were treated symptomatically and referred o hospices. 286 patients improved with supportive care and were discharged to their homes.

**Volunteer service:** has been streamlined. Two volunteers are available during the day in the Palliative Care Centre. They provide emotional support, practical and financial help under the supervision of the staff.

Home care service: Hospital based home care service has been started since December 1999. It runs once in a week and up to March 2000 we have cared for 62 patients at their home. Patients seen at home are provided comprehensive nursing care, pain and symptom relief evaluation, counselling and training the carers on wound care, Ryle's tube feeding etc. This service will be an ongoing programme of Palliative Care Centre.

**Day care service:** has been a long felt need for a large number of cancer patients. A day care service for palliative care patients as well as patients in other wards of RCC has been started. This will be further expanded in relation to continuing home care service.

**Support groups:** We run support groups for our in-patient's family/friends aimed to share their worries/concerns, clear their doubts regarding care and to help then to cope with the Illness of their loved ones.

Breast cancer rehabilitation service: We run pre and post mastectomies support group. We teach post mastectomy excercises and educate them regarding how to do self care after breast surgery. We provide breast prosthesis which is made in RGC (beaded foam material) and also imported silicon ones for the needy. 265 breast prosthesis has been dispensed in the reporting year.

Lymphoedema care: The clinic sees lymphoedema patients regularly. Up to March 2000 we have seen 60 referred lymphoedema patients. They pay visit to the clinic once or twice in a month. We feach specific lymphoedema exercises, provide hosiery (arm and leg sleeves) and demonstrate massage technique. Pneumatic compression pump is also available. We run support group for lymphoedema patients too.

Counselling service: is also offered for referred patients.

**Complementary therapy:** including music, magnet therapy, TENS, massage therapy were given to selected patients.

**Outreach services:** a) Hospice care: Karunya Visranti Bhavan Hospice run by charity at Kattela is provided regular visit and support for medication; training programme for the hospice staff is provided by the palliative centre. Total 59 patients sent from RCC.

b) Visiting peripheral centres: Once in a month - 1st Tuesday, District Hospital, Pathanamthitta and Twice a month visit to Pain Clinic, ECDC, Ernakulam.

### B. Educational Activities

Regular one month training for registered nurses and doctors is oftered.

# Details of the Hands-on Training in Paln Rellef and Palllative Care

Nurses	No	Doctors	No
Government sector	36 10	Government sector Private sector	18 3
RCC Total	5 <b>51</b>	Total	31

As a result of these training programme 4 new peripheral centers pain relief have been started. Doctors trained at RCC are managing of following peripheral centres.

Pain clinic, ECDC, Palakkad - Dr. Kalavathy

Pain clinic, District Hospital, Kollam - Dr. Jinen

Pain clinic, District Hospital, Ernakulam - Dr. Vinod Kumar, Dr. Cleetus Pain clinic, District Hospital, Pathanamthitta, Kozhenchery-

Dr. Ajayakumar

Pain clinic, District Hospital, Palakkad - Dr. Sujith J.S

Pain clinic, Carithas Hospital, Kottayam - Dr. K.M. Radhakrishnan

#### Improved Morphine Availability

A seminar on morphine availability was organised on 9th June 99. Representatives from RCC and its peripheral centres, the Drugs ontroller, Health Secretary, DHS, DME, staff of College of parmaceutical Sciences and Excise Officials, trainee Doctors and present various districts of Kerala participated. Kerala has adopted simplified narcotic drug licensing regulation to facilitate easy aliability of oral morphine for cancer patients. In the last two years are was no incidence of non-availability of oral morphine in RCC, quid morphine has been made available in one more strengthing/ml). Steps have been taken to start manufacture of capsules of orphine sulphate in collaboration with the College of Pharmaceutical diences.

#### sitors:

Ms. Annmarie Laffaerty, Senior Nurse, St. Christopher's Hospice, London, spent 3 weeks in June 1999 at the Palliative Care Centre.

Ms. Helen Pasant, Nurse consultant-cum-practitioner from UK, taught complementary therapies. (She was sponsored by Cancer Relief India).

Ms. Sheila Gaybow - nurse consultant from UK, visited the Palliative Care Centre and donated 2 syringe pumps, several books and a pneumatic compression pump (for lymphoedema management). [Walker, Water bed, Sleeves, Bandages, Geezer etc. have also been made available by generous donations from other well wishers].

Ms. Gilly Burn, Founder, Cancer Relief India

- Ms. Trisha Castanheira Senior Nurse, Burmingham Heartland and Solihull Hospital.
- Ms. Liss Parsons, matron of John Taylor Hospice, Burmingham.

#### Award/Honours/Positions held/Training etc.

#### Dr. P.T. Latha

- Awarded PhD by Kerala University for her thesis "Psychosocial Adjuvants of Female Cancer patients in Southern Districts of Kerala.
- Elected as Executive Member of IAPC

#### Ms. Kumari Thamkom

- Elected as Executive Member of IAPC
- Nominated as one of the Executive Member "Quality Assurance in Palliative Care"
- 3. Editorial board member Indian Journal of Palliative Care.
- 4. Foundation course (as faculty) on Palliative Care, Calicut.

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

#### DIVISION OF BLOOD BANK

Dr. Javalekshmi P. - R.M.O

Mr. Meera Sahib P. - Senior Scientific Officer Mrs. Ganga Devl C. - Senior Technician

During the reporting year there was an increase in the number of blood donors and component preparations of packed red cells, platelet rich plasma. Apheresis unit was commissioned on 20/10/99 by Sri. A.C. Shanmughadas, Hon.ble Minister of Health, Kerala.

#### Activities

Two weeks training was given to 10 BSc MLT students from School of Medical Sciences, M.G. University.

The following blood grouping camps were conducted:

- 2/4/1999 College of Engineering, Trivandrum, 149 peoples were grouped
- 3/4/1999 Regional Cancer Centre, Trivandrum, 25 peoples from Vyakti Vikas Kendra were grouped.
- 30/9/1999 College of Engineering, Trivandrum, 222 peoples were grouped.
- 22/1/2000 Kochuveti School, Trivandrum, 86 peoples were grouped.
   Mr. P. Moera Sahib was elected as Treasurer ISBTI (Kerala Chapter)

#### Blood Bank Statistics (01/04/1999 to 31/03/2000)

. Basile Ballosido (b.110-11 1050 -0	<b>.</b> .,
Blood grouping	- 18000
Cross matching	<ul> <li>6374</li> </ul>
Blood donors	- 5024
Hbs Ag +ve	- 123
HIV +ve	- 4
HCV +ve	<b>-</b> 3 .
Hbs Ag (patients)	- 5284
Hbg Ag +ve	- 324
HIV (patients)	- 3804
HIV +ve	- 7

#### Components Prepared

Packed Red Cells (PRC)	-	4039
Platelet Rich Plasma (PRP)	-	2849
Single Donor Plasma (SDP)	-	271
Platelet pharesis		134

### Conferences attended (Chapter - III)

#### DIVISION OF CYTOPATHOLOGY

Dr. N.Sreedevi Amma - Addi, Director & Professor

Dr. B. Chandralekha - Professor Dr. Elizabeth K.Abraham - Professor

Dr. Jayasree K - Assoc. Professor
Dr. Rekha A. Nair - Asst. Professor
Dr. Raveendran Pillai K - Asst. Professor
Dr. Anitha Mathews - Asst. Professor

Dr. Thara Somanathan - Lecturer Dr. Nileena Nayak - Lecturer

Dr. Laxminarayanan - Asst. Professor Sri K. Sujathan - Cytotechnologist

The most important functions of this Division is microscopic confirmation of diagnosis by cytology, histopathology and haematopathology. In addition to the above the staff participated in the daily noon clinic, monthly special clinic, cytopathologic conferences and other academic activities of the centre.

#### Diagnostic Services

### Gynaec Cytology

Corvical smears were examined from 2186 cases of which 1273 were from various projects which included a comparative study of pap smear, cervicoscopy, colposcopy and biopsy. 913 cases were from hospital clinic. High grade squamous intraepithelial lesions were reported from 25 cases (6 from hospital cases and 19 from project cases). 52 cases of invasive carcinomas were reported (40 from hospital cases and 12 from project cases).

#### Non-Gynaec and Aspiration Cytology

From a total of 6608 FNAs, 1784 malignancies were diagnosed. The major sites of aspiration were lymph nodes (1872) thyroid (1697), and breast (1164). Total number of malignancies at various sites is depicted in Fig. I. Some of the rare and interesting tumours diagnosed by cytology are granulocytic sarcoma of orbit, splenic metastasis from papillary serous carcinoma from ovary, mycosis fungoides and Langerhan's cell histocytosis metastatic to lymph node. FNA slides of 63 cases from various early cancer detection centres, were reviewded of which nine were malignancies.

#### Fluid Cytology

1298 samples of aspirated fluids from body cavities and natural secretions were examined. Maximum number of samples were CSF (540) from acute leukaemia cases.

#### Sputum Cytology

Sputum samples were examined from 1131 patients, by collecting 3-5 samples from each patient, and making 2-3 smears from each sample. A total of 60 malignancies were reported. These included adenocarcinomas (32), squamous cell carcinomas (7). Small cell anaplastic carcinoma (8) and poorly differentiated carcinoma, Non small cell type (3). Twenty cases were reported as suspicious of malignancy.

# Histopathology

Histopathological examinations were done in 6769 cases of which 4251 cases were surgical specimens from the centre and 2518 were review slides of patients referred from other hospitals. Immunohistochemical staining were done in 873 cases. Frozen section facilities were provided to 50 cases. A total of 4383 malignancies were reported. The predominant sites of malignancy were oral cavity, breast, cervix GIT and lymph node (Fig 1a, b & c).

Some of the rare and interesting lesions were histiocytosis involving thyroid gland and lymph node, endometriosis of large intestine, malignant paraganglioma, sertoli-leydig ceil tumour ovary with heterologus (Rhabdomyoblastic) element and bone marrow metastasis. Malignant Rhabdoid tumour uterus, squamous cell carcinoma arising in cystosarcoma phylloides breast, peripheral ameloblastic carcinoma oral cavity, malignant myoepithelioma tongue and epithelial-myoepithelial carcinoma salivary gland.

#### Haematopathology

Materials studied include 2195 bone marrow aspirates and imprints and 1000 peripheral smears. There were 563 malignancies of which the most predominant was Acute Leukaemias. Acute Lymphoblastic Leukemiae were higher than Acute Myeloid Leukemlas. Special stains for typing leukemias included POX, PAS, NSE and LAP. Immunophenotyping using antibodies to CD19, CD7 and CD33 were done for 78 paediatric and 25 adult acute leukaemias. In paediatric ALL, 38 were of B phenotype and 7 were of T phenotype, 12 blasts crisis of chronic myelold leukemias were diagnosed. Rare cases include Sezary syndrome (2), Hairy cell leukemia (2), Plasma cell leukemia (1), Eosinophilic leukemia (1) and prolymphocytic leukemia (1).

#### Academic activities

The staff of this division have participated in the daily morning clinics and monthly special clinics and other academic activities. Some of the staff were invited to conduct CME's/workshops/ sominars or to give orations in different centre in India. Full time cytotechnician and cytotechnologist training courses of 6 months and 1 year duration respectively were included as part of man power generation in cancer control activities. This division is accredited by Indian Academy of Cytologists (I.A.C.) for diagnostic and examination purposes.

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

### Research projects

ATLAS - Osstrogen and Progesterone receptor estimation of breast cancer

(Funded by Clinical Trial studies, Oxford, U.K)

Co-investigator Dr. Elizabeth K. Abraham

 Open labelled single group study into the effect of M4 and G4 nordihydrogualarectic acid (NDGA) derivatives on advanced oral and cervical malignancies

(Funded by John's Hopkin's University, USA)

Co-investigator Dr. Elizabeth K. Abraham

4. Genomic instability in breast cancer

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

Co-investigator Dr. Elizabeth K. Abraham

5. Identification of markers for biological grading of malignant lesions in the bronchopulmonary mucosa

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

Irivestigator Dr. Ravindran Pillai

 Inter observer variations and performance augmentation in cervical cytology

(Funded by IARC, Lyon)

Co-investigator

Dr. Raveendran Pillai K.

7. Isolation of plant lectin and its application in cytopathology Investigator K. Sujathan

8. EBV associated gastric cancer and related pathological methods - Collaborative centre

(Department of Public Health, Faculty Medicine

Kagoshima University, Japan)

Investigator

Dr. Jayasree K

#### Award/Honours/Fellowship/Training

**Dr. N. Sreedevi Amma**, Member of Indian Academy of Cytologists, Editorial board of Journal of Cytology, IAPM Kerala Chapter, Governing body member of Amala Cancer Hospital Trichur, Governing body member of RCA.

**Dr. B. Chandralekha,** Member of Indian Academy of Cytologists, IAPM Kerala Chapter, Editorial board of Journal of Cytology, Governing Body member of RCA.

**Dr. Elizabeth K. Abraham**, Governing body member of RCA, Indian Association of Pathologists and Microbiologists, Indian Academy of Cytologists, IAPM- Kerala Chapter.

**Dr. Jayasree K, I**ndian Association of Pathologists and Microbiologists, Indian Academy of Cytologists, International Academy Pathologists Indian Division, ISBTI, IAPM-Kerala Chapter.

**Dr. Rekha A. Nair**, Indian Association of Pathologists and Microbiologists, Indian Academy of Cytologists, IAPM- Kerala Chapter.

Dr. Anitha Mathews, Indian Association of Pathologists and Microbiologists, IAPM-Kerala Chapter, Indian Academy of Cytologists.

**Dr. Thara Somanathan**, Indian Association of Pathologists and Microbiologists, IAPM- Kerala Chapter, Indian Academy of Cytologists...

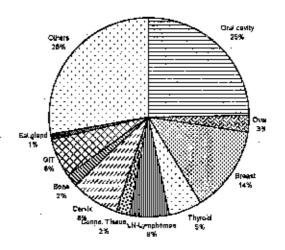
**Dr. Nileena Nayak**, Indian Academy of Cytologists (IAC), Indian Association of Pathologists and Microbiologists (IAPM), IAPM- Kerala Chapter.

Shri, K. Sujathan, Member of IABMS, Indian Society of Cell Biologists.

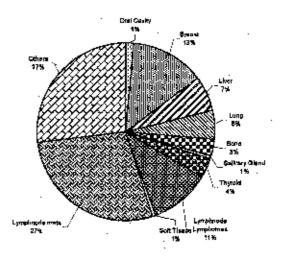
Dr. Ravindran Pillal K, Member of IABMS.

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

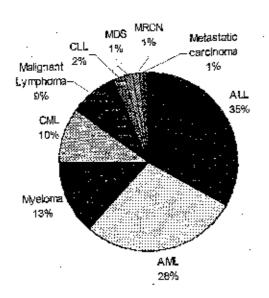
Fig. 1: Malignant Leisons in Major Sites a, Histopathology (n = 4389)



### b. Aspriration Cytology (n = 1784)



#### c. Heamatological Malignancies



### DIVISION OF IMAGEOLOGY

Dr. K. Sasidharan - Professor & Head (up to 31.5.99)

Dr. K. Ramachandran Professor & Head (took charge on 1.6.99)

Dr. A.S. Krishnakumar - Assoc. Professor

Dr. Jacob Varghese - Lecturer (Joined duty on 10/9/99)

Dr. Manoj KS - Lecturer (Joined duty on 1/1/2000)

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

X-ray	-	13,793
IVP	-	4
X-ray tomography	-	12
Barium swallow	-	172
Barium meal	-	10
Myelogram		- 10
Mammogram single	-	238
Mammogram double	<u>:</u>	803
CT Scan	-	5155
C.T. & guided procedures		160
Ultrasound	-	. 5961
Doppler studies	-	220
Ultrasound Guided FNAC	-	65

#### Academic activities

Six weeks training in ultrasonography for post graduate degree/ diploma holders continued this year and 10 candidates completed the training. Teaching of undergraduates and post graduates on basic principles of modern imaging techniques 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. We added several more interesting and rare cases to our film library.

**Dr. Ramachandran K** was examiner for MD Radiodiagnosis & DMR of Dr. MGR Medical University at Madural and Chennal.

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

### **DIVISION OF NUCLEAR MEDICINE**

Dr. V.M. Pradeep

Assoc, Professor & Head

Dr. A Sreekumar

Asst, Professor

This division provides diagnostic and therapeutic facilities using open radioactive sources. The centre now attracts a large group of patients who come from various districts of Kerala as well as South Tamil Nadu and Karnataka, Maldlves and Sri Lanka. The work in this division includes in-vitro assays, various types of scans, and treatment for Thyrotoxicosis and thyroid cancer as well as treatment of bone pain. This is the only centre in the State that provides high-dose therapy using radioactive sources. The in-vitro assay section was the first of its kind to start functioning in the State. Now the assay section deals with over 50,000 patients annually. This division also participates in several teaching and other academic activities.

#### Thyroid clinic

Thyroid disorders constitute the majority of patients coming to the Nuclear Medicine Division. Facilities for comprehensive diagnostic and therapeutic options for various thyroid disorders are available. These include thyroid scanning, ultrasonography, in-vitro assays, and radioiodine therapy. 15281 patients attended the thyroid clinic for evaluation. Out of this, 7726 cases attended the thyroid clinic as new cases with direct referrals and follow-up cases. These were primarily cases of Ca Thyroid and Thyrotoxicosis. The other cases were referred for various investigations.

Table 1 Breakup of thyroid investigations

	Category	Number
•	Thyrold scans	2,255
	Thyroid uptake	1,624
	Thyroid ultrasound	549
	Thyrotoxicosis	18 <del>4</del>
	Ca. thyroid	399 (6)

Thyroid scans are done with radiotodine (I-131), technetium (Tc 99m). Large dose, whole body radiolodine scans are done for Ca. Thyroid. Both rectifinear scanner and gamma camera are used for thyroid scanning. An ECIL uptake system is used for thyroid uptake studies.

#### Immunoassay

The immunoassay section performed 50,289 assays of thyroid hormones, tumour markers and miscellaneous assays. The break up is as shown below. These included cases for thyroid evaluation, tumour markers, and other assays. There were 29676 cases for routine thyroid function tests.

Table 2. Breakup of immunoassays

SI. No.	Assay	Number
1.	T3	9.892
2.	<b>⊤4</b>	9,892
3.	TSH	9,892
. 4.	HCG	8,270
5.	AFP	1,304
6.	CEA	1,785
7.	Ca-125	1,513
8.	FT3	631
. 9.	FT4	631
10.	ATG.	492
11.	AMC	492
12.	Cortisol	310
13.	GН	207
14.	PRG	30
15.	Testosterone	357
16.	17 OH progesterone	141
<b>1</b> 7.	TG	1, <del>6</del> 17
18.	F\$H	557
19.	LH	435
20.	PAL	748
21.	PSA	539
22.	PTH	462
23.	ACTH	92

#### Imaging (Gamma Camera)

This division has a Siemons Gamma Camera, Basicam Model with a microdelta computer. This equipment is used for static and dynamic scintigraphy. Bone scans for cancer patients form the main

work on this instrument. Dynamic renal studies including pediatric renal evaluation are the second most important. Tetrofosmin Imaging was introduced recently. Technetoum for the purpose of these scans is eluted from Molybdenum using Mo-Tc generator from BARC.

Radionuclide scans on the gamma camera were as follows.

Bone	· •	1,090
Renal	-	348
Liver	-	18
Meckel's	- '	. 1
Tetrofosmin	-	5

#### Radionuclide therapy

Radionuclide therapy section of Nuclear Medicine is one of the largest in the country. Radioiodine therapy is routinely given for Thyrotoxicosis and Ca. Thyroid. The division has a full-fledged radionuclide therapy ward with delay tank for the trealment of thyroid cancer. Therapy was given for 184 cases of Thyrotoxicosis and 208 cases of Ca thyroid. The division has facilities for bone pain palliation using 89-Sr.

#### Academic activities

This division is involved in the teaching activities for Medical and Paramedical students. We also render guidance and assistance to the thesis work of post graduate students of this centre and Medical College. This division participates in the various research projects also.

**Dr. A. Sreekumar** Deputed for DMR course, Radiation Medicine Centre, Mumbai

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

# **DIVISION OF RADIATION PHYSICS**

Dr. V. Padmanabhan	Professor
Sri. C.A. Davis	Assoc, Professor
Sri. Thayal Singh Elias	Asst. Professor
Dr.Raghuram .K. Nair	Asst. Professor
Dr.L.S.ArunKumar	Asst, Professor (upto 15/06/99)
Sri. P.RaghuKumar	Lecturer
Sri. B.Saļu	Lecturer (Joined on 3/9/99)

# Highlights of activities

# Clinical Physics

Calibration of Radiotherapy equipments

Quality Assurance

Treatment planning

Dose Computation

Radiation Safety in Radiotherapy, Imageology and

Nuclear Medicine.

Intercomparison studies using TLD(WHO/BARC)

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

#### **Patient Services**

No. of patients

No. or panerics			
External Beam Radiotherapy	:	6559	
Brachytherapy	:	785	
Conventional			
Interstitial implantation	:	83	
. Intracavitory implantation - Oesophagus	;	36	
Mould	:	11.	
Manual Afterloading - Gynac	;	71	
Selectron LDR	:	253	
Micro-Selectron HDR			
Gynac	:	295	
Oesophagus	:	20	
Bronchus	:	3 .	
Anal Canal	:	3-	
. Mould	;	10	
Total	:	7344	

#### Mould Room

Orfit shell	23	1	489
Acqua plast			23
Pop shell & Head Rest			25
Custom - made blocks		:	4
Mould			11
Wax bolus		1	90
Bite - block			200
Total		:	842

#### Academic Activities

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

- 1. Diploma in Radiological Technology(DRT)
- 2. B.Sc. (MLT), DMLT
- 3. B.Sc. Nursing
- 4. MSc Nursing
- 5. MBBS
- 6. DMRT
- 7. DMRD
- 8. MDS(Oral Radiology)
- 9. MD Radiotherapy
- 10. MD & Dip NB (Radiodiagnosis)

### **Training Programme**

Conducted DRT refresher programme upto March 2000 a total of 78 students underwent training in Imageology/Nuclear Medicine and 22 students in Radiation Physics/Radiotherapy. Dr. Raghuram K. Nair, & Dr. K. Ramachandran Co ordinated the programme.

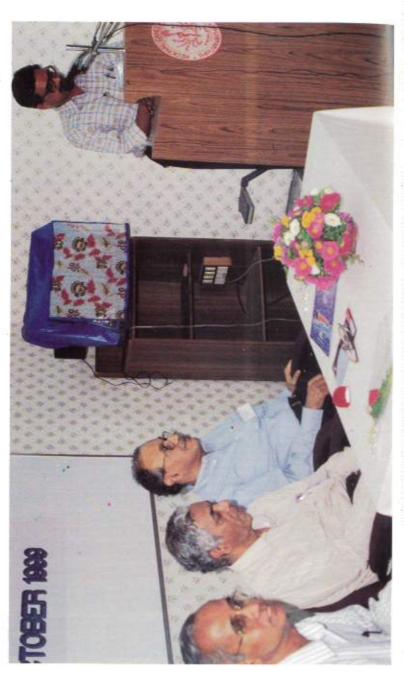
#### Research Projects (completed).

 Quality control and acceptance test of radiotherapy Simulator Mr.O.Pradeep and Mr. J.S. Sunil Raj July 1999 Guide Dr. Raghuram K. Nair.

All quality control and acceptance tests satisfied the prescribed requirements at the time of installation of the New Simulator, Siemens Simview 3000

 Natural Background Radiation Registry(NBRR)-Physics studies (Funded by the Dept. of Atomic Energy, Govt. of India)
 TLD measurement and SSNTD Dosimetry work nearing completion.





C from 9 to 11th October, 1999. Parthasarathy and Dr. M. Kristman Nair

# Research Projects (ongoing)

 Dosimetry of early head and neck cancers, mantle field treatment and cervical cancer with special reference to radiation protection.

(Funded by A.E.R.B, Mumbai)

Principal Investigator

Mr. T.S Elias

Co-Investigator:

Dr. V.Padmanabhan, Mr. C.A Davis

Up to March 2000, TLD dosimetry done in 120 cases.

Development of Indigenous after loader system in the treatment of Ca Cx.

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

Principal Investigator

Mr.TS Elias

Co Investigators

Dr. V.Padmanabhan, Mr. C.A Davis

Dr. M.Krishnan Nair

The system has been developed. It will be evaluated by BARC officials before using for clinical studies.

3. Dose measurements in patients undergoing diagnostic X ray examination including special Investigation

(Funded by A.E.R.B, Mumbai)

Principal Investigator

Dr. Raghuram .K. Nair

Co Investigator

Dr.L.S Arun Kumar, Dr. V.Padmanabhan

Dr. M. Krishnan Nair

Studies were completed for 384 patients for organ doses. 312 patients were covered in Simulation procedures. More patients are to be included in both studies and additional data acquired in special investigations

 A phase III open labelled single group study into the effect of Foscan medicated PDT on recurrent squamous cell cancers of oral cavity.

(International trial funded by M/s Quarta Nova, USA)

8 treatments (6 patients) given in this trial at this centre.

Co-Investigator

Mr. C A Davis

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

(Funding agency : Nova Scotia, UK)

39 treatments (31 patients) given in this trial at this centre.

