

CANCER CARE

Cancer in Jaffna - Past incidence

Present status of cancer patients in Jaffna

NGOs involved in Cancer Care

North-east Province Cancer - AIDS Protection Association

Cancer Aid for North-East (CANE)

Library club of Jaffna

Cancer Treatment Centre at Telipalai

Home for terminally ill cancer patients

Provision of accommodation for cancer patients

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Annexes

IN JAFFNA

A report prepared

by

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University of Jaffna

for

**CANCER AID FOR NORTH - EAST (Sri Lanka)
(CANE)**

15th February 1999

Group discussion on Cancer Care - List of participants

Accommodation available in Colombo

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Background Information of Jaffna

Geography

Jaffna district is the northern-most of Sri Lanka. This district together with the Pachchaimpalli AGA's division (Pallai) of the Kilinochchi district forms the Jaffna Peninsula. At present, since communication between Pallai & Kilinochchi has been completely severed, the Pachchaimpalli AGA's division is for administrative purposes under the Government Agent, Jaffna.

Executive Summary

The Jaffna District is the Northern-most out of the 24 districts of Sri Lanka. It has been engulfed in a civil war during the past 2 decades.

The Jaffna peninsula is administratively divided into 13 divisions (including Pallai). Each division is further divided into Grama Niladhari Divisions. The cancer incidence in the district had been double the Sri Lankan average two decades ago. Now it has trebled.

The climate is tropical dry zone and the temperature ranges from 18°C to 30°C. In addition, local facilities for Radiotherapy have been totally withdrawn and facilities for chemotherapy reduced. There are also delays in confirmation of cancers as it takes 1-3 months to obtain a biopsy report from Colombo.

Due to lack of facilities in Jaffna for treatment, cancer patients have to travel 2 days by ship and bus to reach Colombo. Even this transport is available only once a week and on each trip it is limited to less than 25 patients (including those suffering from other illness)

The following recommendations are made

- 1 Reopening of the Cancer Treatment Centre at Tellippalai
- 2 Appointment of a Pathologist to the Jaffna Teaching Hospital
- 3 Improvement of facilities for Chemotherapy
- 4 Organization of educational programmes on
 - 4.1 Cancer prevention
 - 4.2 Terminal care of cancer patients for staff dealing with cancer care
 - 4.3 Assistance available to cancer patients
- 5 Until the above measures are fully implemented it is suggested that the biopsy specimens are examined in a private institution in Colombo as a short-term measure.

Year	Estimated Population	Actual Population
1961	100,000	100,000
1971	150,000	150,000
1981	200,000	200,000
1991	250,000	250,000
2001	300,000	300,000

Source: Statistical Department, Department of Census & Statistics, Jaffna District Secretariat, Jaffna.

CANCER CARE IN JAFFNA

Background information of Jaffna

Geography

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The total area of the peninsula is 1,129.9 sq.km. of which lagoon covers 45.7 sq.km.

The Jaffna peninsula is administratively divided into 15 divisions (including Pallai). Each division is under a Divisional Secretary (Assistant Government Agent).

The climate is tropical dry zone and the temperature ranging from 26° C to 30° C. The annual rainfall is from 696 m.m to 1125 m.m.

Demography

According to the last census in 1981 the population of the Jaffna district was 830, 552 with a population density of 401 persons per sq.km. This population formed 5.6% of the total population of Sri Lanka.

As a result of the ethnic conflict in Sri Lanka especially in the North - East of the island, and the subsequent displacement and emigration the actual population is much lower than the estimated mid year population. (Table 1).

Table 1 : Population of Jaffna District 1981 - 1998

Year	Estimated Population	Actual Population
1981 (census year)	-	830,552
1991	844,000	738,788
1993	868,000	722,788
1995	933,000	549,325
1996	940,000	426,560
1997	974,000	463,906

Source : Statistical Abstract 1994, Department of Census & Statistics
District Secretariat, Jaffna.

In October 1995 there was a mass exodus following a military operation (Riviresa II). By April / May 96, some of those who were displaced returned. At present returnees are trickling in from Wannai District.

The estimated migration out of the Jaffna District from 1990 to 01.05.1996 is given in table 2.

Table 2 : Estimated migration out of the district from 1990 to 01.05.96

Category	Number
To India	100,000
To other countries	150,000
To Wannai district	195,000
To districts other than Wannai	100,000

Source : *The Dawn of a New Era. Resettlement & Rehabilitation Authority of the North. July 1998. UNDP District Secretariat Jaffna & North East Provincial council.*

Health Status

The Health Services in Jaffna have deteriorated tremendously. Some pre-war and present health indicators are given in table 3.

Table 3 : Pre-war & wartime Health Indicators

Indicator	Pre-war (year)	Source	Present status (year)	Source
Infant Mortality Rate (per 1000 live births)	19.0 (1982)	1	38.7 (1994)	3
			29.0 (1995)	5
			15.3 (1996)	5
			30.4 (1997)	5
Maternal Mortality Rate (per 10 000 live births)	6.0 (1982)	1	22.0 (1988)	4
			21.0 (1990)	4
			10.0 (1995)	5
			12.0 (1996)	5
			20.0 (1997)	5
Wasting in children (in percentage)	3.7 (1975/76)	2	18.9 (1993)	6
Malaria (Cases per 1000 population)	3.0 (1983)	8	54.0 (1996)	5
			82.5 (1997)	5
			97.5 (1998)	7

- Source :
1. DPDHS Jaffna . Annual District Health Plan Jaffna - 199
 2. Statistical Profile of Children, 1977, Department of Census & Statistics, Sri Lanka (1978)
 3. DPDHS Jaffna. Annual District Health Plan Jaffna 1997
 4. DPDHS Jaffna. Annual District Health Plan 1990
 5. DPDHS Jaffna. Annual District Health Plan 1999
 6. Sivarajah N (1993) Nutrition Survey of Children in the Jaffna District, Department of Community Medicine, University of Jaffna.
 7. DPDHS Jaffna - Personal Communication
 8. Sivarajah N (1988) Resurgence of Malaria in Jaffna. Paper read at Annual Sessions of the Jaffna Science Association 1998.

The deterioration is caused by

- lack of health personnel
- damage to hospitals & equipment
- deterioration in services

Cancer in Jaffna - Past Incidence

The incidence of cancer has been relatively high in the Jaffna District. A five year study on the geographical pathology of cancer carried out by Prof. R G Panabokke during the period 1973 to 1977 (Panabokke R G, see source in Table 4) confirms this.

The study involved the examination of 24 029 biopsy specimens examined at the 9 Provincial Hospitals in Sri Lanka by Consultant Pathologists. The Consultant Pathologist for the Northern Province is based at Teaching Hospital Jaffna.

The incidence of malignant tumors in the 9 provinces is given in table 4.

Table 4 : Incidence of Malignant Tumors in each of the 9 Provinces of Sri Lanka 1973 - 77 (per 100,000 population)

Province	Malignant tumors	
	Male	Female
Northern	96	81
Western	80	87
Central	55	60
Uva	28	31
North Western	28	34
Sabaragamuwa	27	28
Eastern	21	39
Southern	16	21
North Central	12	12
Sri Lanka	48	56

Source : Panabokke R G. *The Geographical Pathology of malignant tumors in Sri Lanka. Ceylon Medical Journal 1984; 29 : 4: 211 - 215*

The highest incidence among males, and the second highest incidence among females is among the people in the Jaffna District.

Even ethnically, Tamils have the highest incidence of cancer in Sri Lanka as seen in Table 5.

Table 5 : Incidence (1973 - 77) of malignant tumors in different ethnic groups in Sri Lanka

Ethnic Group	Incidence (per 100,000 population)
Tamils	108
Sinhalese	91
Muslims	57
Sri Lanka	92

Source : Panabokke R G. *The Geographical Pathology of Malignant Tumors in Sri Lanka. Ceylon Medical Journal 1984; 29 : 4:211 - 215.*

There appears to be a severe geographical variation between the provinces, in the incidence of malignant tumors with preponderance in the Northern province. The ratio of relative frequency of malignancies is given in table 6.