Co-Investigator

Mr. C A Davis

#### Research Projects (New)

Fabrication of beam direction device for external beam therapy

Principal Investigator

Mr. T.S.Elias

Co-Investigator

Mr.C.A.Davis

Dr. V.Padmanabhan, Dr. B. Rajan

1 year project sanctioned by STEC, Govt of Kerala, December, 1999.

2. Development of Indigenous software controlled remote atterloading Micro High Dose Rate system in Brachytherapy (Project under Consideration of DST, New Delhi)

Principal Investigator

Mr. T.S Elias.

Co-Investigator

Dr. M. Krishnan Nalr.

Dr. V.Padmanabhari, Mr.C.A.Davis

and Dr. P.G. Jayaprakash

#### **Meetings Organised**

- Dr. R. Chidambaram, Chairman AEC & Secretary DAE. Switched on the Siemens Simview 3000 Simulator and the microselectron HDR, Nucletron brachytherapy system.
- Dr. Murali T.K. Nair, Texas. Gave two invited talks. Stereotactic radiosurgery and Ultrasound guided prostate Implants (TRUS)using I125seeds on 11.6.99 and 16.6.99.
- CME / workshop Safety Accuracy Quality (SAQ) in Radiotherapy for Radiation technologists Regional Cancer Centro, Trivandrum. Inauguration by Dr. K.S. Parthsarathy Secretary AERB, Mumbai 9-10-99 to 11-10-99.
- International Conference on Radiobiology 2000, at Priyadarsini Planetarium, Trivandrum February, 17 -19, 2000.

# Awards / Honours/ Fellowship/ Nominations / Training.

# pr.V.Padmanabhan

- 1. DMRT (Radiotherapy) Examiner The T.N Dr. MGR Medical University Chennai 9/4/99.
- MD/DMRD (Radiodiagnosis) Examiner University of Kerala, Medical College, Dept. of Radiodiagnosis, 8.6.99 & 10.12.99.
- Chairman, International Conference on Radiobiology, RCC,TVM & ISRB., February 17-19, 2000.
- President and Editor SAQ- CME, Regional Cancer Centre, Trivandrum, October 9-11, 2000.
- Executive Committee Member AMPI Mumbai. 1999-2001.
- g President KAMP, 2000-2002

# Mr. C.A. Davis

- Examiner-The Tamilnadu Dr. M.G. A Medical University, Chennai, for MD Radiotherapy and DMRD, April 1999.
- Executive Secretary International Conference on Radiation Biology, "Radiobiology 2000" Organised by Indian Society of Radiation Biology and Regional Cancer Centre at Trivandrum during 17 - 19 February, 2000.
- Executive Committee Member Indian Society for Radiation .
   Physicists.
- Treasurer CME programme for Radiation Technologists, "Safety Accuracy and Quality in Radiotherapy", held during October 9-11, 99 at Regional Cancer Centre, Trivandrum.

#### Dr. Raghu Ram. K.Nair

NBRR Radiation Dosimetry Training at Kinki University, Osaka, Japan 6-22 Nov 1999.

#### Mr. P.Raghu Kumar

- Examiner M.G University Kottayam, BSc MRT Course, March 13 - 15, 2000.
- Ph.D. registration (2000) under Dr. V Padmanabhan (guide) M.G. University Kottavam.

#### Ph.D. Thesis

Mr. L.S Arunkumar was awarded Ph.D. degree by the University of Kerala for his thesis entitled " Design, fabrication and desimetric

aspects of beam modifying devices in Radiotherapy (1999) after the Open defence conducted on 24-12-99.

The major observations in this study are:-

in the present work the design, fabrication and desimetry of wedges, both conventional and non-conventional values were carried out, using two materials lead and lipowitz for 4MV X-rays and Co60 gamma radiation. Dosimetry of each wedge was worked out using small volume ion chamber and water phantom system for Co60 gamma radiation and for 4MV X-rays. A total of 23 wedges were fabricated.

The following dosimetric parameters were analysed for the acceptability of the wedges. They were percentage depth dose (PDD). Isodose curves, AB Profiles, GT Profiles, Field Flatness, Field symmetry, Wedge output factors.

Values of the above dosimetric parameters were found to be acceptable for routine treatment planning for patients undergoing radiotherapy.

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

# DIVISION OF CANCER EPIDEMIOLOGY AND CLINICAL RESEARCH

Dr. Cherian Varghese

Assoc. Professor of Cancer

Epidemiology & Clinical Research

Or. Aleyamma Mathew

Asst. Professor of Computational

Statistics & Epidemiology

Ms. Padmakumary Amma Lecturer in Biostatistics

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

Training and analytical support is provided for postgraduate students of the campus and to students from Loyola College, Medical Documentation and Master of Public Health students from MG University, Kottayam.

# pistrict Cancer Care Centre, Kozhancherry, Pathanamthitta:

A joint proposal put up from this Division and the District Hospital at Kozhencherry has been implemented in full. A District Cancer Care Centre with facilities for early detection of cancer, investigations, chemotherapy and palliative care has been established. This is the first of its kind in integrating cancer care in health services in India and will serve as a model centre.

#### Malabar Cancer Control Programme:

Funding assistance has been received from the UNFPA for the Malabar Cancer Control Programme. This programme will be the first large scale organised screening programme for cervical cancer in India. The programme will cover selected Taluks in Kannur, Kasargod and Wayanad Districts. The project with be undertaken in collaboration with the existing health care services and Voluntary organizations.

#### Risk factors for common cancers:

The Kerala Transport Development Finance Corporation has funded a project for identifying risk factors for cancer and hospital information computer network. Information from cancer patients and control subjects are being collected for studying the risk factors:

#### OncoNET Kerala:

The collaborative project submitted by this Division, Division of Information Systems and the ER&DCI, Trivandrum has been funded by the Ministry of Information Technology. Realization of this Telemedicine project will provide services to patients of this centre, attending the various peripheral centres in Kerala. The Interactive website of RCCis being developed and will provide services for early detection of cancer, advice for investigations and treatment and palliative care.

#### Ongoing projects;

 Molecular Epidemiology of Paediatric Leukaemia and Lymphoma in Kerala, India.

(Funding agency Key Kendall Leukaemia Fund, UK)

Investigators

Dr. Cherian Varghese Dr. Kusumakumary,

Dr. Thomas Abraham, Dr. Rekha,

Dr. M. Krishnan Nair.

Collaborators

Dr. Garoth Morgan, Prof. R. Cartwright

(Uni, of Leeds)

A unique attempt to study the risk factors and molecular markers of paediatric acute Leukaemia in Kerala, India. This study has recruited 188 cases and 200 controls so far.

2. Pesticide exposure and breast cancer.

(Funding agency National Cancer Institute, USA).

Investigators

Dr. Cherian Varghese Dr. Aleyamma Mathew Dr. Iqbal Ahammed Dr. M. Krishnan Nair.

Collaborators

Dr. Susan Sturgeon

Dr. Reshmi Sinha (NCI, USA)

Analysis of biological samples collected in the study is in progress.

Occupation and cancer.

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

Investigators

Dr. Cherian Varghese,

Dr. Aleyamma Mathew

Collaborator

Dr. P. Boffetta

(Unit of Environmental Epidemiology,

IARC, Lyon)

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

Case-control studies

(Funding agency: Kerala Transport Development Corporation)

Investigators

Dr. Cherian Varghese,

Dr. M. Krishnan Nalr

Data collection is in progress for breast cancer, cervix carrier, colon cancer, pancreas and desophageal cancer. Structured interview schedules are used to collect dietary data, tobacco, alcohol habits, reproductive factors and socio-economic variables.

Surveillance System for Monitoring Cancer Incidence and Mortality in Trivandrum

(Funding agency: International Agency for Research on Cancer, Unit of Descriptive Epidemiology)

Investigators

Dr. Cherlan Varghese

Dr. M. Krishnan Nair

**Telemedicine Project** 

(Funding agency: Ministry of Information Technology, Govt. of India)

Investigators

Dr. Cherian Varghese, Mr. Manoj G

Dr. M. Krishnan Nair

Collaborator

ER & DCI, Trivandrum.

7. Operation Research Programme - Cancer Control

(Funded by UNFPA)

Investigators

Dr. Cherian Varghese

Dr. Sreedevi Amma,

Dr. Chandralekha, Dr. M. Krishnan Nair.

Collaborators

Various Divisions of RCC

#### Hospital Cancer Registry

The Hospital Cancer Registry has been covering the Regional Cancer Center and Medical College Hospitals in Trivandrum since 1982. As the number of cases in RCC has increased considerably, it has been decided to limit the HCR to RCC, Trivandrum. The Trivandrum Repulation based cancer registry is collecting data from the Medical

College Hospitals, Trivandrum. The staff of HCR participated in the academic and research activities of RCC and the database of HCR is a source for various research programs.

#### Cancer pattern in RCC, Trivandrum, in 1997

Six thousand nine hundred and ninety two (6992) cases were reported during the year 1997. The distribution of cancer cases with respect to site, age and sex are given in Tables 1 & 2. The maje: female ratio was 1.1:1. The peak age frequency in males was observed: in the 7th decade and in females in the 6th decade. The age distribution of males and females are shown in Fig. 1 Ninety two percentage of cases had microscope verification of diagnosis. In the 4983 previously untreated cases 13 % were in the early stages. Among these who reported for treatment 60% were treated with a curative intent. Analysis by type of showed that 38.6% received radiation as the only form of treatment and 56.5% in combination with other forms of therapy.

### Leading Cancers

Lung was the commonest site of cancer among males and among females it was breast cancer. The system wise distribution of cancer is shown in Fig. 2. The ten leading sites of cancer in men and women are shown in Figs. 3 and 4.

#### Childhood Cancers

Childhood cancers (0-14 yrs) formed 4.45% (311) of the total cancer cases. The leading sites were leukaemia 138(44.3%), central nervous system 36(11.58%) and lymphoma 23 (10.61 %).

# Trivandrum Cancer Registry (Population Based)

The population based cancer registry of Trivandrum continues to monitor the cancer incidence in Trivandrum Corporation and adjoining community development blocks. Cancer of the lung is the most common site among men and breast cancer is the leading site of cancer among women.

# Awards/ Fellowships/Honours/Training

#### Dr Cherian Varghese

- IEA Travel Scholarship to present a paper in the International Scientific Meeting of the International Epidemiology Association in Florence, Italy, August 1999.
- Received a fellowship to pursue doctoral training in Epidemiology, University of Tampere, Finland (1999-2000).

National Faculty Member: VIII Blennial National Conference of ISO99, March 1999, New Delhi.

# Aleyamma Mathew

Young scientist award (Smt. Suraj Kali Jain award) for the best published work related to medical statistics, by the Indian Society for Medical Statistics, 1999.

post-doctoral fellowship, National Institute of Health, Bethesda, Maryland, USA, 2000.

# ome D. Chandrika.

Medical Records Technician Training course, JIPMER. pondicherry, TamilNadu (2000).

# Association with professional bodies

# cherian Verghese

- 1. Fellow of the UICC, Geneva
- Member, International Epidemiology Association
- 3. Hon. Medical Advisor, Karunya Vishrahnthi Hospice, Kattela, Trivandrum.

# Aleyamma Mathew

- 1. Life 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.
- Editorial board member of the Regional Cancer Centre House Magazine
- 5. Member of International WHO's WHO of professional and business women.

ICD 9	9 Site	0-4	8-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59 (	ID-64 6	5-69 7	0-74	754	Total	_% _%
158	Retroperit	-	-	-	-	-	-	2	-			1	1			·	2	6	0.16
160	Nasal cavity	-	-	-	1		2	1	2	2	5	1	-	6	2	6	3	31	0.83
161	Larynx		-	-	-		•	1	4	8	18	25	37	32	35	23	19	202	5.43
162	Lung	-	-	-	-	-	1	1.	10	19	38	71	104	115	106	56	28	549	14.75
163	Pleura	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	2	0.05
164	Thymus	-	-	-	1	2	3	2	4	1	-	1	-	1	1	1	-	17	0.46
170	Bone	2	2	5	10 -	9	5		2	•		1		2	-	i	-	39	1.05
171	Conn. Tissue	3	1	1	1	3	5	5	2	2	5	2	3	5	4	1	1	44	1.18
172	Skin mela	-	-	-	-	-	-	-	-	1	2	-	5	3	1	•	1	13	0.35
173	Skin other		-	1.	-	-	1	1	1	4	4	7	8	12	8	7	1	55	1.48
175	Breast male	-	-	-	-	-	-	1	1		2	2	1	5	-	-	-	12	0.32
t85	Prostate	-	-	-	-	1	-	-	-	-	1	3	4	4	16	9	11	49	1.32
196	Testis	2	-	-	2	3	7	7	3	1	5	-	-	1	-	-	-	31	0.83
187	Penis, etc	-	-	-	-	-	ı	-	5	2	3		3	4	7	3	3	31	68.0
188	Uri. Bladder		-	-	-	-	-	. 3	1	2	8	3	5	10	10	10	11	63	1.69
189	Kidney	2	2	-	-	-	-	-	-	2	2	3	3	1	-	2	1	18	0.48
190	Eya	12	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	14	0.38
191	Brain	7	4	11.	4	8	15	9	12	10	7	10	8	4	1	-	1	111	2.98
192	Nervous sy	1	1	1	-	-	-	-	1	1	-		-	•	-	-	-	5	0.13
193	Thyroid GI	-	-	2	3	4	7	8	7	16	10	1	2	3	6	5	1	75	2.02

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ICD :	9 Site	0-4	5-9	10-14	15-1	9 20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75÷	 Total	%
194	Other endo. GI	4	3	-	1	-		-			1	-			1		1	12	0.32
195	ill def. sitó	3	-	-	-	-	-	ŧ	1	-	-	-	1	1	_	1	1	g	0.24
198	Sec. Lymph N	-	-	-		1	3	1	1	6	10	17	16	26	19	12	10	122	3.28
197	Sec. Res. etc	-	-	-	-	-	-	5	í	5	7	7	15	9	4	9	7	69	1,85
198	Sec. Other	-	-	-	-	1	1	1	3	6	8	12	10	8	18	10	8	86	2.31
200	Lymphosare	3	1	3	6	5	7	5	4	8	7	3	11	5	6	4	3	81	2.18
201	Hodgkins D	2	4	4	1	4	2	1	2	. 3	4	2	2	3	_	_	2	36	0.97
202	Oth, Lymph		2	1	1	. 1	2	1	5	12	10	9	13	17	10	4	5	93	2.50
203	Mult Myel		-	-	-	-	-	-	2	3	6	6	7	11	6	7	7	55	1.48
204	Leuk, Lymph	34	21	14	24	7	9	6	5	3	1	5	3	6	2	2	· f ·	143	3.84
205	Leuk, Myəlo	3	7	6	13	10	10	10	10	G	7	9	9	5	6	6	2	119	3.20
206	Leuk, Monoc.		-	-	-		-	1		_	_	_		_	_		_	ſ	0.03
208	Leuk, Uns		-	-	1		-	-	1	-	-	-		1	-		-	3	0.08
		80	48	51	76	67	100	113	147	209	340	415	520	530	465	317	243	3721	

# Hospital Cancer Registry - Trivandrum : CANCER CASES OF 1997 : AGE BY SITE - FEMALES

ECD 9	Site	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-48	50-54	55-59	60-64 6	5-69 T	70-74	75+	Total	%
140	Lip	1	-	-			-	-	1	-	1	1	-	2	4	3	2	15	0.46
141	Tongue	-	-		1	1	3	1	3	В	. 12	10	16	20	22	16	9	122	3.73
142	Salivary, GI	-	-	-	-	1	1	-	2	-	3	-	7	2	1	1	3	21	0.64
143	Gum .	-	-		-	-	-	-	-	1	2	4	4	17	9	7	3	47	1.44
144	Floor of mouth	-	-	-	-		-	-	-	-	-	-	1	-	1	í	3	6	0.18
145	Other mouth			•	-	1	-	1	2	4	11	19	31	29	21	18	19	156	4.77
146	Oropharynx	-	-	-	-		-	-	1	-	1	-	2	1 ·	1	1	-	7	0.21
147	Nasopharynx	1		-	3	2	2	-	1	1	2	-	-	1	-	1	1	15	0.46
148	Нурорнатупх	-	-	-	-	-	1		2	4	4	1	3	4	1	1	-	21	0.64
149	Pharynx, etc	-	-	-		1	-	-	-	-			•	-	-	-	-	1	0.03
150	Oesophagus	-	-	-	-		1	1	5	3	5	7	9	11	14	5	7	68	2.08
151	Stomach	-	-	-	-	1	-	2	-	4	.3	1	2	2	7	6	-	28	0.86
152	Small Intes.	-	-	-	1	-	-	-	-	1	1	3		2	-	1	-	9	0.28
153	Colon	-	-	-	-	-	2	1	6	-	1	6	4	3	3	3	-	29	0.89
154	Rectum	-	-	-	\$	1	4	2	6	-	4	2	6	9	5	7	2	49	1.50
155	Liver		-	-	-	-	1		-	-	3	1	1	3	1		2	12	0.37
156	Gall bladder	-	-	-	-	-		-	-	1	1	3	-	•	1	-		6	0.18
157	Pancreas	-	-	-	-		-	-	1	2	1	3	1	1	2	-	-	11	0.34

Tablo	2 Contd																		
ICD 9	∂ Site	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Total	%
158	Retroperit	1		-	1	-		1	1		2	-	1	1	1	-	-	9	0.28
160	Nasal cavity	1	-		1	-	-	-	3	-	•	2	2	5	2	1	1	18	0.55
161	Larynx	-	-		-			-	-	1	1 ·	1	1	2	2	1	-	9	0.28
162	Lung	-	-	-	-	-	1	1	.3	9	3	9	1	6	5	3	2	43	1.31
163	Pleura	•	-	-	-	1	-			1	-	-	-	-	-		-	2	0.06
164	Thymus	1	-	1	-	-	1	-	-	1	-	Z		-	-	-	-	6	0.18
170	Bone	1	1	7	10	7	1	-	3	2	-	1	-	_	-	-	2	35	1.07
171	Conn. Tissue	3	1	4	3	6	4	8	6	3	2	3	1	2	3	2	2	53	1.62
172	Skin mela			-	-	-	-	1	1	1	2	2	2	-	-		-	9	0.28
173	Skin other	-	-	-	1	1	-	-	1	-	3	2	1	1	-	3	2	15	0.46
174	Breast	-	-	-	-	4	24	64	117	124	143	119	100	65	45	19	15	839	25.65
179 ,	Uterus Nos	-			-	-	-	-	1	2		1	-	1	-		-	5	0.15
180	Cervix "	-	-	-	-		1	10	32	51	73	72	84	67	71	33	30	524	16.02
181	Placenta	-		-	-	-	2	-	-	-	-	1		-		-	-	3	0.09
182	Body Uterus	-	-	-	-		1	2	4	4	8	8	13	5	11	3	1	60	1.83
183	Ovary		2	4	6	ff	7	10	19	26	22	28	21	<b>2</b> 3	23	8	4	214	6.54
184	Vagina	-	-	-		-	-	-	-	2	2	4	2	4	3	4	3	24	0.73
188	Uri, Bladder	-	-	-	-	-	-				1	-	4	-	-	-	-	5	0.15
189	Kidney	6		-		1	1	-	-	-	2	2	1	1	2	1	-	17	0.52
190	Eye .	4	7	-		-	-	-	-	-	-	-	7	-	-	-	7	7	0.21

ICD 8	Site	0-4	5-9	10-14	15-19	<b>20</b> -24	25-29	30-34	35-39	40-44	45-49	50-54	56-59 6	80-64 6	5-69 7	0-74	75+	Total	%
191	Brain	3	4	7	4	3	5	5	5	7	5	4	· 5	4	3	-	-	64	1.96
192	Nervous Sy.	-	-	-	-	-	-	-	-	-	1			-	٠ -	-		1	0.03
193	Thyroid Gl.	-	-	5	7	19	37	35	33	26	19	19	14	10	17	4	1	236	7.21
194 -	Oth.endo, Gl.	5		1				1	1		1	-					-	9	0.28
195	[II Def. SiL	-	-		-	-	-	-	-	-	-	-	2	-	-	1	1	4	0.12
196	Sec. Lymph. N	-	-	-	2	-	3	-	3	4	-	6	4	4	2	1	2	31	0.98
197	Sec. Res. Etc	-	-	-	-	-	-	1	8	2	7	13	3	4	10	9	8	65	1,9
198	Sec. Other	-		1	-	1	1	-	4	2	4	1	10	8	10	-	4	46	1.4
200	Lymphosarc.	1	-	2	-	1	1	2	1	1	3	2	3	2	2	4	2	27	0.83
201	Hodgkins, D.	-	1	4	1	. 1	3	3	3	-	2	-	2	-	-	-	-	20	0.6
202	Oth. Lymph.	1	2	2	1	1	1	4	3	5	1	2	4	7	5	5	5	49	1.50
203	Mutt. Myel.	-	-	-	2	1	-	-	1	1	. 4	4	8	3	7	5	2	36	1.1
204	Louk, Lympha.	18	8	12	10	3	3	4	1	1	6	4	2	1	5	2	1	81	2.4
205	Leuk, Myclo.	1	2	10	5	8	8	5	9	s	6	3	8	2	3	2	1	78	2.3
208	Leuk, Uns.	1	-	1	1	-	-	-	1	-	-	-	-	-	-	-	-	4	0.13
		49	22	61	59	77	120	165	294	310	378	376	387	335	315	182	141	3271	

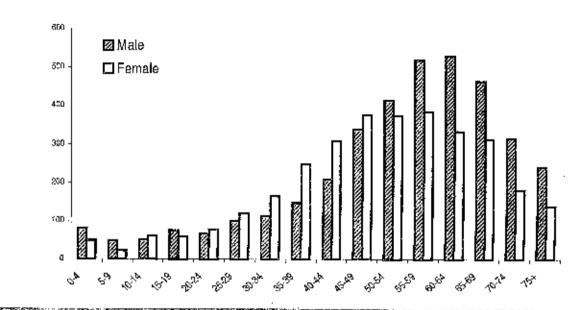
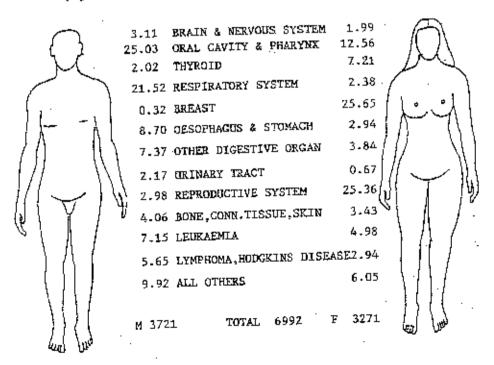
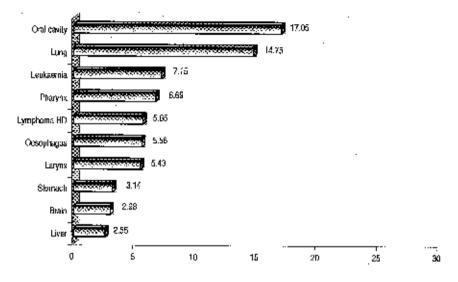


Fig. 2. Hospital Cancer Registry, Trivandrum (System-wise distribution of cancer cases - 1997)



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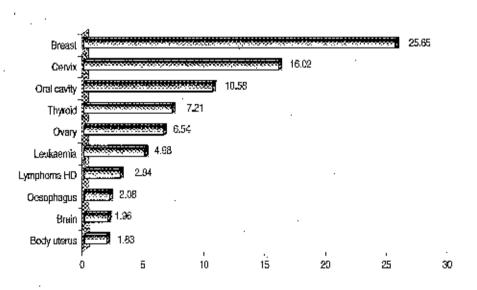


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Age Adjusted Rate (WP)

Oral cavity (ICD9 – 140, 141, 143, 144, 145)



Age Adjusted Rate (WP)

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

### NATURAL BACKGROUND RADIATION CANCER REGISTRY KARUNAGAPPALLY, KOLLAM DISTRICT

(Funded by the Depatment of Atomic Energy, Govt. of India)

Principal Investigator Co-Principal Investigator Dr. M. Krishnan Nair Dr. N. Sreedevi Amma.

Co-Investigators

Mr. P. Gangadharan Dr. V. Padmanabhan

Dr. T. Gangadevi,

Dr. Paul Sebastian, Dr. S. Parameswaran,

Dr. Jayaprakash Madhavan,

Dr. Ravi Ankathil, Dr. V.M. Pradee

Dr. Cherian Varghese.

Field Office

Vavvakkavu, Karunagappally Taluk

Officer-in-chargo

Ms. P. Jayalekshmi (Sociologist).

Cytotechnologist

Mr. K.S. Mani.

Radiation Dosimetry

Supervised by

Dr. Raghu Ram K. Nair.

The Natural Background Radiation Cancer Registry Is Keralas first Population Cancer Registry and India's second Rural Cancer Registry. This registry, organised from 01-01-1990 continued to work with the funds from Department of Atomic Energy, Government of India till 1998. The Japanese Health Research Foundation headed by Dr. Sugahara provides partial support for the study from 01-04-1999 onwards. The local panchayat administrative bodies have offered support to the study and the clinic services from next year onwards under People's Plan Programme.

The Karunagappally study is a unique attempt to investigate the cancer occurrence in relation to the Natural Radiation because of availability of a large population and high radiation levels in the same place. The objectives and methodologies of the study were reported in the previous annual reports. The progress and the activities during the current year are given below.

s Sxternal Gamma Radiation level measurements using portable meters were completed in the whole taluk area. Soil analysis, SENTO, Thoron-in-breath measurements were done in selected The detailed analysis of radiation measurements was fied in this year. The cancer registration covers a population of people. Cancer cases are located by scrutiny of medical s in hospitals in the taluk and Kollam town, Medical college liospital and Regional Cancer Centre at Trivandrum, Pathological fories, Vital statistics division of Panchayats and Muncipalities tarke ording cancer deaths and by house visits. Follow up of patients By higuse visits gave the survival status of the patients. Almost 350 rewicancer cases were registered during the current reporting year sources. A total of 1637 cancer cases were identified for the 5 weakperlod 1993–1997 in the taluk which gave the crude incidence attager 100,000 population as 89.5 for males and 75.5 for females. Milesed to world population these rates were 102.7 for males and for females. The cancer pattern among the population showed that Ung cancer is the predominant cancer in men and cervix cancer the breast cancer among females. Table 1 gives the system wise สเตเมื่อไม่tion of cases among males and females seen during the period 1993 to 1997.

Table 1. Systemwise distribution of cancer cases during the period of 1993-1997.

System.	Female (%)
Oral cavity, Pharynx	8.2
Gastrointestinal	11.3
Respiratory	4.2
Bone, Connective Tissue, Skin	1.6
Breast	20.0
Genital	25.5
Urinary System	1.2
Brain & Nervous system	2.4
Thyroid & Endocrine	7.7
Lymphoma, Hodgkins Disease	2.0
Multiple Myeloma	1.2
Leukaemia	2.6
Others	12.1
Total	100.0
	Oral cavity. Pharynx Gastrointestinal Respiratory Bone, Connective Tissue, Skin Breast Genital Urinary System Brain & Nervous system Thyroid & Endocrine Lymphoma, Hodgkins Disease Multiple Myeloma Leukaemia Others

An analysis of cancer incidence data of 1993—'97 vis-à-vis radiation level in Karunagappally taluk has been done. The cancer incidence rates obtained when analysed with regard to radiation levels indicate no marked changes in overall cancer incidence in relation to radiation levels. More person years of observation and evaluation of individual risk levels are needed before cancer incidence data are adequately interpreted with regard to radiation. Therefore Dosimetry studies have been planned and a special sample survey was conducted in 8,000 houses during the year to study the house occupancy factor of the different sections of the population.

#### Community Cancer Control Activities and Patient Services.

The cancer patient follow-up services, Pap Smear screening programmes, Public awareness programmes were regularly conducted in the community during the year. There were 11 follow-up clinics for cancer patients with attendance of 286 patients, 5 screening programmes with 744 attendance, 178 FNAC and 30 sputum cytological examinations were done, along with the Medical camps conducted by various voluntary bodies. The N.B.R.R. joined the Preventive and Social Medicine Department of the Alappuzha Medical College to conduct population screening of women under the area covered by the community health centre, Ambalappuzha which came under the rural health unit of Medical College Hospital Alappuzha. After the first screening high risk persons were identified and invited for second third and fourth follow-up testing. These were done in the area at 6 monthly intervals. A total of 533 women were screened of whom. 46 women appeared for subsequent follow-up clinic. Detailed analysis is ongoing.

#### Cancer Awareness Programmes.

Under special request from the social organisations the following cancer awareness talks were organised followed by screening camps.

1.	Arts and Sports Club, Puthukkad	14-08-1999
2.	Y's mens Club, Mynagappally	15-08-1999
3.	Medical College health Centre, Ambalappuzha	08-12-1999
4.	Town Club (Arts & Sports), Alumpeedika	24-06-2000



Dr. R. Chidambaram, Chairman Atomic Energy Commission, and Secretary, DAE inaugurated the Micro Selectron in RCC on 23.4.1999.



# pistinguished Visitors.

- During the year, Dr. Anil Kakkodkar, Director, BARC visited the NBRR along with Dr. (Ms.) A.M. Samuel, Dr. Sheshadri, Dr. Chaube, Dr. Sainis and Dr. Chauhan, Scientists from BARC.
- Dr. Suminori Akiba, Kagoshima University, Japan, visited NBRR and held discussion on the ongoing studies.
- In connection with the work of NBRR, Dr. Raghu Ram K. Nair visited the laboratory of Dr. Akiba and Dr. Morishima in Japan.

### Ph.D.Thesis. Jayalekshmi. P.

Disability Characteristics in Cancer - Thesis submitted to the University of Kerala under the Co-guidance of Dr. M. Krishnan Nair, Regional Cancer Centre, Trivandrum.

Conferences, etc. attended – (Chapter III)

Papers presented – (Chapter IV)

Papers published – (Chapter V)

### **DIVISION OF RESEARCH**

Dr. Prabha Balaram Additional Professor Dr. Ravindran Ankathil Associate Professor Dr. S. Kannan Assistant Professor Dr. P. Remani Assistant Professor Dr. Molykuity John Assistant Professor Dr. Thomas Abraham Scientific Officer

Cancer research continues with the overriding mission to plast blological and clinical research at the service of improving the conta of cancer. Various research programmes are undertaken with following objectives (1) the understanding of the cancer phenotype and how can be developed and evolves as the immediate basis for the diagnosis and treatment of cancer and (2) the elucidation of the fundamental Role of viral genes, oncogenes and tumour suppressor molecular-biochemical-biological modulations that underlie to development of the cancer phenotype and its continual evolution is increasingly malignant behaviour. The faculty who participate in thes research programs complete for major grants which are important to New Delhi) sustaining the overall research effort. Current research work being carried out with grants from various agencies is briefed below:

#### Research Projects

Evaluation of metastatic potential in gestational trophoblastic disease using adhesion proteins and antimetastatic genes as Indicators (1998-2001)

(Funded by the Indian Council of Medical Research, Nev/ Delh

Principal Investigator Dr. Prabha Balaram Co-Investigators Dr.C. Chandrika Devi

The aim of the above proposal is to evaluate the expression of different adhesion molecules CD44, CD44V6, E-Cadherin P-Cadherin, ICAM, VCAM etc., and the antimetastatic gene nm23 li GTD and to correlate the expression pattern of the different adhesion molecules and nm23 with the different types of GTD (spontaneous) regressing and slow regressing) and to analyze the potential of these parameters to identify the high risk patients harbouring tumour will Invasive potential. The results obtained so far point towards it statistically significant downregulation of expression of E-cadherins in the molar placenta, more evident in the persisting and invasive

also gaes, a downregulation of p-cadherin with no significant speciation with the invasive nature or the persistence of the tumour, as everexpression of nm23 in molar placenta with a significant gwolfegulation in the invasive tumours and no role for CD44 or a protein in the invasive or persistent nature of molar placenta.

The negative or aberrant expression of E-cadherin, and in the stent trophobiastic disease group and those with histopathological of invasion point out that persistence of the disease is probably invasion of these trophoblasts into sites other than the uterus stemic chemotherapy following debulking of uterine mass might eful in these cases. The study is continuing and analysis with samples would give a better idea of the role of these proteins freir potential use as markers in assessing the Invasive nature of thatumour and its relation to the persistence of disease.

ragenes in relation to aggressiveness in gestational trophoblastic diseases (1996-1999)

Funded by the Council of Scientific and Industrial Research,

Principal Investigator Dr. Prabha Balaram

Dr. T.N. Rajalekshmi, Dr. Molykutty John Co-Investigators

The results of the above study suggest an involvement of human and respiratory syncytial virus in the etiology of GTD. fille results also suggest that the cell cycle regulatory genes are histocted from the adverse effects of viral infection through some machanisms which might be impaired in GTD. The ras oncogene dathway through activation of the c-erbB2 oncogene appears to be tive in GTD. The Respiratory syncytial virus appears to induce stimulation of the c-erbB2 and ras pathway. Another interesting result 腦ifeed is the involvement of p53 in conferring the invasive capacity ங்கூர் trophoblasts as shown by its close parallelism with the expression the anti-metastatic proteins. A deletion of the p53 gene is also süggested, especially in the invasive moles. An observation made in the histology sections was that in spite of the high degree of atypia ిక్లిగీరిwn by the trophoblasts in GTD, apoptotic bodies were not noticed. The proliferations rate seems to be high as noticed by the staining by the proliferation markers PCNA and Ki-67. This gives rise to a feeling that the apoptosis could be defective in GTD which could lead to an accumulation of cells in the Siphase. Increased proliferation is reported to bring about an increased rate of apoptosis. This doesn't seem to be happening in GTD. Bcl2 gene expression which is inversely related to apoptosis is not altered in GTD in spite of the proliferation rate being increased in GTD. This aspect needs more intense work up. Overally the studies show that some of the genes are altered in GTD, a viral association is possible with etiology of GTD which might bring about oncogenic changes in the genes of the ras oncogene pathway, a defect or deletion in the p63 gene and a defect in the apoptotic compartment are suggested. The results are being subjected to further analysis to identify the genes most altered in GTD and the interrelationships with other gene expression.

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

(Funded by the Board of Research in Nuclear Sciences, Dept) of Atomic Energy, GOI)

Principal Investigator Dr. Prabha Balaram

Co-Investigators Dr. Ramdas, Dr. Nalinakumary KR.

Dr. Anita Balan

The molecular alterations in the tumor suppresser genes, oncogenes, cell proliferating genes, cell-cycle control genes and antigapoptotic genes were studied in oral cancers and pre cancers.

p53 is seen to be altered in the early stages of malignancy. In the severely dysplastic conditions of oral precancerous lesions, the alteration of this gene has been found to be high. This could be the combined effect of overexpression of wild type p53 to combat the DNA damage and also overexpression due to mutations leading to increased stability of the protein. The mild downregulation or the static expression of p53 in the cancerous state could be due to persistence of the mutated unrepairable state of the p53 gene leading to malignant transformation. P21 was also seen to be altered in both pre-cancerous and cancerous lesions of the oral cavity and they show no specific correlation with p53 proteins suggesting that p53 independent mechanism.

Rb expression was increased in the precancerous lesions especially in the dysplastic lesions and both the tumor suppressed genes showed interdependence in precancerous conditions. The increase in RB protein probably is to suppress the encogenic signal and this explains the coexisting expression of p53 and Rb in the precancerous lesions. The significant downregulation of the Rb protein

cancerous conditions and negative relation with p53 suggest size gene expression is suppressed by possible viral protein relations or by the mutant p53 action itself.

Has, c-myc and cyclin genes were found to be altered in the ancerous and cancerous conditions of the oral cavity. Cell cycle figrating genes Ki67 and PCNA are overexpressed in both the alignant and premalignant lesions suggesting that the cell cycle after checkpoint rules are not obeyed in the malignant conditions.

The well known HPV viral actiology has been noted in our gles also. The Immunohistochemical findings were comfirmed by a techniques.

### Antimetastatic Protein nm23 and adhesion molecules CD44 in breast cancers (1998-2000)

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

Principal investigator Dr. Prabha Balaram Co-investigators Dr. Iqbal Ahamed,

Or, Elizabeth Abraham

Metastasis is the principal cause of treatment failure in breast calbers and this study is aimed at identifying lesions with potential for negastasis by evaluating the expression of antimelastatic gene nm23 and adhesion proteins CD44, its variant CD44v6. The observations of instudy suggest that overexpression of nm23H1 gene can be used as good marker of distant metastasis and apoptosis but not of local metastasis while p53 gene expression holds good promise as a marker of nodal involvement, nm23H1 also appears to be a regulator of cerbB2 function which in turn is reported to be closely associated with prognosis in breast cancers.

CD44 and CD44v6 were downregulated in the premalignant and malignant lesions of the breast, more so in the malignant lesions. CD44v6 protein showed marginal downregulation in 40% node positive tumours and most of these tumours had more than one node involved suggesting its potential as a marker of metastasis in tumours where more than one node is involved.

Cadheins were localised to the membranes with high intensity in the normal and at a lesser intensity in the premalignant lesions and malignant lesions. A major shift in the protein from the membrane to the cytoplasm was noticed in a few (20%) of the malignant tumours.

Incidentally, most of these tumours had distant metastasis Downregulation of the cadherins, both e-cadherin and p-cadherin application alpha treated CML patients, is being continued. was a prominent feature in metastatic broast tumours and suggester that the cadherins could be potential markers of nodal metastasis

# Establishment of Familial Cancer Registry (1995 - continuing

Investigators

Dr. Ravindran Ankathil Dr. Aleyamma Mathew

Dr. M. Krishnan Nair

Almost all the cancers occur either in common sporadic for or less commonly in familial form. Familial cancers comprise significant fraction of overall cancer burden. The family history analysis is an easily acceptable and very productive method for identification of familial cancer clusters. We have started taking details of familial history of cancer among all the cancer patients registered in our cent and have identified several cancer families. Among these families, the most frequently occurring cancers are Oral (29%), Breast (22.5%) Colorectal (16.1%), Uterine cervix (10.7%), Lung (6.5%), Thyrold (4.3%) Ovary, Stomach, Prostate etc.

The study is being continued with the following objectives:

- (1) to investigate the Incidence of familial cancers at the Regional Cancer Centre, through pedigree analysis. (2) to compile til pedigrees and estimate the relative cancer risk of the family members and (3) to establish a registry for the familial cancers
- Evaluation of Haematologic and cytogenetic response of Interferon treatment in CML patients (1998-continuing) (Funded by Fulford India (Pvt.) Ltd.)

**Investigators** 

Dr. Ravindran Ankathil.

Dr. V.P. Gangadharan

Dr. N. Geothal

Chronic Myefold Leukaemia is characterized cytogeneticali by the reciprocal translocation t(9;22) (g34;g11). This results in: derivative chromosome 22, the Philadelphia (Ph') chromosome, which is present in 90 to 95% of CML patients. Ph' chromosome serves a a marker for the malignant clone and allow the cytogenetic diagnosi and follow up of the disease. Recently, Interferon alpha therapy ha been useful in suppressing a relapse of Ph' positive cells. Interferons have the potential to control progression in the chronic phase and with the definitive suppression of cytogenetic clonal evolution, provide effective treatment of more advanced stages of the disease. This study

iniaims to evaluate the haematologic and cytogenetic response

## Genetic susceptibility studies in Breast/ovarian cancer families (1997-2000)

Funded by Dept, of Science & Technology, Govt. of India)

Investigators

Dr. Ravindran Ankathil. Dr. Jayaprakash Madhavan

Dr. Thomas Abraham, Dr. V.P. Gangadharan

At the Regional Cancer Centre, Trivandrum, several families have dentified in which cancer of the breast and/or ovary aggregate and first degree relatives. This study aims to develop a sensitive foractical genetic assay by which genetically susceptible high risk simplers in breast and ovarian cancer families might be specifically and distinguished from their low risk relatives. The affected misunaffected family members in these cancer families are being alizzed at the molecular and cytogenetic levels, for genetic susceptibmarkers. At the cytogenetic level, constitutional chromosome appormalities, chromosomal fragile sites and mutagen induced fromosome sensitivity were investigated employing peripheral blood Majriocyte microcultures. Comparative analysis of aphidicolin induced Promosomal fragile site frequencies in affected and unaffected Subjects from multiple families with breast/ovarian cancer, did not show The significant increase in the expression frequency of any particular We of fragile sites. There was quite a large variability between individuals within each group. A number of fragile sites were expressed in patients (2p24, 3q27, 5q11, 7p22, 11p15, 11q14) or only in controls (1g25, 2p13, 3g21, 13g13). However, the expression of each of these sites was only observed in few individuals in each group. These results indicate that the incidence of aphidicolin induced fragile sije expression in breast cancer patients including both sporadic and familial cases, does not differ significantly from unaffected individuals and controls. Mutation analysis of the breast cancer susceptibility gene BRCA1 in familial breast cancer patients is in progress.

#### Cytogenetic evaluation of genomic instability in Down Syndrome patients with and without mallgnancies (1999-2001)

(Funded by Kerala State Dept. of Science & Technology)

Investigators

Dr. Ravindran Ankathil.

Dr. P. Kusumakumary

Down Syndrome (DS) which is characterized by trisomy and other abnormalities involving chromosome 21, is the most common postnatally viable human genetic abnormality in the general population Down syndrome is characterized by a predisposition to leukaema and other malignancies. But the mechanism(s) for carcinogenesis Down Syndrome patients is unknown. Information is lacking concerning possible genetic factors which predispose the DS patients to the development of malignancy. In the absence of complete information on the genes involved, it is of interest to study the genomic instabiling of DS patients. Patients with genomic instability show an increase sensitivity to mutagenic or clastogenic agents. Mutagen sensitivity considered as a constitutional factor that is directly related in cancer risk. Enumerating mutagen induced chromosomal lesions which may reflect defective DNA repair system, might be a biologic marker of an individual's cancer susceptibility risk. This study aims determine the genomic instability of DS patients with and without malignancy and to explore whether mutagen induced chromosom sensitivity of DS patients could give any clues to their cancel predisposition.

# 9. Biological Prognostic Markers in Oral Carcinoma (1997-2000)

(Funded by Indian Council of Medical Rosearch)

Investigators

the markers studied.

Dr. S. Kannan, Dr. V.N. Bhattathiri

Dr. Elizabeth K. Abraham Dr. K.R. Nalinakumari

The treatment response and survival in oral cancer patlent vary widely from one patient to another. The present clinical as we as pathological features of the lesions possess only limited ability to predict treatment response. In order to assess the biological behaviour of the tumour and for individualized management, the present study being analysing the expression pattern of a set of proteins involved in the crucial steps of cell cycle progression in oral carcinoma. The calcycle regulators such as p53, CDK-4, CDK-6, Cyclin-D1, p21, p16 and Ki-67 is being immunohistochemically analyzed in the prettreatment biopsies. In addition to this, an angiogenic factor VEGF and anti-apoptotic protein bcl-2 and precentage of apoptotic cells (TUNE) method) are also being analyzed in these tissues. The experimental part of the project has been completed. At present statistical analysis of the final data is being done to know the prognostic significance of

Cell membrane studies in relation to tumour progression, invasion and metastasis in Oral and Breast cancers using jectins (1996-1999).

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

principal Investigator

Dr. P. Remanl

Co-Investigator

Dr. Elizabeth K. Abraham

Differences in cell surface carbohydrate expressions are geted using lectins and such differences have been shown to be of inostic and prognostic significance. The cell membrane is known av a role in the metastatic process. The aim of the present study Sevaluate the relationship of lectin (Jack fruit and Peanut lectin) and frequency of oral and breast cancer cells to their capacity to galasise to the limph node. Scrape smears and wax embedded sections from 102 cases of oral cancer and 86 cases of Breast ger cases were used for the study. The frequency of lectin binding evaried among the tumours studied. The frequency of lectin binding Franced from 50% to 100%. In oral cancers 67 patients showed Tentage positivity >85% whereas in 35 patients <85% of tumor is showed lectin staining. In breast cancers 97 patients showed % positivity whereas 39 patients showed <85% of tumour cells Wed lectin staining. The results showed that tumours with a high guency of lectin binding colls had higher risk of lymph node metastasis.

# Cell surface changes in loukaemic cells - a study using plant less lectins (1999-2002).

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

Principal Investigator

Dr. P. Remani

Co-investigator

Dr. Rekha A. Nair

In this study our aim is to Isolate and purify new tissue specific fectins from the indigenous plants of Kerala and to evaluate whether these fectins can be used (1) To assess the agglutinability of plant fectins to leukaemic cells (2) To evaluate the responsiveness of leukaemic lymphocytes to stimulation by plant mitogen. (3) To study the binding properties of lectins to different types of leukaemic cells and to see whether these fectins can be used for the typing of leukaemias. The results showed that Jack fruit fectin (JFL) and Artocarpus hirsuta agglutinin (AHA) have the property of agglutinating

leukaemic cells. Leukaemic cells taken after 24 hour culture with grand AHA revealed marked increase in the extent of blastogenic transformation compared to normal lymphocytes. Lectin staining studies showed that in normal haematopoletic cells neutrophilic sells from the myelocyte stage onwards exhibited intense and consistent positivity. Eosinophils stained weakly with their precursors showed higher intensity of staining. In Acute lymphocytic leukaemia (ALL) and Chronic lymphocytic leukaemia (CLL) JFL exhibited negative staining to all the lymphoblasts. In Acute myelold leukaemia (AML) different subtypes showed varying degrees of positivity.

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

(Funded by Indian Council of Medical Research)

Investigators

Dr. Molykutty John, Dr. Prabha Balarg

Dr. Chandrika Dovi CG

 Evaluation and classification of Radiation induced acult immediate Nuclear and cytoplasmic changes in ord epidermoid carcinoma cells(1997-1999)

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

Principal Investigator Ms. Bindu L

Co-Investigators Dr. Bhattathirl V.N.

Oral cancers are the commonest cancers in India artification radiotherapy is the mainstay of treatment. Many clinical, patient and intrinsic factors influence the treatment policy decision and outcome in the radiotherapy of oral cancers. At present there are not mark

identify the radiosensitivity of tumors, if such a test is available registration in modalities can be altered either by adding surgery or the matter by adding surgery or surgery or graph of the surgery of the by radical radiotherapy (52.5 Gy/15 frs/5 wks) with or without TO WELL THE TOTAL THE TOTA and during treatment, stained with papanicalaou stain, were ed for eighteen parameters such as nuclear and cellular ology, chromatin pattern, cytolysis and karyolysis, karyorrhexis, pyknosis, micronucleation, multinucleation, perinuclear halo. fosis, nuclear bud, nuclear and cytoplasmic vacuolation, onyalin bodies etc. From each smear, 100 cells were evaluated regularly followed a minimum of 15 months. For the purpose of analysis patients classified into radio resistant and radio sensitive groups. Out of paparameters studied certain parameters like nuclear and cytoplasmic oblation, leucocytic superimposition, perinuclear halo showed ease in relation to dose but the differencer was not statistically dificant. Six parameters such as nuclear pyknosis, karyorrhexis,

Arademic credits Le Prabha Balaram Examinership	Thesis ovaluated
Phil and Ph.D Examination - Calicut University	<b>i</b>
- Anna University  M. Sc Blotechnology (Cell and Cell Biology)  - Calicut University	& II Semesters
Referee for projects and publications	Nos 1999-2000
்திற்றுள்ள Council of Medical Research,Govt, of India	2
Council of Scientific and Industrial Research, Govt. o	of India 5
Department of Science and Technology, Govt. of India	
Indian Journal of Experimental Biology	2
Australasian Journal of cancer	3

#### Positions Held

#### **Executive Committee member**

Indian society for Radiation Biology

#### Member

Expert team - Setting up of Early Cancer Detection Centil Pathanamthitta, Kerala,

Expert Panel - Formulation of a National Programme on Ora Cancer (DBT, GOI)

Team visiting to evaluate the clinical set up, Amritha Institute of Medical Sciences, Ernakulam

Governing Body Amala Cancer Centre, Trichur.

#### Expert

Flexible Complementing Promotion committee - SCTIMST Trivandrum.

#### Invited Lectures

Lecture on 'Cancer and Environment' Mahatma Gandhi Universiti Priyadarshini Hills, Athirampuzha, Kottayam, 27-5-1999.

Lecture on "T cell transduction" Faculty improvement programme for postgraduate teachers of Kerala University, Women's College, Trivandrum, Kerala on 17-3-2000 (Invited faculty resource person)

Lecture on "Immunolgy in medicine" Faculty improvement programme for postgraduate teachers of Kerala University, Academic Staff College Trivandrum, Kerala on 22-3-2000 (Invited faculty resource person)

#### Dr. Ravindran Ankath/f

#### Examinership

Ph.D Calicut University - Calicut University

Referee for projects and publications	Nos
•	1999-2000
British Journal of Cancer	1
Austral Asian Journal of Cancer	1
Dept. of Science and Technology, Govt.of India	2

control cytogenetics - Lecture and practical demonstration to BIMMBS students of Trivandrum Medical College. May 29th to 2nd

invited Faculty (Resource person) for Refresher course for Govt. Golfgie teachers in Zoology, at Trivandrum on 6-3-2000.

# wards/Honours/Training

# ្តី ខ្រុងព្រឹក្រ Balaram

Featured in the Who's Who in the World, 17th Edition,1999. Nominated as Outstanding Woman Scientist of the Year 1999.

### pavindran Ankathii

FUICC Yamagiwa Yoshida International Cancer Study Grants award. Fellowship of 3 months duration from 1-9-1999 to 30-11-1999 at the Dept. of Medical Genetics, St. Mary's Hospital. University of Manchester, Manchester, U.K.

Selected to be featured in the Who's Who in the World, 18th Edition, 2000.

#### Chandini R.

Ms. R. Chandini was awarded Ph.D by the University of Kerala in lune 1999.

#### Remani P

for Cancer Therapy and Diagnostics", Jena, Germany, September 24, 1999.

#### Research Supervision

#### Dr. Prabha Balaram

Genomic instability in breast cancer	Ongoing doctoral programme Ms.Priya Srinivas
2. Molecular biology of Gestational Trophoblastic disease	Ongoing doctoral Programme Ms.Swapna Enose
3. Molecular atterations in oral cancer with special emphasis on oncogenes and tumour suppressor genes	Ongoing doctoral programme Ms.Prishla Varghese
Adhesion protein as metastatic markers	Ongoing dectoral programme Ms. Maya Madhavan

#### MD/MS Thesis

- p53 alterations in relation. to habits in oral cancer
- Validation of serum beta. HCG 4 weeks post evacuation and cytological atypia as markers of persisting disease in Complete Hydatidiform moles.
- Molecular alterations and association with Epstein Bar-Virus in Nasopharyngeal Carcinoma
- 4. Molecular alterations in p21 and p53 in precancers and cancers of the oral cavity

#### Ongoing Programme Dr. Sanila (Dental College, TVM)

- Ongoing Programme Dr. Uma (MD OBGY) SAT Hospital, Trivandrum
- Ongoing Programme Dr. Susan James, (ENT, MCH, TVM)
- Ongoing Programme Dr. Cynthia A Robinson Meenakshy Dental College Madras.