Table 6: Geographical variation in the provinces of the incidence of malignant tumors

Organ affected	Provinces	Ratio of relative frequency of malignancy
Oesophagus	Northern : Southern	29 : 1
	Northern : Eastern	29 : 1
	Northern : Central	19 : 1
Buccal Cavity	Northern : North-Central	15 : 1
	Northern : Southern	8 : 1
	Northern : Western or Uva	6 : 1
Stomach	Northern : Southern or Eastern	11 : 1
Liver	Northern : Sabragamuwa, North-western or southern	5 : 1
Breast	Northern : Sabragamuwa, Uva or North central	6 : 1

Source : Panabokke R G. *The Geographical Pathology of malignant tumors in Sri Lanka. Ceylon Medical Journal 1984; 29: 4: 211 - 215.*

The incidence of malignant tumors in the Northern province in different organs is given in table 7.

Table 7 : Incidence (1973 - 77) of malignant tumors (in Northern Province) in different organs.

Organ affected	Incidence (per 100000 population)
Gastro Intestinal Tract	
Buccal Cavity	47.5
Pharynx	2.1
Oesophagus	37.4
Stomach	5.8
Liver	3.3
Small Intestine	1.3
Colon	1.6
Rectum	nil
Breast	19.7
Genital tract	
Cervix	8.0
Body of uterus	5.1
Ovary	3.4
Penis	4.6
Prostate	0.6
Respiratory system -	
Nose	0.8
Larynx	0.8
Lungs	1.8
Urinary system	
Bladder	0.9
Kidney	0.3
Others	
Thyroid	4.3
Lymphoid tissue	5.5
Skin	3.0
Brain	0.3

Source : Panabokke R G. *The Geographical Pathology of malignant tumors in Sri Lanka. Ceylon Medical Journal* 1984; **29**: 4: 211 - 215.

Out of the 24 different organs identified as affected by cancer, the highest incidence of 9 organs was from the Northern province. The Northern province had the highest incidence of the following cancers.

Organ affected	Incidence 1973 - 77 (per 100,000 population)
Buccal cavity	47.5
Oesophagus	37.4
Breast	19.7
Lymphoid tissue	5.5
Penis	4.6
Stomach	5.8
Uterine body	5.1
Liver	3.3
Small Intestine	1.3

Source : Panabokke R G. *The Geographical Pathology of malignant tumors in Sri Lanka. Ceylon Medical Journal* 1984; **29**: 4: 211 - 215.

The entire study points to the fact that the incidence of cancer is higher among the Tamils and as a consequence the incidence in the Northern province (which is populated by Tamils) is higher than the other provinces.

Cancer of the oesophagus is 30 times higher, cancer of the liver 7 times higher and cancer of the buccal region 6 times higher, in the Northern Province compared to the Southern Provinces. Details are given in table 6.

Present status of cancer patients in Jaffna

The Jaffna Teaching Hospital is the only hospital in the Jaffna district with facilities for identification, together with limited surgical and drug treatment of cancer patients.

However, all biopsy specimens have to be sent to Colombo for pathological investigation. It takes a minimum of one month and up to 3 months to have a report. In some instances the report never reaches Jaffna.

As a result of delay in receipt of reports and absence of treatment without confirmation, the cancer would have spread and sometimes becomes inoperable.

During the first six months of 1998 (January - June '98) 798 specimens were sent to Colombo for biopsy report and 113 (14.2%) were found to be cancerous. During the same period 7 new cases were confirmed at the Teaching Hospital Jaffna by Hematological examination. The total monthly average number of cancer patients detected as a result of biopsy was 20 (Table 8).

Table 8 : Cancer patients detected at Teaching Hospital Jaffna (January - June 1998)

Month	Male	Female	Total
January	06	10	16
February	06	14	20
March	10	18	28
April	06	09	15
May	07	12	19
June	08	14	22
Total	43 (35.8%)	77 (64.2%)	120 (100%)

According to the Dental Surgeon there are 8 - 10 suspected oral cancer patients detected every month and biopsy is taken only in 30 - 40% of cases.