#### Dr. Ravindran Ankathil

- 1. Genetic susceptibility studies In Broast/Ovarian cancer families
- 2. Cytogenetic and Haematologic Ongoing doctoral Programme response studies of biotherapy in patients with Haematological malignancies
- Cytogenetic studies in Myelodysplastic syndromes.
- 5. Genetic studies in Down syndrome patients with and without malignancies
- Cytogenetic and Molecular cytogenetic studies In Acute Nonlymphocytic Leukaemias.

- Ongoing doctoral Programme Mr.B. Vinod Kumar
- Mr.S. Hariharan
- Ongoing doctoral Programme Ms.Roshni Thomas
- Ongoing doctoral Programme Ms.Sheeja V.R.
- Ongoing doctoral Programme Mr.Sunll K.S.

#### **MDS Thesis**

- 1. Genetic predisposing factors in Familial Oral Cancer
- Ongoing Programme Dr. Pramod Varghese Dental College, Trivandrum

### <sub>k:Remanî</sub> P

- Plant lectiπs and their Reapplications In oncology
- Artocarpus integrifolia lectin as a biological marker in rematological neoplasms.
- Isolation and purification of some plant lectins and its application in cytopathology
- amedicinal plants used in Rujaditional and folklore amedicine of Kerala with particular reference to the Western Ghats.
- 巖Multiparametric evaluation of 🍻 radiation induced changes in the erythrocytes of cancer :#ixpatie⊓ts.

- Ongoing doctoral programme Ms. Smitha LS
- Ongoing doctoral programme Ms. Laija S Nair
- Ongoing doctoral programme Mr.Sujathan K.
- Anti-cancer studies in selected. Ongoing doctoral programme Ms. Geetha B.S
  - Ongoing doctoral programme Ms. Geetha C.S.

#### ற்≀ S. Kanπan

🛣 Studies on cell cycle regulatory. Ongoing doctoral programme 🔊 proteins in oral carcinoma Mr.R. Jayasurya

#### Courses conducted

- Annual Immunology training (Two months) for M.D.Microbiology students, Medical College, Trivandrum
- Training on Human Cytogenetic Techniques B.Sc. MLT students 2. ŹŚ., M.G.University

#### Cytogenetic Investigations undertaken

Peripheral Blood Lymphocyte Karyotyping 330 197 Bone marrow karyotyping 9 Foetal Blood karyotyping

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

# DIVISION OF LABORATORY MEDICINE

Dr. M. Radhakrishna Pillai - Assoc. Professor

The Division of Laboratory Medicine & Tumor Biology entered the new millennium completing its sixth year. With a record number 22 extramurally funded research grants obtained to date the department continues to direct basic and translational research we have placed great importance on encouraging and fostering that development of active, diverse and progressive research programme that incorporate clinical, basic and population-based elements; that incorporate clinical, basic and population-based elements; the year also saw the department beginning two new areas of investigation genetic susceptibility to environmental carcinogenesis and an entered cancer drug development programme.

The study of medicinal plants in oncology is an area of immedisc importance owing to the need for better, more effective and less jour anti-cancer compounds. The use of natural compounds that effective induce apoptosis of tumor cells are ideal for anti-cancer di development programs. One such plant identified to have cytotogether properties is Solanum trilobatum. In a pilot study, a partially purifical extract, Sobatum was analyzed for anti-tumor properties. Activity the compound was analyzed on fresh tumor cells obtained from pediatric acute lymphoblastic leukomia patients as well as cultural HeLa cells. The cells were cultured with different concentrations the drug and apoptosis detected using the TUNEL assay. Expression of p53, bcl-2 and bax proteins were studied using immuno cytochemistry. The study revealed that while at high concentrations necrosis was observed, as the concentrations decreased, the mode of action was mainly through the apoptotic pathway. Further purification and characterization of the active principle will be required for belig understanding of the mode of action of the compound. We also analysed for anti-tumour activity of Curcumin isolated from turners plant (Curcuma longa). The sensitivity of different tumors to curcumin varied from five micromolar to fifty micromolar concentrations. We observed drastic morphologic changes with increase in dosage @ curcumin treatment. An apoptotic phenotype was predominantly see at lower concentrations, between five and twenty micromola concentrations. During these changes we found differential gene expression of various genes, including p53, bcl-2, ras and waf-1 id

proliferative and apoptotic state of curcumin treated cells.

Therefore discidution of these pathways are needed to correctly the anti-tumor properties of curcumin.

preast cancer research program completed its first phase, ille lines placed at the role of programmed cell death and treatment In continuation with previous studies, we analyzed the significance of functional markers that play a causative citimbreast tumor development and may influence five-year disease period. Our analysis revealed that p53, bcl-2, nodal status, grade, proliferative Index as measured by Ki 67 million eactivity, estrogen and progesterone receptors, provide dent prognostic information with regard to five year disease Wival In patients with breast carcinoma. High apoptotic index de with poor clinical outcome, in terms of disease free However, we failed to confirm its independent prognostic mpilisance when adjusted for other established or proposed stic variables in the multivariate analysis. This means that in prespessic variables in the multivariate analysis. This means that in the major are also breast cancer, the cell proliferation rate is the major រដ្ឋមន្ត្រាវ៉ាត់ant of the prognosis, independent of apoptosis. Both univariate শাৰ্থ ক্লিট্টা্টাvariate analysis showed that low bcl-2 expression was a statistically significant indicator of relapse free survival within 5 years र्क अवर्षिक्षण. In particular, relapse free survival curves showed a better according to patients whose tumor had intense expression of bol-2. enimpertant finding with respect to the association of high expression with improved survival, was the strong correlations observed beimeen bot-2 expression and a number of important clinicoological parameters. High expression of bol-2 was associated with welfallflerentiated tumors and with estrogen receptor positivity. Thus, oxagession of bol-2 was associated with the presence of a number of dassical prognostic factors known to predict a lower risk of relapse, improved disease free survival inclustrients with tumors expressing high levels of bcl-2. Our results using multivariate analysis show that mutations in p53 are important ម្ភាលទីnostic markers for breast cancer. We conclude that patients with mutation in their tumors are at higher risk of recurrence than phits without p53 abnormalities. Alterations in the p53 gens were and the state of t munoreactivity in the present study. Since Ki 67 levels were essociated with other prognostic markers such as tumor size, nodal status, and estrogen and progesterone receptor status, it was also necessary to analyze whether the effect of the proliferative index was

88 89

independent of the effects exerted by the other variables. The Galling of that Ki 67 immunorages in the Galling of the Communorage in the Communication in the Co from the present study confirmed that Ki 67 immunoreactivity considered as an independent prognostic variable, even when a for nodal status. The level of Ki 67 thus proved to be a good progress. marker in predicting 5 year disease free survival. It is therefore, government from these points that biological markers can play a vital role rnanagement of patients with breast cancer.

Our human papillomavirus (HPV) and epithelial cancer rese program continued as in the previous years to produce exciting in Cellular immortality appears to be a hallmark of mallgname Telomerase is an enzyme associated with cellular immortality this has raised considerable interest from a diagnostic and progress viewpoint. We could show a differential expression of telemerate various phases of cervical tumor progression. While the enzyment rarely detected in normal cervical epithelium and low grade squamous intraepithelial lesions (SILs), it was expressed in over 61% of grade SILs and 85% of invasive cervical cancers. Also evident definite correlation between telomerase expression and presence. high risk HPV infection. HPV infection is a well documented risk to the for cervical cancer and we have proviously explained the significal of active high risk HPV infection characterized by the expressions the E6 transforming protein. In the present study, concurrent accumulation of p53 and E6 expression was significant in high grant SILs and invasive cancer. E6 can interfere with the normal function in of p53 by its the ability to abrogate both transcriptional activation. transcriptional repression function of the gene and is known to degrade p53 via ubiquitination. Analysis of telomere lengths obtained from normal cervix tissues showed repeat lengths to be in the range 0.5 to to >23 kb. However a higher concentration of repeats were in the lower molecular weight range (0.5 to 15 kb range). A similar result was obtained for low grade SILs except for the fact that fragments greater than 23 kb were conspicuously absent. High grade SILs and invasive cancers showed telomere repeats ranging from 0.2 kb to >23 kb. Most of the fragments were in the higher molecular weight range (10 to >23 kb). The lower molecular weight fragments weight presumably present owing to the high proliferative fraction of these tumors. The fact that most of the tumors had telomere repeats in high molecular weights could be due to the reactivation of telomerase. The patients start relapse, identification of the mortality stage 1 (M1) is a critical point of the two stage mechanism. that governs both cellular senescence and immortality. M1 senescence supported in regulatory genes in relation with treatment outcome is thought to be regulated by the relation between

in can lead to non recognition of telomere erosion and growth of such cells followed by telomerase activation past critical point and then on to immortality. Cells with reduced lengths and inactivated p53 are more susceptible to The breakage-fusion-bridge cycles. If telomerase is active, ad to the production of stable aberrant chromosomes raising esibility of further oncogene activation or anti-oncogene s a condition which can be called a "telomere crisis". Under ditions where these criteria are met, the rates of progression a wieg pre-malignant cells onto invasive cancer may be greatly

The apoptosis research program continued with studies on the wanter of the phenomenon in various tumors. We analyzed in ingligibilities the significance of apoptosis in relation to the expression and bol-2 proteins, tissue proliferation defined by Ki-67 ypilossion, and tissue histology. There was good correlation between NET reactive cells and morphological evaluation criteria for nombles. The extent of apoptosis was significantly associated with thyroid lesion, both proliferative (namely multi nodular goitre) and mapplastic (benign and malignant). Higher extent of apoptosis wങ്ങളുമുണ്ട് in medullary and anaplastic carcinomas. Apoptosis also magated to p53 protein accumulation and Ki-67 immunoreactivity. Mailing se correlation was observed between bcl-2 expression and tingstent of apoptosis. A direct correlation was also observed between page ression and Ki-67 immunoreactivity. Bcl-2, by inhibiting apoptosis gause a shift in tissue kinetics towards the preservation of centerioally aberrant cells thereby facilitating tumor progression. These results imply that rapidly proliferating tumors appear to have a high liss|||ftirn over state" in which there may be increased chance of apoptosis amongst the proliferating cells. The ability of apoptosis to occur in the protein suggest the existence of at ্যান্তর্জ্ঞাত p53 dependent apoptotic pathways, one requiring activation staged fic target genes and the other independent of it.

The prognosis for children with acute lymphoblastic leukemia has improved over the past few years with the use of combination chemotherapy. However, even with these modern treatment protocols, about one third of the patients still relapse, Identification of clinical is thought to be regulated by the p53 gene. Inactivation of the latter by pediatric ALL. We have now tried to determine the relation between in vitro sensitivity to each of 10 single drugs and other cellipparameters such as chromosome 17-copy number, p53 expression and spontaneous apoptosis. Chromosome 17 copy number detected by interphase cytogenetics using non radioactive in hybridization (NISH) with a centromere specific DIG labelled Divipobe. In vitro drug sensitivity was assessed using the colorime Methyl Thiazol Tetrazolium (MTT) assay. Apoptosis was determined by In Situ End Labelling using biotin-dUTP. All laboratory parameters were correlated with clinical features. Our results show the combination of p53 immunocytochemistry, chromosome 17 interphic cytogenetics, in vitro drug sensitivity and apoptosis provides mile better insight into the mechanisms of cellular drug resistance. Sind determinants of chemotherapy response may provide signification or garding risk stratification and the possible formulation of a prognostic index.

Our radiobiology program has produced results of considerate significance. Previous studies have suggested that ras geno mutation may influence cellular response to radiotherapy. However clinic studies have been limited by the cumbersome methodology associate with DNA analysis. The availability of ELISA method has made climes evaluation of ras gene mutation feasible. We have therefore in the study analyzed for ras mutation by in vitro identification of four mutant forms of p21 ras in cervical tumor tissue extracts. Expression of ras p21 mutations were analyzed in 101 patients for a correlation between pre - treatment experimental analyses and the clinical status of till patient after radiotherapy (up to 16 months follow up). There was in correlation between the presence of Val 12 p21 and tumor response to radiotherapy. However presence of the other three mutant protein had significant relationship to treatment outcome. Detection of Arg 12 mutation was more common in patients who either had residual disease or developed recurrences (75%) as compared to those remaining disease free. The presence of the Arg 12 mutation therefore significantly correlated to poor prognosis. Similarly the Asp 12 mutation was also more common in patients with residual/recurrent disease (71%) as compared to patients remaining disease free (29%), Asp 18 mutation therefore also showed a correlation to treatment outcome On the contrary, the Asp 13 mutation was more frequent in patients who remained disease free (69%) as compared to those with residua recurrent disease (39%). All patients in the study were also genetyped for the mutations using PCA with specific primers. The majority of patients remaining disease free (81.5%) showed по evidence of ras

mutation. In patients with recurrent or residual disease the showed evidence of ras mutation with the maximum number stille for N ras 12 (58.3%) followed by K ras 13 (16.6%) and H ras %). We had previously demonstrated in the same patient group, e of apoptosis, cell proliferation, bcl-2 and p53 in relation to response. Higher levels of apoptosis and cell proliferation associated with good tumor response to radiotherapy (Group 1 fis) while bol-2 over expression was indicative of a poor prognosis patients). The present results on ras gene mutations seem e and strengthen these results. There was a significant negative ation between the total proliferative compartment (Ki 67 magnoreactivity) and the in vitro S phase fraction as reflected by and address of the state of the netween the extent of apoptosis (TUNEL reactive cells) and the ence of gene mutations. Presence of the ras mutation also Tated with bcl-2 over expression. There was no correlation between p63 mutation or accumulation with the presence of ras gene ion. It is therefore clear that there is enough laboratory evidence Molicate ras genes as modulators of tumor response to radiation therapy. This understanding of the involvement of specific genes in and gresistance Will improve our resolve to design potential therapies matican be aimed at specific genes, through approaches such as ective inhibition by anti-sense oligonucleotides.

#### Migoing research projects (1999-2000)

#### The mutant p53 protein in breast cancer.

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

Investigator

Dr. M. Radhakrishna Pillai

# Tumor response to radiation therapy in carcinoma of the uterine cervix - the role of ras gene mutation

(Funding Agency Indian Council for Medical Research)

Investigators

Dr M. Krishnan Nair,

Dr M. Radhakrishna Pillai

# Radiosensitivity, treatment outcome and ras gene mutation in rectal carcinoma

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

Investigators

Dr Jayaprakash Madhavan, Dr M. Radhakrishna Pillai Molecular Regulation of Programmed Cell Death

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

Investigator

Dr M. Radhakrishna Pillai.

Programmed tumor cell death and prollferative fraction in the last of the programmed tumor cell death and prollferative fraction in the last of the la In the staging of thyrold cancer.

(Funding Agency Indian Council for Medical Research)

Investigators

Dr V.M. Pradeep,

Dr M. Radhakrishna Pillai

Telomere dynamics, telomerase activation and epithelia tumor progression.

(Funding Agency Council for Scientific and Industrial Resear

Investigator

Dr M. Radhakrishna Pillai.

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

(Funding Agency Indian Council for Medical Research)

Investigator

Dr M. Radhakrishna Pillai

Significance of programmed cell death in pediatric acuit lymphoblastic leukemta.

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

Investigators

Dr P Kusumakumary

Dr M. Radhakrishna Pillai.

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

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

Investigator

Dr M. Radhakrishna Pillai

10. Cellular immortality and de novo apoptosis in tumor tissue significance for response to radiotherapy for cervical cancel (Funding Agency Dept. of Atomic Energy, Govt. of India)

Investigator

Dr M. Radhakrishna Pillal

11. Open labeled, single group study into the affect of nordihydroguierectic acid (NDGA) derivatives on oral and cervical pre-malignant lesions associated with human papIllomavirus infections

(Funding Agency Johns Hopkins University & National Institute of Health, USA)

liwestlgators

Dr M, Krishnan Nair, Dr. Manoj Pandey,

Dr M. Radhakrishna Pillai

susgeptibility to childhood acute lymphoblastic leukemia: requence of CYP1A1, CYP2D6, GSTM1 & GSTT1 genetic pojýmorphisms.

(reinding Agency Council of Scientific and Industrial Research)

nvestigators

Dr. P. Kusumakumary

Dr M. Radhakrishna Pillai

(6) Remotyping of the CYP1A1 and GSTM1 genes in tobacco associated oral cancer.

funding Agency Indian Council for Medical Research)

investigators

Dr. K. Ramadas,

Dr M. Radhakrishna Pillai

the role of telomere fragment lengths and telomerase activation during tumor progression in the uterine cervix.

Bunding Agency Kerala State Committee for Science,

rechnology & Environment)

hvestigator

Dr. M. Radhakrishna Pillai

strogen receptor gene polymorphism in Indian breast cancer and response to tamoxifen treatment.

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

Dr. B. Rajan, Dr M. Radhakrishna Pillai -

Filman Resource Development: Doctoral and Post-Doctoral

invocandidates completed their doctoral program and submitted ineses to the University of Kerala.

Programmed cell death in:

breast cancer.

MR Radhakrishnan

Cellular and molecular profile of-

Non Hodgkin's lymphoma

The Division has currently one post doctoral trainee and 6 PhD candidates working in the Doctoral Programme of the University of Kerala and supported by fellowships from the Council for Scientific and Industrial Research and University Grants Commission.

Dr. T.T. Sreelekha

Genetic epidemiology of oral cancer

Programmed cell death, chemother Mr. G. Srinivas

response and prognosis in pediatric ad

lymphoblastic leukemia.

Molecular manifestations of tun Mr. Pradlp Nair

progression in the uterine cervix.

Ms. Príya Chacko Genetic epidemiology of sporadic Ind

breast cancer.

Human papillomavirus E6, E7 and # Ms. Sreevidya, S.

gene polymorphism in Indian cervi

carcinoma.

Influence of genetic polymorphism ha Mr. Thomas Joseph

susceptibility to and freatment outcomen

childhood acute lymphoblastic leukemia Ms. Bindhu, O. S. Metalloproteinase and CD44 genes In @

mucosa.

The division is also a resource and training centre for part graduates of the Medical College Hospital, Thiruvananthapuran During the year, 4 students, who did their theses here were awards MD degrees from the University of Kerala

Dr. Shobha Abraham Dept. of Pathology, Medical College

Hospital: Angiogenesis and Turin

Proliferation in meningioma.

Dr. Preethi TR Dept. of Pathology, Medical Collect

in epithelial ovarian tumors.

Dr. Vijayalakshmi K Dept. of Pathology, Medical College

Hospital: Apoptosis in thyroid neoplasma

Dr. Sajini Elizabeth Jacob Dept. of Pathology, Medical College Alimitinoglobulin Assay.

Hospital: The clinico - pathological collaborating Research Projects relevance of human papillomaviru

infection in lesions of the larynx.

#### Ongoing M.D thesis

Dr. Manju, Dept. Of Pathology, Medical College Hospital : Histologi grading and study of p53 expression in astrocytomas.

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

### MIVISION OF CLINICAL LABORATORY SERVICES

Smt. B. Padmavathy Amma - Chief Technical Officer

This division as in previous years renders excellent services изилу to this Centre, but also to other institutions. Other laboratories eek our help for Quality Assurance Programme, We are rating with BIO-RAD Laboratories, California, which is accepted MARO, for external quality evaluation programme. This is perhaps hiv laboratory in Kerala having such a privilege. In addition to ithis we are participating with Christian Medical College, Vellore also Margality control evaluation.

Twenty four hours laboratory service are being provided by this specien for the benefit of the patients, with the limited staff. On an angge nearly 400 samples per day are examined. Blood samples ne collected by using vacutainer. Reports are speeded up according will condition of the patient.

The haematology section has the credit of utilising fully mil@matic Coulter Onyx, Coulter AcT8 and also coagulation analyser. meanalyzer flagged samples are manually scanned by our picians giving accurate results.

In the biochemical division we have semi-auto wet chemistry Hospital: The role p53 gene expression sand fully automatic Dry Chemistry lyser from Johnson and Johnson, which will help us for sending reports within a short time. In addition to this we have Blood Gas

	100.0
Name of the project	Investigating Officer/s
Atlas Trial	Dr. B Rajan
Droloxiten Trial	Dr. K Ratheesan & Dr. N Geetha
Gemeitabine Trial	Dr. V.P. Gangadharan & Dr. Ramdas
TLCD-99 Trial	Dr. Jayaprakash Madhavan,
•	Dr.Cherian Varghese
Idoxifene Trial	Dr. S Parameswaran & Dr. N Geetha
PDT Trial	Dr. Iqubal Ahmed

7. NDGA profile

Dr. Manoj Pandey

8. Pancreas project

Dr. Jayaprakash Madhavan

#### Training

This division also provides training program for BSc. M students from Mahatma Gandhi University for two months.

#### Investigations carried out during the year 1999-2000

Biochemical Investigations	Total samples done	Haematological Investigations	Total sample done
Blood Glucose	38468	Hemoglobin	9236
Urea	37571	WBC	8647
Creatinine	37571	Platelet	765 <u>4</u>
Uric acid	8800	RBC	51 <u>0</u>
CCT	6058	PCV	51 <u>0</u>
Bilirubln	20425	DÇ	6167
SGOT	2145 <del>6</del>	E.\$.R.	630
SGPT	21456	Bleeding time	67 <u>0</u>
SAP	20657	Clotting time	670
Total Protein	5758	Prothombin time	200
Albumin	5758	APTT	<b>3</b> 83
Cholesterol	280	Urine Analysis	1
HDL	30	Sugar	1080
Triglycerides	30	Albumin	1078
LDH	3780	Acetone	્ર31ર્ટ્યું
Amylase	76	Bile pigment	278
Magnesium	15	Urobilinogen	278
Acid Phosphate	5 <b>0</b>	Microscopy	387
Sodium	7875	immunoglobulin Ass	sy 🚦
Potassium	7 <b>8</b> 75	from Jan 2000	3
Phospherus	280	lg A	12 <u>1</u>
CSF Sugar	271	lg M	12
CSF Protein	271	lg U7	12
CSF Microscopy	198		3

# DIVISION OF LIBRARY AND INFORMATION SERVICES

Sri .M. Chandrakumaran Nair

Senior Librarian

Ms. Deepika Lakshman

Library Assistant (left on 30.11.1999)

Mr. V. Vishnu

Library Assistant

Mr. Saji. S. Nair

Library Assistant (joined on 23.12.1999)

With the adoption of modern technologies in every aspect of plany management, the library services were more strengthened to lipport the increasing demand for Information from clinicians, dentists, researchers and students who remained to be the primary users of the library. The information resources available and accessible in the library act as a major resource with contribute in a big way for the accomplishment of the objectives of the Centre. The noteworthy ask accomplished during year under report is the introduction of CD figor Network in the library. Steps are being initiated to organize on opeology information system for providing any requited cancer flormation, a vital input for the increased productivity and patient are and research.

#### Progress in Ilbrary computerization

Considerable progress has been made during the period in this area. With the support of STED project reported in the last year, a CD ROM network was established providing access to a number of databases on CD ROM. The major database subscribed to the library is cancer CD, which is the most comprehensive database on cancer povering both Medline and Embase. The abstract of this global database from 1984 to 2000 is available on the LAN terminals. The complete catalogue of the holdings of the Ilbrary was also made available online on the nodes. As part of the computerization process, Alice for Windows' the integrated library management package was produced and steps have been taken to use this package for all activities related to library management.

#### Proposals to Review Committee

A detailed note on various issues relating to the problems and prospects of the library along with a development plan was prepared

and presented before the Review Committee appointed by the Governing Body of RCC during the report period. The same was discussed in the Library Committee also prior to the submission the Review Committee.

#### Library Committee

During the report period, the Library Committee met three times and decisions were taken on various issues relating to the library. Sasidharan, Head of Imaging Division was nominated to the librate committee in the place of Dr. Alex Ittyavirah who resigned from the Centre. Dr. Jayaprakash Madhavan and Dr. Sreejith Nayar were also nominated to the committee as new members.

#### **RCC Publications**

RCC publications database was updated adding 74 papers will informative abstracts contributed by the staff of the Centre during the period. This is found to be the remarkable number compared previous years additions.

#### Training and sharing of professional experts

Training on CD search and other search facilities were organised for our Clinicians, Scientists and Researchers during the report year M. Chandrakumaran Nair, Senior Librarian worked as coordinator and extended the professional expertise in the modernization of SCERI Library Trivandrum and for the organization of Dental College Library He delivered five lectures on library and information science subjects to the M.Phil students of clinical epidemiology, Medical College.

#### External users

External uses enjoyed free entry to the library and access to the library materials. Several Doctors, Researchers, students etc. from Medical Colleges, University Departments, Research institutes and other research organization visited the library and medical continued. other research organization visited the library and made use of the required materials.