Average cases per month - 20

Cancer cases (per 100,000 population) - 50.5

The age and an sex distribution of cancer patients is given the table 9. One third of the cancer patients are in the age group 50 - 59 years.

There were 7 cases under 30 years. They were suffering from Osteosarcoma Papillary carcinoma of thyroid, testicular teratoma, squamous carcinoma and acute lymphoblastic leukaemia.

In the 1973 - 77 study of cancer in Sri Lanka, the annual incidence of cancer in Northern Province was 36.8 per 100,000 population while it was 18 for Sri Lanka. On projection of the data collected for the first six months of 1998 the incidence of cancer in Jaffna for 1998 could be placed at 50.8 per 100,000 population. This is an increase of almost 37% during the past 20 years.

The ships ply very irregularly and the dates of travel are at short notice.

Most patients referred by the Teaching Hospital in Jaffna are taken to Colombo by a ship operated by KTC.

**Table 9 :Age and Sex distribution of cancer patients admitted to THJ
(January - June 1998)**

Age group (in years)	Sex		Total	
	Male	Female	Number	%
< 20	0	02	02	1.7
20 - 29	01	04	05	4.2
30 - 39	02	06	08	6.7
40 - 49	02	14	16	13.3
50 - 59	19	22	41	34.1
60 - 69	10	18	28	23.3
70 - 79	04	11	15	12.5
80 +	05	0	05	4.2
All ages	43	77	120	
%	35.8	64.2		100.0

At a meeting with Consultants at Teaching Hospital, Jaffna (annex 1) it transpired that the Dental Surgeon & ENT Surgeon do not take biopsy specimens in all cases as it takes a longtime to obtain reports. The patients are referred to Colombo for biopsy and treatment. Hence number of cancer patients in Jaffna is bound to be more than the number reported in this report.

According to the Dental Surgeon there are 8 - 10 suspected oral cancer patients detected every month and biopsy is taken only in 30 - 40% of cases.

In addition 3 - 5 patients per month take the specimens themselves to Colombo and were not included in the survey.

Cancer patients transferred to Colombo

Since there are no facilities for Radiotherapy and even monitored chemotherapy and only limited facilities for surgery, several cancer patients are referred to Colombo for treatment following a clinical diagnosis.

At the moment the only mode of transport of patients is by sea.

Ships bringing cargo to Kankesanthurai are utilized to transport persons from Kankesanthurai to Trincomalee. The travel by sea takes over 14 hours and the accommodation is far from comfortable to healthy people - leave alone ill cancer patients.

The ships ply very irregularly and the dates of travel are at short notice.

Most patients referred by the Teaching Hospital in Jaffna are taken to Colombo by a ship chartered by ICRC.

The ICRC ship makes 3 - 4 trips a month. It has a capacity to carry about 25 persons. Usually 12 - 18 patients are carried in the ship. The balance accommodation is for persons who accompany the very ill patients.

The patients transported by ICRC ship from January to ^{December} October 1998 is given in table 10.

Table 10 : Patients transported by ICRC ship - 1998

Month	Total patients	Cancer patients	% Cancer patients
January	59	31	52.5
February	49	18	36.7
March	54	15	27.8
April	53	14	26.4
May	60	22	36.7
June	42	11	26.2
July	64	23	35.9
August	33		42.4
September	No ICRC ship from 12.08.98 to 01.10.98		
October	113	37	32.7
November	101	19	18.8
December	63	16	25.4
Total	691	206	29.8

30% of the patients transported by ICRC ship are cancer patients. Some of the problems of cancer patients transferred to Colombo are

- lack of accommodation for bystanders who accompany the patients
- difficulty in communication due to lack of knowledge of Sinhala
- expenses incurred in maintaining themselves in Colombo
- hardships when death of the patient occurs

However there are some organizations which provide accommodation to bystanders and patients in Colombo (annex 2). But they are not widely known to patients before leaving Jaffna. They discover these places after they reach Colombo.

Clinics held	106	62	98	100%
regular examined	101	75	112	100%
number positive	93	78	98	100%
Special Clinics				
Clinics held	52	38	44	100%
regular examined	11	06	20	100%
number positive			04	100%

NGOs Involved In Cancer Care (CANC)

1 Northern Province Cancer - AIDS prevention Association

The Northern Province Cancer Society was founded in 1964 under the leadership of the late Dr. K Kanagaratnam, Medical Superintendent of the General Hospital, Jaffna.

Later it became a branch of the Cancer Society of Colombo and in 1980 it became autonomous again.

It is presently housed at 228, Main street, Jaffna and goes under the name of Northern Province Cancer - AIDS prevention Association.

The objectives of the Northern Province Cancer Society are

1. To provide terminal care for patients in an advanced state of cancer
2. Carry our screening programmes for oral & breast cancer
3. Provide financial assistance to cancer patients
4. Carry out Health Education on prevention of cancer
5. Train field health staff for detection of cancer

In order to provide terminal care, the Northern Province Cancer Society built a Home for terminally ill cancer patients. (See page 11)

It provides monthly allowance of Rs. 150.00 to poor cancer patients. During the period 1.4.97 to 31.3.98, 53 cancer patients were given a monthly allowance of Rs. 150.00. It also provides travel expenses to patients who seek treatment at cancer hospital at Maharagama.

It conducts screening clinics for oral and breast cancer in its premises in Jaffna.

The particulars of screening programmes carried out for the past 4 years is given below.

	1994 / 95	1995 / 96	1996 / 97	1997 / 98
Oral Cancer				
Clinics held	106	62	90	104
Number examined	103	75	112	18
Number positive	03	12	08	09
Breast Cancer				
Clinics held	52	30	44	44
Number examined	11	06	20	21
Number positive			04	06

2 Cancer Aid for North - East (CANE)

This organization was inaugurated on 08.03.96 at Manthikai Methodist School Point Pedro, at a time when the citizens in Jaffna were displaced to Thenmarachchy and Vadanarachchy.

It now functions at Teaching Hospital Jaffna. Its objective is to assist cancer patients. Every needy cancer patient who travels to Colombo is given Rs.2,000.00 for travel expenses.

Up to 2.2.99 it has paid up to Rs.322,000.00 to cancer patients traveling to Colombo for treatment.

3 Lions Club of Jaffna

The Lions club of Jaffna provides funds intermittently to the Director Teaching Hospital Jaffna for issue to cancer patients travelling to Colombo for treatment

Cancer Treatment Centre at Tellippalai

As a result of a campaign to start a Cancer Treatment Centre for Jaffna by the Northern Province Cancer Society, a Cancer Treatment Centre was established at District Hospital, Tellippalai.

The Northern province Cancer Society collected the nucleus of Rs.300,000.00 and later solicited a gift of Rs. 1,200,000.00 from the family of the late Mr. G G Ponnambalam. These money went towards the cost of building, whilst the Federal Republic of Canada presented the Cobalt Unit to the Centre.

The Cobalt Unit was removed to Colombo in 1987 for 'security reasons' and it has still not been replaced.

The area where the District Hospital, Tellippalai stands has been declared a 'high security zone' and is not accessible to civilians.

As a result , the people of Jaffna have been deprived of the services of a Cancer Therapy Unit which had been built with their own money and the Federal Republic of Canada.

Home for terminally ill cancer patients

Cancer is one of the foremost killers together with cardiovascular diseases and accidents. The treatment of cancer involves, surgery, radio-therapy hormonal treatment and use of cytotoxic drugs. Early treatment is essential to arrest the disease. When patients turn up late the only treatment available will be palliative and later terminal care.

In 1986 - 87, the Northern Province Cancer society initiated an ambitious plan to construct a ' Home for Cancer Incurables' at Tellippalai (16 km from Jaffna) at a cost of Rupees two million. They received a donation of a block of land at Varuthalaivilan (near district Hospital, Tellippalai). 15 lachams in extent, from a public spirited citizen Mr. T Thambirajah of Urelu. The society commenced construction of the building and provided equipment.

The cancer home was started on 27.01.1989. It could accommodate 25 - 30 patients.