#### Collection development

As in previous years, subscription to journals was given high priority. In view of financial constraints, cost escalation and the demand for more journals, the library committee reviewed the list and decided to discontinue 7 journals and to add five journals. The journals added during the year included 'Cancer Journal from Scientific American's 'Cancer Strategy', Journal of Biosciences', 'Journal of Cytology' and

Hematology Oncology'. The gift subscription was ensated to some extent by collecting the reprints free of cost authors concerned and photocopies of articles from other

#### Slection development during the period are detailed below:

Silota-	•	
	dded during	As on
Ú:	1999-2000	March 2000
nonographs & Back volumes	. 555	6930
n lournals	5	104
is & reports	302	3303
uldeo cassettes	8	103

#### inginet and e-mail facilities

Apart from the Mediine data from 1966 to date available free of Internet database like PDQ, CancerLit, etc. were targely used academic community. E-mail facility provided in the library is Billized by all the divisions who have not Internet connection of

#### Military sual and reprographic support

Necessary arrangements were made for the provision of audio facilities and photocopying services for all the international/ intimal/regional conferences hosted by the Centre and for various ha programmes conducted by RCC during the period.

#### Gurent awareness service

Library continued the circulation of the fortnightly 'RCCL Current

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

# DIVISION OF INFORMATION SYSTEMS

Mr. Neelakantan G Mr. Manoj G Sr. Systems Analyst

Jr. Systems Analyst

This division is responsible for the development maintenance of application software for the computerization of palicia activities of Regional Cancer Centre. So far, this division introduce computers in Outpatients Departments (Registration, Appointment (Admission), Pharmacy and Store, Investigation Department (Cytology, Histopathology, Clinical Lab). All the above department are connected to the central database in Ingres RDBMS in the platform. This division also maintains a database of members of Care for Life (Schome 2 and 3) and also issues members of certificates. In addition to the above applications, which are disconnected to the central system, Cash counters, Accounts division in development and maintenance of application software division in development and maintenance of application software

During the year the division initiated plans to expand a computerization. As part of this, the three blocks are connected by Local Area Network using fibre optic links. With this, the number users of the central computer system is increased to 45 from 2.1 OP Cash counter, which had been working as independent as now connected to the central system along with all the wark investigation centres, and surgery department. All Application solitates the newly computerized departments is developed in this division. The extension of computerization to the wards, investigation cashs and OP cash counter will help to improve the patient services and better management.

This division is actively involved in the 'CancerNET, KEW a project being implemented Jointly by ER&DC and RCC wint financial assistance from Ministry of Information Technolog Government of India. Under this plan we will have a Web sever RCC through which we will offer online access to all sub-centres staff and doctors at any sub centre can submit a query and linformation from the web-server of RCC, Trivandrum. The Candillor project provide the technology to establish an internet based patient care system for RCC and provide an official web site to the infrastructure created can also be used for internet accession staff members without any additional cost.

#### projects

Two students from University Institute of Technology (UIT), Trivandrum developed a project work named Outpatient Information System as part of their BSc. Computer Science of Kerala University.

A student from UIT, Trivandrum, developed a Minute processing System as part of B.Sc. (Computer Science) of Kerala University.

A student from Bharathiyar University, Coimbatore has done a project on Radiation Treatment Planning System as part of his MCA.

# redests Supported

in earlier years, during this period also this division supported sprojects undertaken by RCC. The important among them are:
National Cancer Registry Programme (ICMR) - Hospital
Cancer Registry

Natural Background Radiation Registry - Karunagappally Trivandrum Oral Cancer Screening Trial - Trivandrum Leukaemia Research Project

Trivandrum Population Based Cancer Registry Programme (IARC, France)

# DIVISION OF COMMUNITY ONCOLOGY

Dr. Babu Mathew

Professor

Dr.Ramani Wesley

Assoc. Professor

Dr.Gigi Thomas

Lecturer

Sri.C. Sreekumar

Social Investigator

The major activities of this division are centred round, human resource development, awareness and detection camps, health education and community based cancer research.

#### 1. Human Resource Development

#### a) Professional education and training:

35 Dentists, 28 Gynaecologists, 1194 Health workers and 108 Nuurses were trained in low cost cancer detection strategies and fundamentals of colposcopy to initiate cancer control in Tamilnadu. Intensive training was given for medical officers of ECDC, Ernakulam, Kollam, Pathanamthitta and Ambillikkai. Short-term training was given to nursing students of private hospitals and Government Medical Colleges and orientation training was given for cytotechnologists and cytotechnicians from other centres.

#### b) Public education

- Fifty cancer awareness programmes were carried out to members of voluntary agencies. 3128 community volunteers, 320 NSS volunteers, 273 factory workers, 1194 ICDS Anganwadi workers, 97 literacy workers, and 511 religious leaders were specially trained in cancer awareness as key trainers. 3128 volunteers were trained for cancer survey and screening.
- A cancer awareness cum tobacco awareness programme was given for key trainer teachers who in turn train teachers of all the districts. RCC has assisted in preparing a module for teachers and a chapter in textbook on Tobacco control for students.
- Teachers, PTA and student representatives (891) were given Anti-tobacco education and cancer education classes.
- 4. Voluntary workers of HOPE Foundation were trained. The idea is to set out a new plan for cancer detection/prevention by regular house visiting in this district. They referred 59 suspected cases for confirmation of diagnosis.



Sr. S.S. Prof A.K. Chandrasekharan, Pharmacy College, Sri Abdul Sathar, Deputy Excise Commissioner



# 2. Generation and distribution of health education materials

- About 200 slides and 2 photo albums on colposcopy were prepared for training. The health education materials generated during previous years were distributed among community volunteers and other target groups.
- Seven programmes through AIR Trivandrum Station were broadcast. Two programmes through ASIANET, 1 programme in Cable TV and two programmes through Doordarsan Kendra, Trivandrum were telecast during the period under report.
- Articles in Lay Press
  - Ban on smoking in public places relevance of this judgment in the civilised world in Sathyadeepam, 2nd Nov, 1999.
  - 2) Cancer Niyanthranam, Panacea Vol(2), 1999
- d) Exhibitions

6 exhibitions were conducted which were viewed by more than 3 lakh people.

- e) Training Manuals, Modules and Atlas
  - Teaching manual for Visual Inspection of Uterine Cervix with 4% Dilute Acetic Acid(VIA) and Lugol's iodine, International Agency for Research on Cancer, 1999
  - John S Sellors, Sankaranarayanan R and Wesley Ramani S. An atlas cum teaching module for colposcopists on colposcopy and treatment of preinvasive lesions(In press to be published by WHO).

#### 3. Antitobacco programmes and campaigns

The major Antitobacco activity of the current year was targeted to teenage school children; in a programme called "Antitobacco revolution through schools". This project was carried out in collaboration with the Regional Cancer Association, Department of Education and Bharath Scouts and Guides Kerala State. Six posters, one leaflet and a sticker were designed for the programme. These were distributed to 6000 schools in the state with the request to observe 1-12-1999 as 'No Tobacco Day'. This activity was adjudged by the WHO as the best tobacco control work in the South East Asia and an award was given for this activity during the observance of the No Tobacco Day.

#### 4. International School of Colposcopy:

An International School of Colposcopy to train Doctors Gynaecologists, Nurses, Field workers from developing countries was organised in the department in this year. A video colposcope is use for demonstration. We have already trained 10 Gynaecologists from Kerala in colposcopy, biopsy, treatment of preinvasive lesions by LER and cryotherapy. We are teaching doctors, nurses, field workers are technicians on low cost cervical cancer detection strategies like using acetic acid and Schiller's iodine to reveal cervica lesions. This division has helped in planning implementation and organisation of internations school of colposcopy in Ambilliakkai, Tamil Nadu and Barsy rule Cancer Centre, Maharashtra and trained 20 gynaecologists, 60 nurse and field workers in these States.

# 5. Early cancer detection clinic, Dysplasia clinic, Colposcopy clinic and Breast screening clinic

- a) An early cancer detection clinic is functioning in this department to examine patients with warning signals of cancer. We have a supplementary registration system in this clinic and have registered 2509 patients during this year. Through this clinic, 22 oral cancers, 29 breast cancers, 29 cervical cancers and 32 other cancers were detected. 250 oral precancerous conditions were diagnosed and kept under surveillance during this year.
- b) In the dysplasia clinic oral precancerous lesions like leukoplaklas, SMF, Lichen Pfanus etc are treated either by chemoprevention or by excisions. Oral biopsies and excisions were done for 211 high-risk oral precancers. We have surgically excised 40 precancers.
- In the colposcopy clinic, 1445 colposcopies, 201 colpodirected biopsies, 10 LEEP diathermic excisions and 1 cryotherapies were done for cervical precancers.
- d) Breast screening clinic is conducted on Tuesdays and Thursdays. Here, propagation of breast self examination screening through CAN-SCAN breast self examination software, FNAC's and discharge collection for cytology and referral for mammography are done. Since 10% of breast cancer patients who come to RCC are nuits, we have initiated cancer awareness cum screening programme for 72 nuits in convents and have detected 1 cancer and 5 atypias.

pheral Early Cancer Detection Programmes through CCCs, Janakeeya Asoothranam programs and Village level

# Cancer Detection Clinics (ECDC)

ECDC at Kollam started 2 years back is sending patients with cers and cancers to this clinic for confirmation of diagnosis, copy, LEEP etc. Early cancer detection work started in foodingation named as Health Care Institute is conducting one started in two months. We have trained doctors, nurses, health workers apply clunteers who act as keytrainers for conducting comprehensive will get Level Cancer Control Programmes in Kodungalloor. A palliative cert centre was also started. This centre is providing financial and investigation and control ECDC Pathanamthitta, Community Oncology has helped in the first Medical Officers and other health staff concerned with ECDC, stable amthitta.

The main stay of peripheral cancer detection programes was allowigh 27 cancer detection camps, the details of which are shown in allowing.

Seven panchayaths have taken up cancer control as part of proposition programme through Primary Health Centres. We flave helped these Primary Health Centres to plan, organise making and implement this programme.

As part of Village Level Comprehensive Cancer detection grammes, seven new villages were included. 2434 volunteers at trained to carry out cancer related survey.

#### Community based Cancer Research

#### ongoing research projects:

Evaluation of unalded visual inspection, corvicoscopy and pap smear in screening for cervical cencer

(Funded by IARC, France)

Principal Investigator Dr. Ramani.S.Wesley

Co-Investigators Dr. Thara Somanathan, Dr. Namratha.

Dr. Sankaranarayanan, Dr. D.M. Parkin

The study is to evaluate whether visual Inspection of cervix using 3% acetic acid (cervicoscopy) permits improved detection of livasive and pre invasive lesions compared to unaided visual

inspection and to determine whether cervicoscopy can improve sensitivity of pap smear. The third phase of this study is going of year including schillers test, cervicoscopy, colposcopy and bigg all relevant cases to evaluate low cost technologies. We have red 1445 women this year. 13 cancers, 43 high grade fesions and low grade lesions were detected.

Comparative evaluation of early detection of carvical can precursors by visual inspection with acetic acid and Schiller's lodine

(Funded by IARC, France)

Principal Investigator

Dr. Ramani, S. Wesley

Co-Investigators

Dr.Thara Somanathan, Dr.Namratis

IARC Investigators Dr.Sankaranarayanan, Dr.D.M. Paril

#### Objectives:

- To estimate the sensitivity, specificity and positive (PPV) as as negative predictive value (NPV) of visual inspection with acid acid (VIA) and visual inspection with Schiller's iodine (VIS) detecting cervical intraepithelial neoplasia (CIN) and cervical салсег.
- To evaluate whether a combination of VIA and VIS in param improves early detection by increasing specificity without loss. sensitivity in comparison with either test alone;
- To compare the performance of VIA, VIS and VIA plus VIS in that of cervical cytology.

We propose to carry out a formal evaluation of visual inspector with Schiller's iodine (VIS) as independent screening test obas adjuvant to other tests in the early detection of cervical neoplasia particular, we wish to investigate whether an epithelium which as compared to situations where only one of the tests is positive. other words, we wish to evaluate whether application of both tess 30 years and above attending the early detection programmes all the open-access clinics organized by the Community Oncolog India, will be recruited into the study.

### Cervical Cancer Control Project

Funded by Bill Gates Foundation, U.S.A)

Principal Investigator

Dr. Ramani. S. Wesley

Co-Principal Investigator

Dr.B.Rajan

Co-investigators

Dr.Namratha,

Dr. Chitrathara, Dr. Paul Sebastlan

Dr.Thara Somanathan

The objective of this project is to start an International School poscopy as a nodal training centre for developing countries where secologists, doctors, nurse practitioners, health workers can be h training on low cost cervical cancer detection strategies. ascopy, Loop Electrosurgical Excision Procedures, Cryotherapy. derisation, biopsies etc. for investigating and therapeutic Sedures of preventing cancer cervix. These trained personnel can their countries and start training of local people.

#### Evaluation of Oral Visual Inspection in the control of Oral Cancer

(Funded by IARC France and AICR U.K)

Principal Investigator

Dr.Babu Mathew

Co-Investigators

Dr.M.Krishnan Nair.

Dr.Manoj Pandey,

Dr. Elizabeth Ninan, Dr. Gigi Thomas,

Dr. Thara Somanathan. Dr. Igbal Ahammed, Ms. Binu, Dr Ramadas.

IARC Investigators

Dr.R.Sankaranarayanan, Dr.P.Pisani

and Dr.D.M.Parkin.

The aim of this community based randomised intervention trial is evaluate the effectiveness of mouth self examination by trained workers in preventing mouth cancers, detecting invasive oral cancer positive on both VIA and VIS is significantly more predictive of dysplate than early stage and preventing deaths from oral cancer. proximately 90,000 subjects aged 34 and above, living in two community development blocks of Trivandrum district, are recruited (VIA plus VIS) can improve detection by augmenting specific and randomised to screening and control arms. The subjects are associated with single tests, without loss of sensitivity. Women against advised to give up tobacco habits. Pre-cancers and cancers are being miested. The study group are followed up for oral cancer incidence mortality. The first phase of the study was completed on May 31, Department of the Regional Cancer Centre (RCC), Trivandrum, Kera 1998. Among the 49,179 subjects screened by trained workers in the itervention area, 1350 patients were found to have precancerous

lesions. 308 biopsies and 120 surgical excisions were done for project patients. The second phase of the study is engoing from June 1999. Among the 241477 screened in the intervention area, about 269 new cases were identified with precancerous lesions in the 2nd round 186 biopsies and 40 surgical excisions have been performed in second phase of the study.

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

(Funded by IARC France and AICR U.K)

Principal Investigator

Dr.Babu Mathew

Co-Investigators

Dr.M.Krishnan Nair, Dr. N Sreedevi Amma.

Dr. Ramadas, Dr.Sudhakaran pi

Dr. P.P Nair

IARC Investigators

Dr.R.Sankaranarayanan,

Dr. D.M. Parkin.

Cases of Leukoplakia recruited in the TOCS study that cannot be surgically excised are recruited for the chemoprevention study. The subjects are randomised into 2 groups and the intervention group is given 20,000 IU of Vitamin A monthly for a period of 6 months. These patients are evaluated every 3 months and lesions, which become excisable, are surgically excised. So far, 262 patients were recruited for the study.

#### Study of Tobacco Related mortality in Trivandrum District (Funded by Oxford University, U.K)

(Fanded by Oxiona Dinversity, O.

Chief Investigator

Dr.Babu Mathew Dr. M. Krishnan Nair

Co-Investigator External Investigators

Dr.Richard Peto.

Dr. R. Sankaranarayanan

Information was collected about the deaths that have occurred between 1995-1999 December from 14 panchayaths of the Trivandruck district. Information is collected about the dead by a special investigator from the surviving spouse or nearest relative. The hospital recordal any available are examined and cause of death is ascertained by panel of doctors by studying the information collected. The dead are members of a cohort of the TOCS study and therefore, the information is available in the TOCS data bank about their tobacco alcohol habits. Analysis of the deaths up to December 1999 is being carried out.

### Global Youth Tobacco Survey Programme

(Funded by WHO Geneva)

Chief Investigator

Dr.Babu Mathew Sri.C.Sreekumar

co-Investigator External investigator

Dr. Warren Wick, CDC, Atlanta, U.S.A.

Dr.Derek Yach, WHO, Geneva Dr.R.Railey, WHO, Geneva

This is a programme to conduct a KAP survey of tobacco; another school children aged 13-15 years in Kerala. This is the part of aglabal study and 6 states in India are taking part in it. It is expected to taking tobacco control legislation, nationally and

alamationally after getting information from the study.

### <u>otio</u>f activities:

### MSSIstance to Thesis/Dissertation/ Projects

#### g Projects

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

#### n Welfare activities for the poor

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

#### Seovision of Information

To many patients, bystanders, voluntary agencies through passen-to-person communication, leaflets, pamphlets, books, and while its Information about cancer was given routinely. Psycho-social support was given by this division for removal of cancer stigma and for patients to undergo treatment.

#### [6] owships and training:

Beamani,S. Wesley received ICRETT Fellowship on Colposcopy, and cryotherapy from McMaster University, Canada for one month from May 15 - June 20.

Sri.C.Sreekumar was deputed for special training programme of cancer rehabilitation at Indian Cancer Society, Mumbal from 15-4-98 to 5-5-99.

Sri.C.Sreekumar had participated in the Training programme of "MSN power development on palliative care under WHO, Biennium 1998 and on 15th and 16th November, 1999 at Indira Gandhi Institute of Medical Sciences, Patna.

#### Awards received

Dr. Gigi Thomas was awarded Dr. Masharanhas Memorial Trophy for the best paper presented at the scientific session of the 3rd Triennial Commonwealth Dental Association and 54th Indian Dental Association Congress, New Deihi, Jan. 28th to 1st Feb. 2000 for the paper "Trivandrum Oral Cancer Study - early results of surgical excision of oral pre-malignant lesions" based on the work done by TOCS projects

		Detail	Details of Cancer Awareness Programmes 1999-20	1899-2000	
SL.NO	NO DATE	PLACE	OHGANISED BY AT	NO. TYPE OF ATTEN. PARTICIPANTS DED	DF ANTS
-	09/04/99	Konni	Rotary Club, Konni	380 Anganwadi workors&Health workors	ors&Health
c.	24/04/99	Pallimukku	Ferone Church	155 Religious organisational women	sational women
က	01/05/89	Pampadi	Redcross and SBT-Pempadi	232 Community volunteers	nteers
4	20/05/99	Aranmula	Aranmula Panchayath	350 Lay Public	
ιή	23/05/99	Pandalam	Indian Dental Association	35 Dental Surgoons	60
9	02/06/99	Peroorkada	Concordia H.S Peroorkada	280 Teachers &Plus II students	Il students
·  -	66/90/90	202	RCC	15 Nurses	
. 00	66/90/20	3CC	RCC	8 Doctors (GeneralPractitioners)	alPractitioners)
Ø	21/06/99	Vallana	VallanaPanchayath Janakeeya	276 Community-Volunteers	Infoors
			Asoothranam)		:
9	. 23/06/99	Perumpazhuthoor	JanakeeyaAsoothranam	427 Anganwadi workers andHealth	ers and Health
				workers	
- =	24/07/99	Kudappanakunnu	Regional Cancer Association	250 Lay Public	
: 2	14/08/99	Sasthamootta	Sasthamouta NSS College	320 NSS leaders	
īδ	17/08/99	RCC	RCC(Colpotraining)	2 Gynaecologists	
	19/08/88			:	
<u>'</u>	04/09/99	Allappuzha	Little way Association		
<del>1</del> 5	66/60/60	Vellanad	Community Medicine,	412 School children	
			Medical College, Trivandrum		!

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SL.NO	DATE	PLACE	ORGANISED BY	NO. ATTEN- DED	TYPE OF PARTICIPANTS
16 13	3/09/99	RCC	RCC	4	Post graduateMSW students
-	3/09/99— 3/09/99	RCC	Christian Mission Hospital Ambillikkai	3	Doctors
	0/09/99— 2/10/99	RCC	ш	8	Nurses
19 O4	4/10/99	RCC	RCC	12	Staff Nurses
20 13	3/10/99	Veli	Saksharatha Samithi	97	Literary workers
21 1	5/10/99	Trivandrum	St.Joseph High School	550	Students and teachers
22 16	3/10/99	Pottakuzhy	Pottakuzhy Residence Association	45	Lay public
23 20	0/10/99	Muttada	Swasthraya	194	Religious organisational members
24 25	710/99	RCC	Mookambika Nursing College	35	Nursing students
25 26	5/10/99	RCC ·	u 3	42	e e
26 28	3/10/99	Nemom	PHC Nemom	403	Community Volunteers
27 17	7/12/99	Neyaltinkara	ER&DC,Snehadeepam	378	Anganwadi Healthworkers
28 24	1/12/99	Pcyad	Peyad Resident's Association	56	Lay Public
29 28	3/12/99	Trivandrum	Government Press	120	Employees
30 31	/12/99	Pathanapuram	Janakeeya Asoothranam	425	Lay Public
	/01/00	Palaghat	Akathethara PHC	92	Professors, Teachers and Training College staff
32 12	2/01/00	Kulamadu	Kulamadu Panchayath	304	Health workers, Anganwadi workersi Stilleachers

SL.N	O DATE	PLACE	ORGANISED BY	NO ATTEN- DED	PARTICIPANTS
33	14/01/00	Neyyattinkara	Snehadeepam	456	Health workers, Anganwadi workers
34	22/01/00	Melaranoor	Poojappura Govt.Quarters Association	n <b>230</b>	Lay Public
35	24/01/00	Thycaud	Health Inspectors Training Centre	24 .	Health Inspectors
36	26/01/00	Karavaram	Karavaram Residence Association	64	Lay Public
37	27/01/00	RCC	Health Inspectors Training Centre	20	Health Inspectors
38	28/01/00	Pathanapuram	YMCA,Pathanapuram	285	Community Volunteers
39	02/02/00	RCC	Christian Medical Centre, Ambillikkai	37	Nurses and Health workers
40	05/02/00	RCC	Christian Medical Centre, Ambillikkai	3	Doctors
41	09/02/00	Statue	Govt.Press Trivandrum	273	Press employees
42	15/02/00- 18/02/00	Barsi	IARC	14	Gynaecologists
43	19/02/00- 22/02/00	Barsi	IARC	15	Field workers and nurses
44	26/02/00	Pathanapuram	Littleway Association	150	Lay Public
45	01/03/00	Ocroctambalam	P.T.A Govt.H.S	500	Parents, Teachersand students
46	03/03/00	Panachikkad	Panachikkad	85	Health workers & Anganwadi workers
47	05/03/00	Kannur(Mavilayil)	Mafabar Cancer CareSociety	176	Community Volunteers
48	15/03/00	RCC	RCC '	4	M.Sc Nursing students
49	18/03/00	Pattakulam ·	Bethel Marthoma Church	162	Religious organisational members
50	26/03/00	Panamattam	DesiyaVayanasala	280	Community volunteers

Table 2
Details of cancer detection camps 1999-2000

SĮ.	Date	Place	Organised by	Total	N			
				Screened	New cancers	Old cancers	Oral pre- cancers	Other pre can cers
1	09-04-99	Konni	Lions Club	430	7		27	9
2	10-04-99	Karakulam	AmmanNagar Resident's Association	on 112		_	7	2
3	16-04-99	Pallimukku	Vincent 'D'PaulSociety	85	-	_	3	2
4	18-04-99	Kođungalloor (Irinjalakuda)	Health Carc Institute	250	5	•	5	3
5	18-05-99	Pampadi	Redcross&SBT	232	1		13	. 7
6	02-07-99	Vallana	Janakeeya Asoothranam Vallana Panchayath	346	3	-	. 7	5
7	04-09-99	Allappuzha	Littleway Association	72	t	_	_	4
8	17-09-99	Poojappura	Central Jail, Poojappura	48	-			8
9	20-09-99	Kolfam	ECDC Kollam & ESIHospital	412	2 .	-	18	20
10	26-09-99	Kodungaloor (Pulloot)	HealthCare institute	450 -	6	-	11	8
11	02-10-99	Vellayani	Agricultural College	240	_	_	3	
12	09-10-99	Chempazhanthi	B.ScNursing students	360	5	-	2	9
13	11-10-99	Kalayapuram	Besilious Church	150	4	σ	6	8
14	27-11-99	Kayamkulam	£166ns Club	156	2	-	8	5.
15	19-12-99	Vettukad	Ys mon	<u> </u>	. Tradition in the second second		Secretary of the Secretary	144

àl.	Date *	Piaco	Organised by	Screened	cancers	cancers	pre-	pre Pre
							cancers	cer
6	27-12-99	Vembayam	Sahodara Samajam	104	. 2	-	18	
7.	03-01-00	Kochuveli	Little Flower Convent	172	2	0	9	
8	08-01-00	Vettinad	YMCA	85	2	Ð	6	
9	14-01-00	Perumpazhudoor	Snehadeepam	169	. 3	0	5	
0	06-02-00	Kamaleswaram	Lion's Club	212	1	D	4	
1	09-02-00	Statue, Trivandrum	Govt.Press	40	0	0 .	2	
2	14-02-00	Chittazha	Sai Chaithanya	65	2.	0	12	
3	12-03-00	Nellimood	SBT	325	2	1	6	
4	17-03-00	Olathanni	PHC,Perumpazhudoor	154	1	-	-	1
5	20-03-00	Maranalloor	PHC, Perumpazhudoor	135	. 1	a	2	1
6	29-03-00	Vellarada	PHC, Vellarada	. 136	0	Ġ	3	2
7	31-03-00	Panachikkad	Janakeeya Apothranam	396	Ą	1	12	1
		·	TOTAL	5368	56	2	187	18

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

# DIVISION OF E.C.D.C, ERNAKULAM

Dr. Syamalakumari - Cytopathologist

The main activities of this centre include, conduct of cardetection camps, awareness programmes and cytology and histoira work. This centre is also doing colposcopy directed biopsy services

The follow-up clinic and pain clinic and the district cancer control programme are functioning well. The data are presented in the following tables.

Table - 1 Resume of work done 1999-2000

Particulars of work done	ECDC	DCCP	— <u></u> गुर
Persons screened	6235	4109	10
Ćervical smears	3464	2668	6
Oral smears	215	380	Į
Fine Needle Aspiration	1986	559	2
Sputum cytology	<b>5</b> 9	•••	
Histopathology	<b>6</b> 5		1
Colposcopy	39	100	9 2
Colpodirected Biopsy	26	••• .	3
Body fluids	26	•••	***

Table - 2 Gynecological cytology

Lesion	Centre	Follow-up	Ţģ
Normal	201	68	28 28
Inflammation	1559	649	220
Atypical glandular cells	38	18	4
Trichomonas Vaginalis Infection	448	106	8
TV with mild dysplasia	23	15	
TV with moderate dysplasia	3	1	Ť.
TV with severe dysplasia	· 4.	-	
Fungal Infection	6	3	-
TV with fungas	1		3

Total	2530	934	3464
Infection with severe dysplasia	6	1	. 7
Fallaneous	7	1	8
nocarcinoma	3		3
sive squamous cell carcinoma	30	-	30
šinama In-situ	4	1	5
Static atrophy	1	•	1
ere dysplasia	7	8	13
erate dysplasia	7	2	9
ห็มงรถ <b>เลรเล</b>	45	19	34
infection with moderate dysplasia	8	3	11
だしょっさいか With Mild OVSDIasia	21	. 7	28
SSE CITEIN ILLIGOROLL	22	7	29
Kac cimplex virus infection	83	26	109
pan Papilloma Virus Infection	3	1 .	4
<b>≅</b> .			

Table - 3 Non-gynaecologicei cytology

· 100	·			
<u>les</u> jon	Total			
on lesions				
Benign	55			
Pre-malignancy	37			
Malignant	112			
Radiation changes	1			
Total	215			
least				
Benign	647			
Suspicious	· 3			
Malignant	113			
Miscellaneous	2			
Total	765			
Tyrold				
Вenigл	501			
Suspicious	5 .			
Malignancy	40			
Total	548			
<b>8</b> -				

Lymphnode	
Benign	32
Malignancy	
a. Primary	7
b. Secondary	52
Total	391
Sallvary Gland	
Benign	34
Malignancy	6
Miscellaneous	4
Total	44
Liver	
Benign	. 7
Malignancy	5
Total	12
Lungs	-
Benign	2
Malignancy ·	1
Total	3
Other Sites	•
Benign	146
Suspicious	3
Malignancy	21
Miscellaneous	3
Total	173
Body fluids	
Ascitic fluid	
Benign	2 /
Malignancy	3
Total	5
Pleural fluid	•
Benign	18
Malignancy	2
Total	20
Peritonial fluid	20
	1
Benign	I
Nipple discharge	
Benign .	50

Table - 4 Sputum Cytology

Lesion	Total
Benign	51
Malignancy	6
Miscellaneous	2
Total	. 59

Table - 5
Histopathologic Examination

MCC.				
igimen	Benign	Ca-in-situ	Malignant	Total
gecological	27	6	3	36
sist	5	-	10	15
ersites	10	-	4	14
				65

Table - 6 Work done DCCP - April 1999 - March 2000

2	TOTAL COLOR DOOL STEP TOOL TOOL TOOL	
al p	ersons screened	4,101
ă.	Non-malignancy	318
Ž.	Pre-matignant lesions (Clinical/Cytological)	53
*	Malignancy	9
	Total oral smears	380
űst	Non-malignancy	111
	Malignancy	10
	Miscellaneous	23
	Total breast aspiration	1 <b>4</b> 4
įvix	Non-malignancy	2,464
įγ.	Pre-malignant lesions	192
	Malignancy	12
2	Total cervical smears	2,668
÷.		

#### Thyroid Benign

Malignancy

Suspicious

Atypia

Miscellaneous

Total thyroid aspiration

#### L.N Benign

Granulomatous

Suspecious

Miscellaneous

Malignancy

Total L.N aspirations

#### Other NMC

#### Sites Suspicious

Malignancy

Miscellaneous

Total

# DIVISION OF E.C.D.C, PALAKKAD

Dr. H. Ananda Kamath

Cytopathologist

Smt. Veena V.S.

Cytotechnologist

The Early Cancer Detection Centre is located at Kanjikode, an industrial area in Palakkad District.

The main activities of this centre are creating cancer avaigness among the public and screening them for warning signals signals of the screening is done at the centre (for referred cases and palets coming voluntarily) and by conducting cancer detection camps in the properties of Palakkad and other northern districts of kejala, with the help of voluntary organisations and Grama ranking ayat (through "Janakeeyasoothranam Padhathi").

Cytologic specimens were collected from suspected cases and specified to microscopic study. Detected cancer cases were referred to REC or other cancer hospitals for treatment and further margement.

The pain and palliative care clinic is beneficial to incurable and palliative care clinic is beneficial to incurable and familial cancer patients of northern districts of Kerala and 45 new salents registered this reporting year.

#### me of work done during the year 1999-2000.

Total number of persons screened	-	2,543
Number of persons screened in the camp	-	1,540
Number of persons screened in the centre	-	1,003

#### able 1. Details of cytological smears for the year 1999-2000

ničimen	ECDC	Camp	Total
<b>M</b> 8/	211	274	485
efvical cytology	82	20	102
alcytology Mum cytology	186	-	186
east (FNAC)	. 44	4	48
roid (FNAC)	2	3	5
mphnode (FNAC) lids	6	1	7
aids	5	_	5
ple discharge	5	-	5
per sites	31	19	50
her sites Al <b>ota</b> l	572	321	892

Table - 2
Analysis of Gynaecological specimens 1999-2000

	·	
Lesion	Centre	Camps
Normal	8	47
Inflammation	90	154
Inflammation with glandular cell proliferation	15	7
Trichomonas vaginalis infection	16	23
Fungal infection	3	6
Viral infection	4	• .
Infection with mild dysplasia	27	18
TV infection with mild dysplasia	4	
Fungal infection with mild dysplasia	2	3 3
Mild dysplasia	1	1 '
Glandular cell atypia	13	8 3
Inflamation with moderate dysplasia	3	8 3
Severe dysplasia/Carcinoma in-situ	1	1
Suspicious	3	
Squamous cell carcinoma	10	•
Adono carcinoma	1	. •
Radiation changes	3	•
Miscellaneous	7	•
Total	211	274

Table -3
Analysis of Non-Gynaecologic lesions for the year 1999-200

Specimen	Centre	Camp	Ţ
Orai smear			٠,
Normal	27	5	
ไกtlammation	17	4	7
Fungal infection	1		`
<ul> <li>Dyspłasia</li> </ul>	20	9	
Atypical/Suspicious	10	_	
Malignant	6	2	
Total	82	20	
Sputum cytology			
Non-malignant	152	_	-
Atypia/Suspicious	20	. <b></b>	
Malignant	14	_	1
Total	186	_	•

S /CNAC\			
east (FNAC)	32	3	35
Non-malignant	6	1	7
Fibro-adenoma	5		5
Atypia/Suspicious	. 1	_	1
Malignant			
Total	44	4	48
roid (FNAC)			
Non-malignant	2	3	. 5
Total	2	3	5
<sub>vmphnode</sub> .			
Non-malignant	3 <b>3</b>	_	3
Lymphadinitls	3	-	3
Malignant		1	1
Total	6	1	7
iulds			
Non-malignant	5	_	5
Total	5		5
pple discharge			
Non-malignant	5	_	. 5
Total	5	_	5
ther sites			
Benign	25	19	44
. Atypical	4	0	4
Malignant	2	0	2
Total	31	19	50
otal non-gynaecological			
pecimens	361	47	408

Table - 4
Pain and palliative care clinic, 1999-2000

	Numbers
New cases registered	<b>-</b> 45
Step I	· - 5
Step II	- 12
Step III	- 28
Follow up cases	- 139

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

Ms. Aleyamma Kunnappally Head Nurse

Dr. Aleyamma Mathew Asst. Professor of Computational Statistics and Epidemiology

Ms. Aleykutty PM Staff Nurse

All Blood Bank Staff

All Radiation Physics Staff

Workshop on update on management technique for Head Nurses and Nursing Superinten-dents of Keralik College of Nursing, Trivandrum, Mink 19-28, 1999.

Invited lecture, CME and first triennial conference of Academy of ellnical microbiologists, Trivandrum September 1-2, 1999.

Invited lecture, National Seminar Probability models and application statistics, Department of Statistics, Effect Nurse University of Calicut, February 24-25, 2000.

17th Annual conference of Indian Society for medical statistics. Bangalore, 1999.

15th Asia Pacific Cancer Conference, Madras, 1999.

CME programme-professionalism A change to nurses, College Nursing, Trivnadrum, November 17-18, 1999.

Annual conference of ISBTI (Ke) Chapter), Alleppey, April 24, 1988

International conference 🔊 Radiobiology (Radiology 2000) ISRB & Regional Cancer Cells Trivandrum, February 17-19, 20

CME - Safety Accuracy Quality (SAQ), Regional Cancer Coul Trivandrum, October 9-11, 200

Ms. Anilakumary S Staff Nurse

<sub>Dr. Anitha</sub> Mathew asst, Prof. in Cytopathology

Ris Annamma Jacob

ล้าให้ Swin Kumar Lurer in Radiotherapy

Babu Mathew ofessor of Community Workshop on human relations in nursing, College of Nursing, Trivandrum, June 8-18, 1999.

Workshop and CME on Paediatric nd perinatal pathology, Medical College, Trivandrum August, 1999.

Recent trends in the management of brain tumours, SCTIMST, Trivandrum, September, 1999,

29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999,

CME on Thoracie Cytology, Mangalore, November, 1999.

Update on quality care for nurse managers, College of Nursing. Trivandrum, April 29-30, 1999.

WHO sponsored workshop on carcinoma cervix, Calcutta, December, 1999.

ICMR Expert committee meeting on establishment of a District level Cancer Control Programme for Greater Delhi, ICMP Headquarters, New Delhi, June 1999.

ICMR Expert committee meeting on Brain Stroming session on Preventive Oncology, Institute of Cytology and Preventive Oncology, New Delhi, October 4-6, 1999.4

WHO International Conference on Global Tobacco Control Law (Preparatory meeting), New Delhi, October 8-10, 1999.

International Conference on Heart Health in Developing countries, New Delhi, October 10-14, 1999.

Dr. Bhattathiri VN Assoc. Professor in Radiotherapy

Ms. Bindhu B Staff Nurse Smt. Bindu L Cytotechnologist 15th Asia Pacific Cancer Conference under the auspices of Asia Federation of Cancer Congress Chennai, December, 12-15, 1999. WHO International Conference are Global Tobacco Control Davidowards a WHO. Framework convention on Tobacco control Delhi, January 7-9, 2000.

WHO workshop on Global Tobacco survey for South East (No. Goa, India, February,14-15,200)

Ozone Hole and Cancer under the aegis of STEC, Govt. of Kerella. April, 1999.

Seminar on diet and cancer whole Cancer Hospital, Trichur, April 1998, Invited lecture, Symposium on fecolatrends in Biomedical Research, Mills Institute of Fundamental Research, Mumbai, September 27-29, 1998

Radiation protection meeting organised by BARC, Mumbal December 20-21, 1999.

Endoscopy training-Endos-therastal GEC, Coimbatore, 1999.

A seminar on Geriatric Heart Trivandrum, October 23, 1999, 33rd Annual CME of the Milleanun, Trivandrum, January 8-9, 2088.

19th Annual convention of Indian Association for Cancer Research and symposium on Cancer Eddown Amala Cancer Hospital and Research Centre, January 21-23, 2000

12th Twelfth Kerala Science Congress, Peerumedu, January 27-29, 2000.

Machandrakumaran Nair Allog Librarian

in ខ្លាំ chandralekha ក្រស់ខ្លែង០r In Cytopathology

pp.Sherian Varghese sawer Professor of Cancer ppmanylology & Clinical sasearch

រស់ (រៀវៀsteen V រាស់ពីប្រែបទe

ins.lalsamma Joseph เรียเรียงบรรย

A Maraham Refussor in Cytopathology R. Elizabeth Mathew Type Medical Officer in Surgical Creating National Convention of Medical Library Association of India, Navl Mumbai, 1999.

One day workshop on information infrastructure, Organised by INSDOC, Kerala Agricultural University, Thrissur, March 24, 2000. CME Programme on pre-analytical variables during blood collection.

29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999.

CME on Thoracic Cytology, Mangalore, November, 1999.

July, 1999

Global Challenge of Cervical Cancer Prevention: EUROGIN-2000, Paris, April 5-9, 2000.

15th International Scientific Meeting of International Epidemiology Association. Florence, Italy, August 31 to September 4.

Endoscopy training-Endos-therapy 99, GEC, Coirnbatore, 1999.

7th International conference on palliative care.

Kidwai Memorial Institute of Oncology, Bangalore, February, 17-19, 2000.

15th Asia Pacific Cancer Conference, Madras, December, 1999,

Cadavar dissection programme of medialisation thyroplasy in Dysphonia and Phono Surgery workshop, Planetarium, Trivandrum, November 1999.

Asia Pacific Cancer Congress Advances in the management of germicell tumours of the ovary. Indian Chennai, December 1999. academy of human reproduction, National annual conference of Cochin. association of otolaryngologist India. Cochin, January 2000. Stress and cancer, CME association of physiologists and Indo-American oncology semin pharmacologists, Trivandrum. held in RCC, Trivandrum, Febri Management of malignant bone 2000. tumour, CME, Association of State annual conference of that orthopaedic surgeons, Trivandrum. association of otolaryngologisism Management of hepatocellular India, Cochin, May 2000. carcinoma, Gut club, Cochin. Training programme on Training Post transplant malignancies, trainers, Palliative Care Societ Uroclub, Cochin. Calicut, June 13-20,1999. 31st Annual meeting of the 15th Asia Pacific Cancer Congress igaĞeetha N ASSOC. Professor In American Society of Chennai, December, 1999, Hematology, New Orleans, USA, vadical Oncology ASI - Kerala Chapter, Kozhikog December 3, 1999. February, 2000. Ks Geethakumari BS 15th Asia Pacific Cancer 21st AROI Conference, Calcuita Conference, Poster ⊮ชล์d Nurse December, 1999. presentation on Nurses role in the rehabilitation of patients with Meeting of the Research team ostomy, RCC experience, Chennai, pancreatic cancer using farnas์ฟื้ India, December 12-15, 1999. inhibitor, London, February, 2000 3rd Triennial Commonwealth ହିନ୍ଦ୍ର Thomas Management of acute feukaenflag Dental Association lecturer in Community and 54th Indian Dental Association CME, Amala, Cancer Hospital, <u>Oncology</u> Tríchur. Congress, New Delhi, January 28 to February 1, 2000. Cancer drug update - Newer pyramidines, KMIO, Bangalore. Ms. Graceamma Joseph State level workshop on cardiac Mising Superintendent and neuro nursing, SCIIMST, Recent advances in the Trivandrum, September, 1999. management of ovarian tumours CME, Dept. of OBG, Trissur. Sensitivity training to get things. done effectively. Centre for Neuro Oncological aspects of professional development, Dementia - Society for September, 1999. rehabilitation of cognition and International Oncology Update,

Ms. Elsamma Joseph

Dr. Francis V James

Assoc. Professor in

Dr. V.P. Gangadharan

Assoc, Professor in

Medical Oncology

Radiotherapy

Lecturer in Surgical Oncology

Staff Nurse

Dr. Firoz A.

131 130

soc. Prof. in Radiotherapy

Agra.

communication disorders.

Trivandrum.

Dr. K. Jayasree Assoc. Prof. in Cytopathology	CME Programme on recent trainis in the management of brain tunion Trivandrum, September, 1999
п	CME on Thoracic Cytology
	29th Annual conference of Indian Academy of cytologists, Mangalore, November, 1999
Ms. Jaya TS Head Nurse	15th Asia Pacific Cancer Conference Poster presentation on Nurses role in the rehabilitation of patients with ostomy, RCC experience, Chennai, India, December 12-15, 1999.
Dr. M. Krishnan Nair Director	Guest lecture, Cancer vaccines in SASICME 99, West Bengal Change Calcutta, September 18-19, 199
Ms. Kumari Thankom Nursing Officer-in-charge	Invited talk, Grief & Bereavemen Home care - Palliative Care delivery, 7th International conference of IAPC, Bangalore February 17-19, 2000.
	Invited lecture, Assessment and management of lymphoedema Grief & bereavement - Wound can & Bed sore management, Foundation course on Palliative "Care, Calicut, 2000."
Dr. Kusumakumary P Assoc. Professor in Paediatric Oncology	Invited talk, Late effects of treated leukaemia. National workshop on teenage care and counselling, Cochin, July 31st and August 1st, 1999.
ч .	Invited talk, Management of Blood 99 - CME in Hematology, Towers by Malabar childhood cancer society, Calicut, September 25-26, 1999.

gitiler Iπ Sociology

Invited talk, Neuroblastoma in children - CME in Paediatric hematology/oncology, CMC Vellore, January 7-8, 2000. "Cancer a challenge to present day society". National Seminar on Kerala's, Development perspectives - Department of Demography, University of Kerala, March, 2000. International conference of IAPC on palliative care, Bangalore, February 17-19, 2000. Training programme of "Manpower development on palliative care" under WHO biennium 1998-99, RCC, IGIMS, Patna, November 15-16, 1999. Guest lecture, Surgery for oral cancer, CME for Dental house Trivandrum, July 4, 1999. Guest lecture, Cancer vaccines.

surgeons, Regional Cancer Centre,

In SASICME 99, West Bengal Chapter, Calcutta, September 18-19, 1999.

Guest lecture, Reconstruction using pedicle flaps for oromandibular reconstruction. Symposium on oromandibular cancer in IASO NATCON 99, Jolly Grant, Dehradun, October 8-10, 1999.

Guest lecture, Decision making in head and neck cancer. Surgical update and CME 99, Dept. of Surgery and Kerala Chapter of ASI, Medical College, Trivandrum, October 15-17, 1999.

Guest lecture, Moving the project CME and workshop on medical research. Dept. of Surgery, Mada College, Thrissur, Kerala, December 4-6, 1999.

Guest lecture, Presenting data: CME and workshop on Medical Research, Medical College, Thrissur, December 4-6, 1999

Guest lecture, Faculty member workshop on medical research. CME and workshop on Medical Research, Medical College, Thrissur, December 4-6, 1999

Asia Pacific Cancer congress, Chennai, December 12-15, 1999

Guest lecture, Approach to patient with metastasis of unknown original presenting with cervical neck results Symposium on MUO neck, IASS section, ASICON 99, Madural, December 16-30, 1999.

ASICON 99. Annual conference of association of surgeons of India Madural, December 26-30, 1999

Guest lecture, Malignant mucosa melanoma. Meeting of Kerala Chapter of Indian Association of Radiation Oncologists, Kerala Chapter, Trivandrum, Kerala. February 6, 2000.

24th National conference and international CME on Indian Society of Blood Transfusion and Immunohaematology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, November 27-30, 1999.

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.

Senior Scientific Officer

Mr. P. Meera Sahib

Me Minl Lal KM Nurse

> Mohaпachandran С dical Record Assistant

ivalina Kumary KR fürer in Dental Care

ng Namrata Dhakad St. Prof. in Surgical Oncology

Training programme on manpower development on palliative care under WHO biennium 1998-99, Patna, November, 1999.

National Conference on Medical Records Management, Meenakshi Mission Hospital, Madurai.

15th Asia Pacific Cancer Conference, Chennai, India, December 12-15, 1999.

Lecture on, "Treatment of cervical cancer", Training programme for Medical Officers on awareness and early detection of cancer, Regional Cancer Centre, Trivnadrum, August, 2000.

Trivandrum surgical update. Conducted by the dept. of Surgery, Medical College, Tvm, in association with Association of Surgeons of India, Kerafa Chapter, October, 1999.

Lecture on, Conservative management of cancer endometrium for obstetric and gynaecology club, Trivandrum, December 1999.

Indo-American Oncology Seminar-Regional Cancer Centre, Trivandrum, February, 2000.

Doppler workshop, AMC auditorium, SCTIMST, Trivandrum, February 2000.

Advanced international workshop on cancer in pain management and palliative care - Regional Cancer Centre, Trivandrum, June 2000.

Lecture on, Radical pelvic surgery and secondary cytoreduction,

Trivandrum O&G 2000 CME an conference, Medical College, Trivandrum, June 2000. Lecture on, Surgical management epithelial ovarian cancer and experience, Oncology Kg session of the federation of obstern and gynaecological societies of lix Residency Tower, Trivandal August 2000. CME on Thoracic Cytology, Dr. Nileena Navak Mangalore, November, 1999 Lecturer in Cytopathology 29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999. Dr. Padmanabhan V. Chaired the Scientific session Professor in Radiation Physics AROI Kerala Chapter, Trivnadrum February 2, 2000. International Quality Audit for 9000 fraining by NIQR, Government Guest House, Trivnadrum, 🖟 23-24, 1999. AROI Kerala Chapter, Trivandrum November 27, 1999. ISO 9000-2000 training course. Quality management standard of the future, Management Association, Trivandrum, Januar 14, 2000. Workshop on Doppler Sonograph SCIMIST, Trivandrum, February 2000. Dr. S. Parameswaran The Royal Australasian College of Assoc. Prof. in Radiotherapy Radiologists, New Zealand, October 1999. 4th Annual Conference of Breasia

aul Sebastian c. Professor in cal Oncology

gabha Balaram Prof. of Basic Research Panelist in a panel discussion on head and neck cancer at the CME organized by association of surgeons of India, Trivandrum, October, 1999.

Satellite conference on Image analysis in material and life sciences, Kalpakkam, Madras, November 9-11,1999.

Invited lecture, Alterations in T cell mediated Signal Transduction In oral cancer-26th Annual Conference and Symposium on Cancer Immunology in the New Millenium, Bombay, January 13-15, 2000.

Invited lecture, All India Radio programme on "Advancement in the field of Cancer Research - symposium" January 20, 2000.

Invited lecture, Immunology of Oral Cancer. 19th Annual Convention of Indian Association for Cancer Research and Symposium on Cancer Biology, Trichur, January 22,2000.

Lecture on "Apoptosis in Immunology" Dr. Malathy Amma Memmorial CME on Apoptosis, Trivandrum, January 27, 2000.

12th Kerala Science Congress, Peerumedu, January 27-29, 2000.

Radiobiology 2000. International conference on Radiation Biology, Trivandrum, February 17-19, 2000.

Indo-German workshop on Radiology, Trivandrum, February 20-22, 2000.

March, 2000.

Cancer Foundation, Bangaloie

19th Annual Convention of in Association for Cancer Rese and Symposium on Cancer Biology, Immunology of Oral Cancer, Trichur, March 22, 2000 Paediatric Cardiology Pulmon

Dr. Priya Kumary T Asst. Prof. in Paediatric Oncology Meet 99, Trivandrum, April 16

Faculty-International Academyc Pathology Indian Division, Jan workshop & CME, Medical මි Trivandrum, August 12-14, 15 Asia Pacific Cancer Conferen Chennai, December, 12-15, Paediatric cardiology CME. Trivadrum, January 30, 2000 Newer Vaccines - symposium Privadarshini Planetarium,

Guest lectures, Palliative medicina

Trivandrum.

Dr. Rachel Cherian Koshy Assoc. Prof. of Anaesthesiology CME programme for Health Sevins

Doctors, April 25 and May 6 Keynote address and panel members, CME programme "Psychosocial Aspects of Terialial Cancer", Venad Guild of Psychiatrists, Hotel Mascot, Trivandrum, July 18, 1999. Lecture on "Palliative Care and Pain relief in Cancer", awareness programme for medical offices

Regional Cancer Centre, Trivandrum, August, 20, 1999 Guest lecture, "Why and Whall Palliative Care" at seminar, Soul Kerala Medical Mission. Trivandrum, August, 28, 1999 5th Biennial Congress Asian Oceanic Society of Regional

Anaesthesia (AOSRA), New Delhi, October 29 to November 2, 1999.

Colloquium on Health, Healing and Wholeness in the terminally iff (sponsored by CMAI), Schaefflin Leprosy Research and Training Centre, Karigiri, Tamii Nadu, November 26-29, 1999.

CME and 47th Annual Conference of Indian Society of Anaesthesiologists, Cochin, December 26-30, 1999.

Co-Chaired free paper session on "Assessment" at the 7th National and International conference of Indian Association of Palliative Care, Bangalore, February 17 -19, 2000.

National meeting on Morphine availability, Nirman Bhavan, New Delhi, February 24, 2000.

Invited lecture, De novo apoptosis, tumor proliferation, ras gene mutation and tumor response to radiotherapy for cervical cancer, 18th Annual convention of Indian Association for Cancer Research & National Symposium on Molecular Biology of Cancer, New Delhi, 1999.