A report published by Dr. V Krishnarajah (Vice President, Northern Province Cancer Society) in January 1990 states that during a period of 11 months (February 89 - December 89). 62 terminally ill cancer patients remained in the cancer home. This building too is now within the 'security zone'

At present the home for incurable cancer patients is functioning at the premises of the Northern Province Cancer - AIDS prevention association. There have been no inmates during the past few months.

Provision of accommodation for those who accompany cancer patients

Accommodation in Colombo is a major problem for those who accompany cancer patients. Some patients do not go to Colombo for therapy because of the difficulty in finding accommodation.

Recently, patients going to Colombo have found accommodation at a Buddhist Temple adjoining the Cancer Hospital, Maharagama. They charged a fee of Rs. 10.00 per day for accommodation and most patients who have gone there are satisfied.

There are other organizations also providing accommodation. Details are given in annex 2.

1. There is an appointment chair in Oncology at the Faculty of Medicine, University of Jaffna. Funds have accumulated since 1993. This could be filled by international experts by contract.

Recommendations

1. Action should be taken to re-open the Radiotherapy unit at the former site -District Hospital Tellippalai.

This site is presently within the military security zone. The buildings are reported to be in good condition. Since this is within the security zone, the safety of the cobalt Unit will not be a problem.

The present location of the District Hospital Tellippalai (which is in the former Tellippalai Cooperative Hospital) is about 1 km from the site of the former District Hospital Tellippalai where the Radiotherapy Unit was established.

Until the Cancer treatment centre is fully functioning, it is suggested that

- the Cobalt Unit be reinstalled at the former DH Tellippalai.
- cancer patients be admitted to the present DH Tellippalai and transported (under military escort if necessary) for radiotherapy at the cancer treatment centre.
- the oncologist appointed to Teaching Hospital Jaffna and presently functioning at Cancer Hospital Maharagama should take appointment at Jaffna.
- any other oncologist & Radiologist could visit DH Tellippalai and provide treatment to cancer patients. If necessary he/she could come by flight from Colombo in the morning and return the the same day. The Palaly Airport is 2-3 km. from the former DH Tellippalai.

2. Appointment of a Pathologist to Teaching Hospital Jaffna (THJ).

This is an urgent need. Cancer patients could be diagnosed early and treatment initiated early if a pathologist is available at Jaffna.

The cadre for a Pathologist at THJ and the cadre for a Professor of Pathology and Senior Lecturer / Lecturer in pathology at the University of Jaffna remain vacant for several years. These posts could be filled by expatriates even on a short term basis supported by Non-Governmental Organizations.

The MSF is presently providing a Pediatrician and anesthetist to Teaching Hospital Jaffna. They could be requested to provide the services of a Pathologist.

3. There is an endowment chair in Oncology at the Faculty of Medicine, University of Jaffna. Funds have accumulated since 1992. This could be filled by international experts on contract.

4 Improved facilities for chemotherapy.

- improved blood bank support
- expertise - especially the appointment of an oncologist. Even a visiting oncologist from Colombo will satisfy the need for the present.
- Facility to get down drugs from Colombo at short notice whenever necessary, through ICRC ship or military flights.

5. Educational Programmes

5.1 Cancer prevention

This should be carried out on a wide scale using

- Daily papers
- Radio
- Television
- Handouts
- Posters

5.2 Workshop on terminal care of cancer patients

Doctors, nurses & attendants at Teaching Hospital Jaffna should be exposed to techniques in terminal care of cancer patients. Workshops and training programmes should be organized.

They should be able provide to the patient & family, with counselling, before and after biopsy.

5.3 Publicity, regarding the assistance & accommodation available to patients.

Wide publicity should be given regarding the assistance available to cancer patients through the Kachcheri & other Organizations like CANE, Northern Province Cancer - AIDS prevention programme.

The accommodation to cancer patients available in Colombo should also be publicized.

6 Short term measures

All effort must be taken to implement the recommendation given earlier. Until such time that the recommendation are implemented, the following 'stop gap' arrangements is suggested.