Invited lecture, Genetic variations in Indian populations: implications for tumor response to therapy. Workshop on Indo-German collaboration in Oncology; into the next millennium, Lonavala, 1999.

invited lecture. Oncogenes and tumor suppressor genes in breast cancer. CME on breast cancer, Department of Radiotherapy,

্যা প্রক্রিhakrishna Pillai M. Refessor in Laboratory rediging & Tumour Biology

Medical College, Kottayam, Mi 28, 1999.

Invited lecture, immune respons human papillomavirus and pross for vaccine development, 6th And Ranbaxy Science Founda Symposium, National Institute on immunology, New Delhi, India 👸 Invited lecture, Clinical significal of programmed cell death in big cancer 19th Annual convention of Indian Association for Canan Research & Symposium on Can Biology, Amala Cancer Hospital and Research Centre, Thris India 2000. .

Invited fecture, The patho-physical of programmed cell death, CMP Apoptosis, Association of Pharma cologists and Physiologists of India Medical College Hospital, This vananthapuram, India 2000.

CME-SAQ, Regional Cancer Central Trivandrum, October 9-11, 1999

KAMP meeting, Medical College Thrissur, January 2, 2000.

Board of studies in Radiation Technology, University of Calicuis Calicut, January, 2000.

National Conference on Medical RecordsManagement, Meenaks Mission Hospital, Madurai,

Imaging update 99, CME programme in Radiology, Department of Radiodiagnosis, Medical College, Kottavam, Radiology club of Kottayam and IRIA Kerala State Branch, 1999.

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<sub>Bamadas</sub> K ggod, Prof. in Radiotherapy

Samani S Wesley n. Prof. in Community

BRRatheesan K. sac. Prof. in Radiotherapy

®Ravindran Ankathil

Vision 99, CME programme in Radiology, Department of Radiodiagnosis, Medical College Calicut, Calicut Radiology Club and IRIA Kerala State Branch, May 1-2, 1999.

6th International Congress on Oral Cancer, New Delhi, April 15-18, 1999.

Panel discussion member on "Colposcopy" in Preventive Oncology, workshop organized by Indian Academy of Human Reproduction, Cochin, July 16, 1999.

Invited speaker, Colposcopy, low cost cancer detection methodologies for Doctors, Gynaecologists, Health workers and nurses, organized by IARC, Community Health Centre, Ambillikkai, 1999.

Guest lecture and practical training, Colposcopy, Cryotherapy, Loop Electro Surgical Excision for Doctors, Gynaecologists and Nurses, International School of Colposcopy, Barshi, organized by IARC and Cancer centre Barshi, Maharashtra, February, 2000.

Investigators meet on peginterferon in metastatic renal cellcarcinoma, Spain.

CME on Medical Laboratory 🗱 oc. Prof. in Basic Research Technology, School of Medical Education, Gandhi Nagar, Kottayam, June 22, 1999.

> British society of Human Genetics Conference, University of York, UK, September 27-29, 1999.

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Dr. Raghuram K. Nair Asst. Professor in Radiation Physics

Mr. Rajasekharan Nair G Medical Records Officer

Dr. Hamachandran K. Professor of Imageology

	Research Away Day Seminar, St. Mary's Hospital, Manchester, UK, November 3, 1999.		Association of Plastic surgeons, Kerala Chapter, April, 2000.
	Research and Development Semilar Postgraduate and Health Science		International workshop on pain, Regional Cancer Centre, Trivandrum.
	Centre, Royal Infirmary, Manchesian UK, November 10-11, 1999.	ns, Shamla Beevi Baff Nurse	CME programme-professionalism A change to nurses, College of
п	12th Kerala Science Coлgress; Реегтеди, Idukki District, Janua	Stati Advance	Nursing, Trivnadrum, November 17-18, 1999.
Dr. K. Ravindran Pillai	27-29, 2000. National seminar on recent trends	S Sindhu S	Update on quality care for nurse managers, College of Nursing,
Asst. Prof. in Cytopathology	in microbiology UGC and Association of Microbiology, Sree Sankah	ffiff Nurse	Trivandrum, April 29-30, 1999.
	College, Kalady, March, 1999.	្សារី Soney B មន្ត្រី Nurse	Workshop on human relations in nursing, College of Nursing,
	15th Asia Pacific Cancer Conference (APCC), Chennai,	ng Sreedevi Amma N.	Trivandrum, June 8-18, 1999. Invited lecture, current concept in
Dr. Remani P Asst. Prof. of Research	December, 1999. Seminar on Indigenous approach to Treatment of Cancer, Trivandon May 27, 1999.	odd, Director & Professor	CIN of cervix and as a faculty member in the pannel discusion, workshop on preventive oncology, Indian Academy of Human
. " .	5th International Congress of Ethin pharmacology, Lucknow, November 17-21, 1999.		reproduction, July, 1999.  Organised and attended CME  Programme on pre-analytical
н	12th Kerala Science Congress, 2 Peerumedu, January 27-29, 2000		variables during blood collection, July, 1999.
	Radiobiology 2000. International a conference on Radiation Biology. Trivandrum, February 17-19, 2001.	п	29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999.
Ms. Saraswathy Amma E Head Nurse	Workshop on update on management technique for Head Nurses and Nursing	"	15th Asia Pacific Cancer Conference, Madras, December, 1999.
	Superintendents of Kerala, College of Nursing, Trivnadrum, May 19:28	i. Sreejith Nair Asst. Prof. in Medical Oncology	Asia Pacific Cancer Conference, 1999.
Dr. Shaji Thomas	1999. National conference of association	"	Oncology update, Agra, August 2000.
Asst. Prof. In Surgical Oncology	ADDIOON OF Destanting	M∴ Sreekumar B ©oding Clerk	National Conference on Medical Records Management, Meenakshl Mission Hospital, Madurai.

Ms. Sreélekha R Clinical Instructor

State level workshop on Cardia and Neuro nursing, SCTIMST, Trivandrum, September, 1999

Mr. K. Sujathari Cytotechnologist . 9th Swadesi Science Congress Kollam, November, 1999.

Mr. B. Saju Lecturer in Radiation Physics Workshop ол brachytherapy Contribution towards cancer M.S. Oswal Cancer Institute. Ludhiyana, March 31 to April 1, 2007

15th Asia Pacific Cancer Conference Chennai, December, 1999.

Dr. Tara Somanathan Lecturer in Cytopathology

Workshop and CME on Paedien and Perinatal pathology, Medical College, Trivandrum, August, 1999

Recent trends in the management of brain turnour, SCTIMST, Trivandrum, September, 1999.

Participated in the International course on Epidemiology -Principles and methods, Organis by IARC, Thailand, November, 1999.

Mr. Tayal Singh Elias Asst. Prof. in Radiation Physics Calicut, March 14, 1999.

AROI meeting, Medical College,

Dr. Venugopal Lecturer in Anaesthesiology

7th National and International conference of IAPC, Bangalore, February 17-19, 2000

# RAPERS PRESENTED IN CONFERENCES, SEMINARS, WORKSHOPS ETC.

Alevamma Mathew. Removing bias In cancer survival estimates due to loss to follow-up. 17th Annual conference of Indian Society for medical statistics, Bangalore, India, 1999.

Alevamma Mathew. Treatment outcome In young patients (age 35 years) with early stage breast cancer 15th Asia Pacific cancer conference, Madras, 1999

Anitha Mathews. Squamous cell carcinoma arising In cystosarcoma phyllodes breast, 29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999.

Bindu L, Bhattathiri VN, Aleyamma Mathew, Krishnan Nair M. Evolution of Radiation induced Nuclear and Cytoplasmic Changes in Oral Cardinoma Cells, 12th Kerala Science Congress, Peerumedu, January 27-29, 1999.

Bindu L. Bhattathiri VN, Aleyamma Mathew, Krishnan Nair M. 19th Annual convention of Indian Association for Cancer Research and symposium on Cancer Biology, January 21-23, 2000 at Amala Cancer Hospital and Research Centre. Radiation effect on oral carcinoma cells and its dose dependent relation.

Chacko P, Preethi TR, Radhakrishna Pillai M. Apoptosis in ovarian tumors, 19th Annual convention of Indian Association for Cancer. Research & Symposium on Cancer Biology, Amala Cancer Hospital and Research Centre, Thrissur, India, 2000.

Chandrakumaran Nair M. 'Information needs and use pattern of oncologists: The impact of modern information technologies'. National Convention of Medical Library Association of India, Navi Mumbai, 1999.

Chandralekha B. Three interesting cytology cases, participated as faculty member, CME in 29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999.

Cherlan Koshy. Salvage surgery in head and neck cancer. International conference of pain and palliative care, Bangalore, India, February 2000.

Cherian Varghese. Prevalence of inflammation and HPV infection. in the genital tract in a general population in Kerala, India, Global

- Challenge of Cervical Cancer Prevention: EUROGIN-2000, Paris April 5-9, 2000.
- Davis CA. Shielding in Radiotherapy, Lecture notes, SAQ-CMS 54-61, Regional Cancer Centre, Trivnadrum, October 9-11, 1983
- 12. Elizabeth K Abraham. Hormone receptor status and clinical pathological profile of breast carcinoma cases. Regional Cancel Centre, Trivadrum experience, 15th Asia Pacific Cancel Conference, Madras, December, 1999.
- 13. Elizabeth Mathew Type. Survival and predictors of survival live young patients with oral cancer. Asia Pacific Cancer conference Chennal, December, 1999.
- Elizabeth Mathew Type. Prevention of the Marginal Mandibular Nerve in head and neck cancer surgery in the plastic surgery session. 52nd Annual conference of the association of otolaryngologists of India. Cochin, January 2000.
- 15. Elizabeth Mathew type. Giant cell tumour of the hyoid bone A case report in the State annual conference of the AOI. Cochin May 2000.
- Firoz R. Panel discussion on lymphomas, ASI conference, Kerala-Chapter, Kozhikode, February 2000.
- Gangadharan P, Krishnan Nair M, Jayalekshmi P, Paghu Ram K. Nair. Low level chronic radiation and cancer occurrence - XV Asia Pacific Cancer Conference, Chennai, December, 12-15, 1999.
- Gangadharan P. Epidemiology of breast cancer. International conference on breast cancer, Nagpur, 1999.
- Gangadharan VP Management of acute leukaemia CME, Amala Cancer Hospital, Trichur.
- Gangadharan VP. Cancer drug update Newer pyramidines, KMIO, Bangalore.
- 21. Gangadharan VP. Recent advances in the management of ovarian tumours CME, Dept. of OBG, Trissur.
- Gangadharan VP. Neuro Oncological aspects of Dementia -Society for rehabilitation of cognition and communication disorders, Trivandrum.
- Gangadharan VP. Advances in the management of germ cell tumours of the evary. Indian academy of human reproduction, Cochin.

Gangadharan VP. Stress and cancer, CME association of physiologists and pharmacologists, Trivandrum.

Gangadharan VP Management of malignant bone tumour, CME, Association of orthopaedic surgeons, Trivandrum.

Gangadharan VP. Management of hepatocellular cardinoma, Gutclub, Cochin.

Gangadharan VP. Post transplant malignancies, Uroclub, Cochin. Gigi Thomas, Premalatha BS, Manoj Pandey, Pradeep VM. Oral soft tissue metastasis from thyroid cancer. J Oral Maxillofacial Surg, 2000.

Jayalekshmi, P., Krishnan Nair, M., Sreedevi Amma, N., Ganga-dharan, P., Mani, K.S., Cherian Varghese and Jayadevan, S. Cancer in Women In Rural Kerala. - XV Asia Pacific Cancer Conference, Chennai, December, 12-15, 1999.

- Jayasree K. Diagnostic accuracy of cytology in anaplastic large cell lymphomas, in 29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999.
- 31. Joseph T, Srinivas G, Radhakrishna Pillai M. Apoptosis induction and role of solanum extracts in cultured cells. 19th Annual convention of Indian Association for Cancer Research & Symposium on Cancer Biology, Amala Cancer Hospital and Research Centre, Thrissur, India, 2000.
- Latha P.T. \*Social life of post cervical cancer patients", IAPC conference, Bangalore, February, 2000.
- Kannan S, Elizabeth K Abrham, Bhattathiri VN, Nalinakumari KR, Krishnan Nair M. Relationship of vascular endothelial growth factor (VEGF) with early recurrence in oral squamous cell carcinoma. 15th Asia Pacific Cancer Conference, Madras, 1999.
- Kannan S, Jayasurya R, Lakshminarayanan K, Nalinakumari KR, Elizabeth K Abraham, Krishnan Nair M. Cyclin D1 is an independent prognostic marker in oral cardinomas. 19th Annual Convention of Indian Association for Cancer Research and Symposium on Cancer Biology, Trichur, 2000.
- Kumari Thankom "Symptom Distress, are we measuring It?" 7th international conference of IAPC, Bangalore, February 17-19, 2000.
- Mani, K.S., Sreedevi Amma, N., Jayalekshmi, P., Gangadharan, P. Cancer Control - A Cytologic Approach, 9th Swadeshi Science Congress Kollam; November, 1999.

- 37. Manjula R. Experiences from palliative care at RCC, Trivandru Palliative Training Programme, RCC, Patna, November, 1996
- 38. Manoj Pandey, Aleyamma Mathew, Elizabeth Mathew lype, Lair PT, Paul Sebastian, Chaturvedi S.K, Krishnan Nair M, Ramad K. Quality of life in patients with oral cancer. Preliminary result of Trivandrum Quality of Life Study (TQOLS), NATCON IAS Dehradun, October 8-10, 1999.
- Manoj Pandey and TOCS study group, Results of surgion excision or oral premalignant lesions. APCC Chennal, December 12-15, 1999.
- 40. Manoj Pandey, Gigi Thomas, Iype IM, Elizabeth K. Abrahan Tara Somanathan, Chaturvedi SK, Krishnan Nair M. Soft tissif sarcoma of the head and neck region in adults IASO section ASICON 99, Madural, December 26-30, 1999.
- 41. Nileena Nayak. Role of cytology in diagnosis and management of leukemias, in 29th Annual conference of Indian Academy of Cytologists, Mangalore, November, 1999.
- Padmanabhan V. Invited talk, Historical perspective or radiotherapy, CME-SAQ, Regional Cancer Centre, Trivandrum October 9, 1999.
- 43. Padmanabhan V. Invited talk, Dose measurements in diagnosis radiology. 5th Dr. T.P. Ramachandran Memorial oration in 1011. State annual meeting of KAMP, Medical College, Thrissyl, January 2, 2000.
- Padmanabhan V. Invited talk, Brachytherapy- A review Symposium on Medical Radiation Dosimetry and protection AMPI, Karnataka Chapter, KMC Manipal, May 8-9, 2000.
- 45. Priya Kumary T. Management of renal tumours of childhood International academy of pathology Indian division workshop and CME, Medical College, Trivandrum, August, 1999.
- Priya Kumary T. A clinico-pathological study and survival analysis
  of rhabdomyosarcoma in children poster presentation, APCO
  Chennai, December, 1999.
- 47. Rachel Cherlan Koshy. "Sphenopalatine Ganglion Neurolyil Block in the management of Intractable pain due to head and neck malignancies", 5th Biennial Congress Asian Oceanil Society of Regional Anaesthesia (AOSRA), New Delhi, October 29 to November 2, 1999.

Rachel Cherian Koshy. "Training in CPR: Need of the Hour", 47th Annual conference of Indian society of anaesthesiologists, Cochin, December 26-30, 1999.

Rachel Cherian Koshy. "Nerve blocks in gynaecological malignancies - in palliative care" - Institution and beyond IAPC, Bangalore, 2000; 48-54.

Radhakrishnan R, Radhakrishna Pillai M, Krishnan Nair M. The cell biology of treatment response in non-Hodgkin's lymphoma. 19th Annual convention of Indian Association for Cancer Research & Symposium on Cancer Biology, Amala Cancer Hospital and Research Centre, Thrissur, India 2000.

Radhakrishna Pillal M. Cellular manifestations of tumor progression in the oral mucosa: role of human papillomavirus, apoptosis, angiogenesis, proliferation and tumor associated genes p53, bcl-2 and bax. 6th international Congress on Oral Cancer, New Delhi. 1999.

Radhakrishna Pillai M, Krishnan Nair M. Human papillomavirus infection and opithelial carcinogenesis: development of a condemned mucosa syndrome. XV Asia pacific cancer conference, Cancer Institute (WIA), Chennai, India 1999.

Raghu Kumar, External beam therapy, Lecture notes, SAQ-CME 54-61, October 9-11, 1999.

Raghu Ram K Nair. Radiotherapy Simulator - the indispensible mimic - SAQ-CME 54-61, Regional Cancer Centre, Trivandrum, October 9-11, 1999.

Raghu Ram K Nair. Quality Control and acceptance tests of radiotherapy simulator - State annual meeting of KAPM, Medical College, Thrissur, January 2, 2000.

Ramachandran K. Imageology-evolving trends, CME conducted by IMA Chirayinkil branch on the occasion of the inauguration of the Chirayinkil; branch of IMA academy of medical specialities, Trivandrum, April 11, 1999.

Ramachandran K. Ultrasound and Radionucleide Imaging - CME on Imageology and treatment of oral cancer for dental house surgeons, Regional Cancer Centre, Trivandrum, July 4, 1999.

Ramachandran K. Mammography - CME conducted by Indian Academy of Human Reproduction, Cochin, July 16-18, 1999.

- Ramachandran K. Mammography Training programme Medical Officers on awareness and early detection of cancer DGHS and WHO Biennlum 1998-99, Regional Cancer Centre Trivandrum, August 19-20, 1999.
- 60. Ramachandran K. Imaging in breast cancer South India regions and 5th State conference of Indian Medical Association Academy of Medical Specialities and inauguration of Cochin Chapter, Cochin, August 29, 1999.
- 61. Ramachandran K. Skeletal survey, its relevance Radiographer Orientation Programme, Kodak India Ltd. (Health imaging division), PTC Tower, Trivandrum, November 14, 1999.
- 62. Ramachandran K. MetastasIs of unknown origin (MUO) negligible Role of imaging for primary. Panel member in the scientific session of ASICON 99. Association of surgeons of India, 59% annual conference, Madurai, December 26-30, 1999.
- Ramachandran K. CT abdomen on COIM 2000, CME Radiology, Medical College, Alleppey, Kerala, 2000.
- 64. Ramachandran K. Small parts (Scrotum, eye, thyroid, breast) Training workshop for the trainers in Ultra Sound Scanning, DHS W&CH Hospital, Thycaud, Trivnadrum, January 13-15, 2000.
- 65. Ramachandran K. CT Abdomen Faculty in the Imaging update 2000. Department of Radiodiagnosis, Medical College, Trichilik Kerala, March 26, 2000.
- 66. Ramani S Wesley. "Visual inspection with vinegar as a screening strategy in cervical cancer detection". Guest lecture lost Gynaecologists and Colposcopists, Hamilton Regional Cancer Centre, Canada, June, 1999.
- 67. Ramani S Wesley . Colposcopy and Kerala experience of down staging of cervical cancer, Guest lecture for Interns of Mc Master University and Colposcoists, St. Joseph's Hospital, Canada, May 1999.
- Ramani S Wesley . Invited speaker, "Preventive oncology in cervical cancer - Newer concepts". Preventive Oncology workshop by Indian Academy of Human Reproduction, Coching July 17, 1999.
- 69. Raveendran Pillai K. Oral cancer: its magnitude and management issues, National seminar on recent trends in microbiology, Sree Sankara College, Kalady, March 1999.

Raveendran Pillai K. Serum levels of copper, zinc, iron and ceruloplasmin in oral leukoplakia and squamous cell carcinoma, 15th Asia Pacific Cancer Conference, Chennai, December, 1999.

Ravi D, Radhakrishna Pillai M. Cellular and molecular manifestations of anti-tumor activity of curcumin. 19th Annual convention of Indian Association for Cancer Research & Symposium on Cancer Biology, Amala Cancer Hospital and Research Centre, Thrissur, India, 2000.

Remani P. Mitogenic stimulation of lectins from the genus Artocarpus in Human lymphocyte cultures. 5th International Congress of Ethnopharmacology, Lucknow, November 17-21, 1999.

Sreedevi Amma N. Internal quality control in cytology, CME programme on quality assurance in cytology, Mangalore, November, 1999.

Sreedevi Amma N. Strategies for cervical cancer control in India, the Kerala experience. 15th Asia Pacific Cancer Conference, Chennai, Decomber, 1999.

- Sreekala R, Raghu Ram K Nair, Padmanabhan V, Krishnan Nair M, Radiation treatment technique of Ca Breast, Regional Cancer Centro, An analysis of 510 cases. CME SAQ, 9-11 October 1999.
- Sreelekha TT, Pradeep V.M., Vijayalekshmi K, Belthazer A, Chellam VG, Nair MB, Radhakrishna Pillai M. In sltu apoptosis in the thyroid. Thyrold, 2000.
- Sreelekha TT, Vijayalakshmi K, Pradeep VM, Radhakrishna Pillai M. In situ apoptosis in the thyroid. 19th Annual convention of Indian Association for Cancer Research & Symposium on Cancer Biology, Amala Cancer Hospital and Research Centre, Thrissur, India, 2000.
- Srinivas G, Joseph T, Kusumakumari P. Panicker KR, Krishnan Nair M, Radhakrishna Pillai M. Chromosome 17-copy number and p53 expression: correlation to in vitro cellular drug sensitivity and apoptosis in newly diagnosed childhood acute lymphoblastic leukemia. 19th Annual convention of Indian Association for Cancer Research & Symposium on Cancer Biology, Amala Cancer Hospital and Research Centre, Thrissur, India, 2000.

- 79. Sreevidya S, Jacob SE, Radhakrishna Pillai M. Celiumanifestations of human papillomavirus infection in laryng tissues. 19th Annual convention of Indian Association for Cangeresearch & Symposium on Cancer Biology, Amala Cangereseital and Research Centre, Thrissur, India, 2000.
- 80. Sujathan K. Visual inspection plus symptom history as a presention criteria for cervical cancer screening, Swadesi Scient Congress, Kollam, November, 1999.
- 81. Sujathan K. Role of AgNOR count in effusion cytology, As Pacific Cancer Conference, Chennai, December, 1999.
- 82. Thayal Singh Elfas. Patient restraint and positioning devices SAC CME 54-61, October 9-11, 1999.
- 83. Venugopal A. "Successful management of post herpetic ophthalmic neuralgia with regional nerve blocks a case report 7th National and International conference of IAPC, Bangaion February 2000.

#### **PUBLISHED PAPERS**

Ajith Kumar TV, Nileena N, Elizabeth K Abraham, Francis V. James, Krishnan Nair M, Bone marrow relapse in primary mucinous carcinoma of the skin, Am J Clin Oncol (GCT), 1999;22(3).

Aleyamma Mathew. ABC of Medical statistics -V: Significance testing: Parametric methods. Kerala Surgical Journal 1999; 6(2), 57-64.

Aleyamma Mathew. ABC of Medical statistics -VI: Significance testing: Non-parametric methods. Kerala Surgical Journal 1999; 6(2), 65-71.

Aleyamma Mathew, Cherlan Varghese, Krishnan Nair M. Estimating cancer survival in developing countries: Use of reply paid-cards to augment follow-up information. Ind J Cancer 1999: 36: 91-98.

Aleyamma Mathew, B Ganesh, B Rajan, M Hakama. Cancer survival estimation: The need to correct bias due to outcome related follow up loss. Nat Med J of India, 1999;12:89-90.

- Aleyamma Mathew, Manoj Pandey, Murthy BS. Survival estimates: Caveats and pitfalls. Reproduced from European Journal of cancer prevention by Annales Chirurgiae of Gynaecologiae, 1999;88(4):336-44.
- Aleyamma Mathew. ABC of Medical statistics -VII: Measure of linear association: Correlation. Kerala Surgical Journal 2000; 7(1), 1.5
- Aleyamma Mathew. ABC of Medical statistics -VIII: Measure of linear association: Regression. Kerala Surgical Journal 2000;7(1):6-10.
- Aleyamma Mathew, Gangadhran P, Cherian Varghese, Krishnan Nair M. Diet and stomach cancer: a case-control study in India. Eur J Can Prev, 2000; 9(2):89-97.
- 10. Anilkumar C, Vishnu V. Internet search engines: popular and India specific. Kelpro Bulletin, 1999;3(1):35-42.
- 11. Bhattathiri VN. Possible role of plasma GSH in modulating smoking related radiation pneumonitis. Radiother Oncol, 1999;51(3):291-2.

- 12. Bhattathiri V.N, CA Davis, V. Padmanabhan (Eds): Lecture noi Radiobiology 2000.
- 13. Bipin T Varghese, M M Jacob, Jayaprakash Madhavan, Krishijan Nair M. Late scar recurrence in mucoepidermoid carcinoma base of tongue. J Laryngo & Otology, April 2000:114:
- Cherian M Koshy, Rachel Cherian Koshy. Diet and Cancer Prevention The expanding mandate: Kerala Med J, 1999; 40(1) 28-28.
- Cherian Koshy, Rachel Cherian Koshy. Vile, Vicious Vapid 1 tobacco smoke screen, Kerala Med J 40(2):26-29.
- 16. Cherain Koshy, Rachel Cherian Koshy, Crusade against cancel History of surgical oncology, Kerala Med J 40(3):26.
- 17. Cherian Varghese, N. Sreedevi Amma, Chithrathara K, Namrath Dhakad, P. Rani, L. Malathi and Krishnan Nair M- Genltat Hygler and other Risk factors for cervical dysplasia among women for Kerala, S. India. WHO Bulletin, 1999;77:281-283.
- Cherian Varghese, SreeDevi Amma, Krishnan Nair M. Cervent Cancer Control in Developing Countries; Beyond visual inspection. J Cytol 2000; 17:97-101.
- Cummins C, Winter H, Cheng KK, Maric R, Silcocks P, Cherlan Varghese. An assessment of the Nam Pehchan computer program for the identification of names of South Asian ethin origin. Journal of Public Health Medicine 1999; 21:401-406.
- Diane Solomon, William J. Frable, Peter Voojis, David C. William N. Sreedevi Amma, Robert John Collins, et al, ASCUS and AGUS Criteria: IAC Task Force summary, Acta Cytol, 1998;42:16-24.
- Elizabeth Mathew Iype, Manoj Pandoy, Marry Thomas, Paul Sebastian, Iqbal Ahmed. Nutritlonal support in cancer patients Kerala Surgical Journal, 1999;6(2):97-100.
- 22. Faith Rangad Viswanathan, Cherian Varghese, Abraham Peedikeyil, Jeyaseelan Lekshmanan, Viswanathan Perungulam Narayan. Hyper fractionation in advanced carcinoma of the cervic Tumour control and late bowel complications. Int J Radiation Oncology Bio Phys. 1999; 45: 653-656:
- 23. Gangadharan V.P. Ocular metastasis of Choriocarcinoma, BJR 1999:75:1216-1217
- 24. Gangadharan V.P. Multiple myeloma, status of high dose, chemotherapy with stem cell transplantation, JK Practitione, 1999;6:265-269.

Gangadharan V.P. A multivariate analysis of prognostic indicators in complete hydatidiform mole, Eue J Obg and reproduction Bios, 1999;87:69-75.

Gangadharan V.P. Prakash NP, Jayasree K, Seetalexmi NV, Ramadas K, Elizabeth K Abraham. Sinus hystiocytosis with massive lymphadenopathy, JK Practitioner, 1999;63:198-200. Gangadharan V.P. Cancer and Pregnancy, JK Practitioner,

Gangadharan V.P. Cancer and Pregnancy, JK Practitioner, 1999;6:125-129.

Gangadharan V.P. Flow cytometry in urooncology, JK Practitioner, 1999;6(4):259-264.

Gangadharan V.P. Parakash NP, Jayasree K, Nileena Nayak, Granulocyte Macrophage - colony stimulating factor (GM-CSF) as adjust in induction therapy of AML, IJC, 1999;36:32-37.

Gangadharan V.P. Beela Sarah Mathew, K Satishkumar, K. Chitrathara. Primary Choriocarcinoma of the ovary-Report of two cases, Indian Journal of Cancer, 1999; 4:30-32.

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Sri. Mohanan Piliai B	Theatre technician
Sri. Suresh P S	Senior helper
Sri. Thankappan Chettiyar K	II
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Die Mercennelle and Auf D	Annon Drofosoor

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Smt. Sulochaпa Bai M	Dental Hygenist
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Smt. Mariyamma MA	X 27
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Blood bank	
Dr. Jayalakshmi P	Resident Medical Officer
Sri. Meera Sahib P	Asst. Technical Officer
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Cytopathology	
- , , u.	

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Ž.	Sri. Joe D'Cruz	
(6) (8)	Smt. Suja BR	II .
	Smt. Sheeja SR	Radiographer
<u>\$</u> .	Sri. Shailesh Kumar K.N	
<b>8</b> 5	Cost Minumenos K	DIA Tooboidian

Radiation Physics

Dr. Padmanabhan V

Smt. Minyamma K Smt. Bindu B Smt. Sindhu P

Professor

RIA Technician

Professor

Dr. Chandralekha B

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		Smt. Gracy M	Staff Nurse
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Sri. James Thomas	Codesando			Claff william
Smt. Nirmala KC	Cytotechnician		Веела Kumari N	Staff nurse
Sri. Louis TC	Staff nurse		Велпу СА	
Sri. Soman V	Help <b>er</b>		Bensamma Varghese	
			Biji Kunjachan	-
Nursing Services			Bíji PR	"
Vijaya Sr.	CNO & Assoc. Professor		Bindhu Bhasker	
Aleyamma M Kunnappaliy	Head Nurse	2	Bindhu PD	
Aleykutty PM			Bindu B	"
Annamma TA	II .	3	Bindu M	"
Geetha S	ш		Binî A	"
Geetha Kumari BS	н		Binu O	"
Lizyamma Jacob	п		Chandrika.P	"
Madhuri Devi L	п		Christeen V	11
Mariamma James	п		Cine VC	II .
Sally Abraham	п	12	Daisy Chacko	ıı .
Saraswathy Amma E	•	*	Elsamma Joseph	. "
Sheela Rodreguez	п	Ĉ	Geetha PT	II .
Sr. Modesty SD	ч	a a	Geetha KK	II
Thankamma ON	п	16	Geetha Kumari D	II
Vijayalekshmi Ammal M	п .	3	Girija K	II
Sreelekha T	Head Nurse/Clinical Instruc	den in the second	Girija MS	II
Graceamma Joseph	Nursing Supdt. Gr. II	atur 🐒	Gracy George	<b>!</b> E
Mini N.	Dietician	9 1	Illin William	=
Abraham Shini	Staff nurse	3.0	Indira Devi.G	ıl
Ajitha R	"		Indu VS	II .
Ajitha S	Л	š.	Indulekha KS	и.
Ajitha.T.L	II .	<b>₽</b> .	Jancy CJ	п
Aleyamma Chacko	n ·	1	Jaya TS	П
Aleyamma Mathew	II .	1,5	Jayakumari.S.K	П
Ambika TB		1	Jerline Joseph	II
Ambily S Nair		A 3	Jessiamma John	II
Ancyamma.C.J	II .	. 4	Jessy PS	II
Aniamma Joseph	41	i i	Jessy Thomas	ıl
Anilakumari S	ır	<b>1</b> ?	Jigy SP	μ
Anithakumari Amma.T	п		Jikky M	п
Animakuman Amma. 1 Anitha S	п		Jino VK	п
Anitha T		1	Jyothi Lakshmi D	п
Anitha Kumari.P.V		1	Kumari Sindu S	п
		1	Kumari Thankam S	п
Anju S		•	Laly Joseph	п
Anupama D	19	1	renk nosebu	

N :: _ 1	<b></b>
Lija Jose	Staff nurse
Lizy NM	"
Lizy Varkey	
Mangalam.S	
Mareena Silas	 
Mariyamma S	<b>.</b>
Mary Kutty Mathew	-
Maya KB	
Mini RS	
Minital KM	
Moly MT	
Nisha P Rajan	
Nisha Vidyadhar R	
Prasanna Kumari S	
Prasanna Peter	"
Rajlla Beegum	<u>.</u>
Rani ChandraV	
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Reetha EG	
Rejani Kumari KK	II.
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Sali Mathew	"
Salini PB	21
Saramma Biju	•
Saraswathy Amma P	F
Shamla Beevi A	II
Sharity.P.S	II .
Sharo Thampy	II .
Sheeba P	II
Sheeba SV	II .
Sheeja DB	II .
Sheeja K	II
Sheeja MS	II .
Sheena K Damodharan	II .
Sheena Lal L	II
Shema C	-
Sherly Jacob	ır

Sherly M	Staff nurse
Shijikumari.N.G	
Sibi.K.R	
Simmy Panikar Sindhu G	ır
_	
Singhu GS Sindhu S	
Sindhu T.S	
Sindhumol KR	
Sindhumol MG	
Sini Thomas	II
Sivakumari PR	
Sobha S	
Sona PS	Įi.
Sony B	
Sony Joseph	II
Sophiya Lilly	n
Sosamma Chacko	II
Sree Vidya A	II
Subha Abraham	II
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Suma PV	ш
Suneethi MS	II
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• •	

#### **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.

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Christie Hospital & Holt Radium Institute, Manchester.

Bhabha Atomic Research Centre, Bombay.

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Kerala Transport Development Finance Corporation Limited.

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Insitute for Cancer Research, Sutton, UK.

University of Leeds, UK, Kay Kendall Leukaemia Research Fund, UK.

Prof. J. Peto, Institute of Cancer Research; Sutton, UK.

Dr. T Sugahara, Japanese Research Foundation

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# REGIONAL CANCER CENTRE

**THIRUVANANTHAPURAM** 

**ACCOUNTS** 

1999-2000

# REGIONAL CANCER CENTRE (REG. No. BALANCE SHEET AS ON

PREVIOUS YEAR	SCHE-	<u> LIABILITIES</u>	CURREN	T YEAR
Rs. Ps.	DULE		RS.	PS.
33176093289	1	CAPITAL FUND	357606	85729
191751090	Ш	SPECIFIC FUNDS	2039	29212
2102319600	l	UNUTILIZED GRANTS	24551	3150g
157122995	ı	STAFF WELFARE FUND	1385	65795
382689650	ı	RAD, THERAPY RESEARCH FUND		NIL
341913910	ı	CCL FUND	37396	97610
431051301	ill.	ADV. RECEIVED FOR		
		RESEARCH PROJECT	627	16025
1683952920	IV	SECURED LOANS	21357	71349
		CURRENT LIABILITIES AND PROVIS	SIONS	
1583748624	٧	CURRENT LIABILITIES - OTHERS	15613	71917
	VI	CREDITORS FOR GOODS		
872415235	·	SUPPLIED	18808	49385
12325860553	VII	PHOVISION FOR		
		DEPRECIATION	141377	62953

	-~- <del>~</del>	
56326199167	TOTAL	62076481475

 Sd/ 

 Place: Trivandrum
 DIRECTOR

 Dated: 09.02,2001
 DR. M. KRISHNAN NAIR

### SOCIETY, TRIVANDRUM 567/81) 31ST MARCH 2001

PREVIOUS YEAR Rs. Ps.	SCHE- Dule	LIABILITIES	CURRENT YEAR RS. Ps.
2941742503	6 VII	FIXED ASSETS	31128137256
104654700	6 VIII	CAPITAL WORK-IN-PROGRESS	1046547006
340172670	00 IX	INVESTMENTS	4534481900
		CURRENT ASSETS AND LOANS AND ADVANCES	
28147149	7 X	CLOSING STOCK	498765692
15152250	Ю	INTEREST ONDEPOSITS	187888000
32220157	0 XI	ADVANCES TO PROJECTS	345781552
60607189	IEX 7	ADVANCES - OTHERS	976946372
67336100	0 XIII	INVESTIGATION FEES RECEIVABLE	556560200
3620590	0	SECURITY DEPOSITS	36205900
64744658	4 XIV	BALANCE WITH BANKS	88480582
681388	1 XV	CASH IN HAND	11142591
\$1650000	Ô	GRANT IN TRANSIT	850000000
1871890559	6 XVI	INCOME AND EXPEND. A/C	21815544424

?	563261991,67	TOTAL `	620764814,75

Vide my Report of Evon Date

Sd/-

T. AJITH KUMAR B.Com, ACA CHARTERED ACCOUNTANT MEMBERSHIP NO. 209348

# REGIONAL CANCER CENTRE (REG. NO INCOME AND EXPENDITURE ACCOUNT

PREVIDUS YEAR RS. PS	SCHE-	LIABILITIES	CURRENT YEAR RS. PS.
3,445,605,00	Α.	Opening Stock	2,814,714,97
26,969,879,05	A.	Purchases	39,375,890,24
41,291,623,61	В.	Salaries & Allowances	57,192,933,88
314,438,50		Uniform and Liveries	275,793,00
329,582,00	C.	Rent, Rates & Taxos	274,597,00
866,017,43	D.	Postage, Telephone & Telegram	941,352,65
522,852,00	E.	Travelling Expenses	738,569,40
660,358,25	F,	Printing & Statlonary	584,090,85
19,349,50		Advertisement	55,038,00
3,572,823,00	G.	Electricity / Water charges	5,534,751,80
80,000,00		Remuneration to Auditors	68,830,00
3,371,757,37	Н.	Repairs and Maintenance	4,093,806,21
1,137,041,00	Ι.	Service contract charges	1,097,264,00
2,736,442,07		Interest and Bank charges	2,488,438,62
32,554,00		Training Expenses	3,000,00
170,298,00		Conference / Seminar/ Workshop	121,097.50
228,890,00	J.	Computer expenses	182,593,00
3,167,50		Books and periodicals	7,018,00
49,185,40		Landscaping and Gardening	45,422,00
948,682,00		Proportionate share to NTR	1,184,487,00
72,460,25	K.	Miscellaneous expenses	163,540,00
2,800,00		Software	0,00
17,772,834,00		Depreciation	18,205,066,00
1,78,642,75		Cancer education programme	10,545,00
104,777,280,68		Total	135,458,839,12

Notes Forming Part of Accounts

Placo: Trivandrum Dated: 02.09.2001 Sd/-DIRECTOR DR. M. KRISHNAN NAIR

# S<sub>SOC</sub>IETY, TRIVANDRUM S<sub>S</sub>67/81) FOR THE YEAR ENDED 31st MARCH 2000

PREVIOUS	YEAR	SCHE-	LIABILITIES	CURRENT YEAR
RS.	P\$	DUTE		RS. PS.
11,036,000	,00 1	L.	Grant-in-aid Govt. of Kerala	33,691,000,00
1,135,525			Grant-In-ald Govt. of India	0,00
38,111,793			Investigation fees	47,260,174,86
	,00		T.O. Ward charges	7,979,00
12,820,067	,20		Sale of Medicines	17,042,328,29
674,092			Interest income	38,188,00
1,386	.00		Clinical Service Charges	300,00
118,300	,00 1	M.	Training fees	156,007,00
54,601	.00.		Income from projects	600,00
17,687	,00		Donation	1,000,00
147,312	,00 1	N.	Miscellaneous Income	627,101,35
281,474	,97		Closing stock	4,987,656,92
37,845,802	2,51		Excess of expenditure over income	31,646,504,20

١.	1,04,777,280,68	Total	1,35,458,839,12

Vide my Report of even date

\$d/-T. AJITH KUMAR B.Com, ACA CHARTERED ACCOUNTANTS MEMBERSHIP NO. 209348

# REGIONAL CANCER CENTRE (REG, NO CANCER CARE INCOME AND EXPENDITURE ACCOUNT

Sd/-

DIRECTOR

PREVIOUS YEAR RS. PS	LIABILITIES	CURRENT YEAR RS. PS.
75,000,00	Salaries & Allowances	84,000.00
47,050,00	Advt. And Publicity	50,500,00
2,550,00	Printing & Stationary	0,00
50,000,00	Postage/Telephone/Telegram	0,00
62,677,59	Fuel Charge	53,380,00
8,165,00	Maintenance	1,375,00
6,465,00	Spare parts	15,049,00
1,342,859,00	Relimbursement to patients	2,553,614,00
10,860,00	Miscellaneous Expenses	5,484,00
13,205,00	Commn. to Federal Bank	0,00
9,916,00	insurançe	8,050,00
2,129,143,99	Excess of Inc. over exponditure	680,115,92
3,757,891,58	Total	3,451,567,92

Place: Trivandrum Dated: 02.09.2001 DR. M. KRISHNAN NAIR

SOCIETY, TRIVANDRUM 567/81) LIFE FOR SCHEME FOR THE YEAR ENDED 31st March 2000

PREVIOUS YEAR RS. PS	1JABJ1ITIES	CURRENT YEAR RS. PS.
3,757,891,58	Interest on F.D. and investment	3,451,567,92
3,757,891,58	Total	3,451,567,92

Sd/-T. AJITH KUMAR B.COM,ACA CHARTERED ACCOUNTANT MEMBERSHIP NO. 209348

# REGIONAL CANCER CENTRE (REGD, NO.

# SCHEDULE OF FIXED

	GROSS BLOCK			
ITEM	Cost on		Cost on	
HEM	01.04.99	Additions Dodu	ction 31.03.2000	
<u> </u>	Rs. Ps.	Rs. Ps. As.	Ps. Rs. Ps.	
AUILDINGS. DLD	880,110.25		869110.2	
BUILDINGS:	28297058.08	351096.0D	28648164.D	
BUILDINGS - RT	17094500.70		1709450D,7	
BUILD/KG PHASE II	79185565.99	189348.00	78374913,6	
BOUNDARY WALL	127118.83		127118.6	
WATERSUPPLY AND DRAINAGE	1944716.43	84399.00	2029115.4	
FURNITURE AND FIFTINGS	7771306.43	79745.DO	7851051.4	
OFFICE EQUIPMENT	1849938.43	185072.00	1835008.43	
HOSPITAL AND LAB EQUIPMENTS	77803353.67	14433017.80	92236371,41	
ELECTRICAL INSTALLATION	35916284,90	1081780,00	38998064.9	
FIRE DEFECTION	3841120, <b>0</b> 0		<b>38</b> 41120.0	
AIR CONDITIONING	15739104.35		<b>#</b> 6739104.3	
COMPUTER HARDWARE & SOFTWARE	2508171.00	288500.00	2794671,0	
GAS AND CYLINDER	8423308.85	149042,40	8572352,0	
YEHICLES	379329.60	191534.00 90293		
LIBRARY BOOKS AND JOURNALS	5539192.27	161776.0D	5090968.2	
LIFT AND ELEVATOR	5913240.00		5913240.60	
ASSETS (DONATIONS)	337812.00		337812.0	
TELEPHONE EQUIPMENTS	2845220.00	12105.00	2357325.00	
TOTAL	284174250.36	17117415.20 90239	.00 311281372.56	

# SOCIETY, TRIVANDRUM 567/81)

### ASSETS AS ON 31.03.2000

1378842.70	221772.00	1800814.70	1256710.30	1466377.30
216710.30	181\$5.0D	234945.30	102766.70	120901.70
3127237.35	4179DD.QD	3545137.35	2368102.65	27 BBQQ2.B
2779642.25	43 <b>669</b> 8.00	3216340.25	2474628.02	2759550.0
250460.66	48022,00	296482.50	184088.04	38576.0
2914283,65	548710.00	3482993.85	3109358.40	3530026.0
2212868.8D	232720.00	2445588.B0	349082.20	203302.2
10128390.40	841607.00	10969997.40	4769108.95	5010713.9
1750479.10	313596,90	2084075.10	1777044,90	2090640.9
17791827.85	2886935.00	20638762.65	16359302.25	18164457.2
48491793.96	6561687.00	55053480.06	37182891.41	29311560.8
930000.66	135750.00	1065758.58	769251.87	719929.8
3311524.36	453952.00	3785476.36	4085575.07	4459782.0
1235976.83	118970.00	1354946.83	674168.80	708738.8
54813.08	3615.0D	58428.88	68689.75	72304,7
11293841.80	3404053.00	14697894.00	6/16/77019:99	87891724.9
4427894.69	633330.00	5061224.69	12033278.01	. 12666606.0
10496187,84	907599,00	11403700.64	17244387.42	17800890.4
419802.95	22015.00	441817.95	418292.30	440307.3
Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.	Rs. Ps.
UPTO 31.3.99	ADDITIONS	31.3,2000	31.3.2000	31.3.1999
		TOTAL UPTO	AS ON	AS ON
		TOTAL HOTO	AR ON	NET BLOCK

# AJITHKUMAR T. B.com, ACA CHARTERED ACCOUNTANT

T.C. 8/1012 Konathukulangara, Vattiyoorkavu P.O. Triyandrum - 695 013

Telephone : 362159, 926-45045

E-mail: ajithtchartered@rediff.com

#### **AUDITORS' REPORT**

I have examined the attached Balance Sheet of the REGIONAL CANCER CENTRE SOCIETY, Regn. No. 567/81, Thiruvananthapuram as at 31st March, 2000 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.
- I have obtained all the information and expfanation which to the best of my knowledge and belief were necessary for the purpose of my audit.
- In my opinion, proper books of accounts have been maintained by the Society.
- 4. In my opinion and to the best of my information and according to the explanation given to me and subject to the following:
  - 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. Allocation of grant of Rs.346.91 Lakhs received from Government of Kerala between Capital and Revenue at Rs. 10 Lakhs and Rs. 336.91 Lakhs respectively as refereed to in Note.No-1.
  - III. 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 there on for which the Patta has not been received as referred to in Note-No.4
  - IV. Land at Pulayanarkotta measuring 17 acres in Sy.No.2122 1054/22/RD, dated 17.11.1982 has not been brought to the

- accounts for want of clear documents of Title as refereed to in Note No.5
- V. Cancer care for life "SBT Staff SB A/C No.400328" is subject to reconciliation and confirmation and there is a reconciliation difference of Rs.57618/- as on 31.3.2000 between the Bankbook balance and PassBook balance as refereed to in Note No.7.
- VI. During the financial year 1999-2000, all the projects which were dealt in the accounts of RCC Society till 31.3.99 has been separated and a separate project cell set up exclusively for handling the various projects as refereed to in Note No.8.
- VII. Capital WIP for an amount of Rs.10465470.06/- as on 31.3.2000 is the balance in the account brought forward from last year and carried as such as the same is pending proper adjustments in the accounts since the finalisation of the contractor's bill has not been completed as refereed to in Note No.9.
- VIII. The investment and term deposit suspense account a mode against CCL fund account has not been reconciled as on 31.3.2000 as refereed to in Note No.2 and:
  - The Balance Sheet read together with Notes thereon gives a true and fair view of the state of affairs of the Society as at 31st March, 2000 and;
  - ii. The Income and Expenditure Account read together with Notes thereon give a true and fair view of the deficit of the Society for the year ended 31st March, 2000.

Sd/~

T. AJITHKUMAR, B.Com, ACA CHARTERED ACCOUNTANT Mem No. 209348

Place: Thiruvananthapuram.

Date: 09/02/2001

#### **SCHEDULE**

#### NOTES FORMING PART OF ACCOUNTS

- Out of the grant received from Government of Keraia during the financial year 1999-2000 amounting to Rs.346.91 Lakhs, an amount of Rs.10 Lakhs have been transferred to Capital Fund representing Fixed. Assets acquired or constructed during the year and the balance of Rs.336.91 Lakhs have been treated as Revenue and taken to income and Expenditure Account.
- The investment against Cancer Care for Life Fund Account has not been reconciled as on 31.3.2000.
- 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 in to account by crediting Bank Suspense Account.
- 4. The land assigned by the State Government vide GO/619/88/RD. dated. 28.7.1988 measuring 69 cents at Paighat 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, PWD amounting to Rs.3,45,616/- deposit works, carried out for RCC, has not been acknowledged as debt and hence not provided for in the accounts.
- Cancer care for life "SBT Staff SB A/C No.400328" is subject to reconcillation and confirmation and there is a reconciliation difference of Rs.57618/- as on 31.3.2000 between the Bankbook balance and PassBook balance.
- During the financial year 1999-2000, all the projects which were dealt in the accounts of RCC Society till 31.3.99 has been separated and a separate project cell set up exclusively for handling the various projects.
- Capital WIP for an amount of Rs.10465470.06/- as on 31,3,2000 is the balance in the account brought forward from last year

- and carried as such as the same is pending proper adjustments in the accounts since the finalisation of the contractor's bill has not been completed.
- 10. Stationery is accounted on each basis and no stock in hand is taken in the account as on 31st March , 2000.
- 11. The balance in party accounts are subject to confirmation.
- 12. During the year the accumulated depreciation to the extent of Rs.86042/- has been deducted from the depreciation fund on account of the sale of a vehicle and the profit arising out of sale for Rs.36365/- has been shown under Miscellaneous Receipts in the Income and Expenditure Account.
- Previous year figures have been re-grouped and re-cast wherever necessary to suit the current year's layout.

Vide my Report of even date.

Sd/-

Place: Thiruvananthapuram

Date : 09.02.2001

T.AJITH KUMAR B.Com,ACA CHARTERED ACCOUNTANT

Mem.No.209348.

Sd/--Dr.M.KRISHNAN NAIR DIRECTOR

#### SIGNIFICANT ACCOUNTING POLICIES

- The Financial Statements are prepared on historic cost convention method.
- Fixed Assets are accounted at cost; depreciation is provided at the rates as evaluated by the management and on written down value method. Full depreciation for the year is provided at in respect of additions.
- 3. Chemicals, medicines and consumable 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.

Vide my Report of even date.

Sd/-

Place: Trivandrum Date: 09/02/2001 T.AJITH KUMAR B.Com,AÇA CHARTERED ACCOUNTANT

Mem.No.209348

Sd/-Dr. M.KRISHNAN NAIR DIRECTOR

#### UTILISATION CERTIFICATE

Certified that the grant of Rs.3,46,91,000/- (Rupees Three Crores Forty-six Lakhs Ninety One Thousand only) received during the financial year 1999-2000 by the REGIONAL CANCER CENTRE SOCIETY, THIRUVANANTHAPURAM (Registration No. 567/81) from the Health and Family Welfare Department, Government of Kerala as per the Government Orders;

		Total	346.91
G.O.(Rt)	3467/99	21.12.1999	126.91
G.O.(Rt)	2877/99	23.10.1999	80.00
G.O.(Rt)	2327/99	16.08.1999	70.00
G.O.(Rt)	1490/99	26.05.1999	70.00
			Fis. In Lakhs

have been utilised by the Society during the financial year 1999-2000 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.

Sd/-

T.AJITH KUMAR.B.Com, ACA. CHARTERED ACCOUNTANT Mem. No. 209348

Place: Thiruvananthapuram

Date : 09/02/2001