Getting specimens for biopsy examined at Private Hospitals in Colombo. Since there is a delay of 1 - 3 months in getting biopsy specimens examined at the Government Institution at Colombo (as is the present practice) it is suggested that specimens are sent to a private hospital in Colombo for biopsy. The report could be faxed in 7 - 10 days. The specimens for biopsy could be sent through in ICRC ship which usually travels every week. Usually a doctor or nurse from THJ accompanies the patients.

Annual cost :

500 specimens per year @ 600.00 = Rs.300,000.00

References

1. Proposal for Grant Aid . Northern Province Cancer Society, Home for Cancer incurables. Published by Northern Province Cancer Society Jaffna.
2. Cancer Aid for North - East (CANE) constitution.
3. Northern Province Cancer - AIDS Prevention Association. Annual Reports for 1994/95, 1995/96, 1996/97 & 1997/98.

Acknowledgments

Annex 1

Group discussion on Cancer care - End of Postgraduate

Date: 20.01.20

My thanks are due to

- the two 4th year medical students Mr. S Kiruparananda & Mr. P Jecitharan who collected data on biopsy specimens and list of patients transported to Colombo by ICRC ship.
- Dr.(Miss) N Kanagaretnam, Director Teaching Hospital Jaffna (THJ) for providing all assistance in collection of data.
- The Medical Consultants at THJ (mentioned in annex 1) and Dr. (Miss) P Sinnappa Haematologist THJ for providing valuable information which helped in formulating the recommendations.

Dr. (Miss) S. Aravindan	Assistant Physician
Dr. (Miss) S. Aravindan	Assistant Physician
Dr. K. Sivasubramanian	Senior Lecturer in Medicine
Dr. (Miss) S. Nagendra	Consultant Physician
Dr. M. Sivasubramanian	Consultant Surgeon
Dr. Durgadas C. Arambakkam	Consultant Surgeon
Dr. S. P. Aravindan	Consultant Surgeon
Dr. S. Sivasubramanian	Consultant ENT Surgeon
Dr. V. Rajagopal	Dental Surgeon
Dr. B. Krishnasamy	Eye Surgeon
Prof. S. Sivasubramanian	Professor of Obstetrics & Gynaecology
Dr. S. Sivasubramanian	Consultant Obstetrician
Prof. D. J. Sivasubramanian	Professor of Pathology

Group discussion on Cancer care - List of Participants

Date: 20.01.99

Time: 3 p.m. to 4 p.m.

Venue: Library, Jaffna Medical Association, THJ

Name	Designation
Dr. (Miss) N Kanagaretnam	Director, Teaching Hospital Jaffna
Dr. S Anandarajah	Consultant Physician
Dr. (Mrs.) J Ganeshamoorthy	Consultant Physician
Dr. K Sivanesan	Senior Lecturer in Medicine
Dr. (Mrs.) S Nagendra	Consultant Physician
Dr. M Sivakumar	Consultant Surgeon
Dr. Dayalan C Ambalavanar	Consultant Surgeon
Dr. S Raviraj	Consultant Surgeon
Dr. S Sivasubramaniam	Consultant ENT Surgeon
Dr. V Kugadasan	Dental Surgeon
Dr. S Kugathasan	Eye Surgeon
Prof. S Sivasuriya	Professor of Obstetrician & Gynecology
Dr. G Bhavani	Consultant Obstetrician
Prof. D J Somasundaram	Professor of Psychiatry

Accommodation available in Colombo

1 **Transit Home for Cancer Patients**
141, Hill Street
Dehiwala.
(Managed by Lions Club of inner Colombo)

Contact : Lion S Ragavan
10 A, St. Peters Place
Colombo 6. Tel. No: 595668

Charges : Nil.
Donations are accepted

Conditions :

- Only patient and one relative is allowed to stay.
- Meals will not be provided. But cooking facilities are available.
- Public bus service available between this home and Maharagama Cancer Hospital

Accommodation available for 10 - 15 persons.

2 **Buddhist Temple adjoining Maharagama Cancer Hospital**

Tel.: 841794, 841795, 841796, & 851967
Fax : 851967

Charges : Rs. 10.00 per night
Condition : Meals not provided

*Accommodation for over 100 persons available in a large hall.
Beds not provided.*