

6

NEWSLETTER INDIAN ASSOCIATION OF SURGICAL ONCOLOGY

(A Section of Association of Surgeons of India)



Editor

Dr. SANDEEP KUMAR
MS, PhD (Wales)
Assistant Professor of Surgery
King George's Medical College
Lucknow 226 003

Vol 6 No. 1 1992



Presidents Message

We have come a long way in the last two decades in the field of oncology; from basic laboratory research of the 60s' to organised clinical research in the 70s' and now to the phase of multidisciplinary concepts. Earlier our aim was to achieve five year survival but now we talk about ten year survival and cure. This is because we are bridging the gap between cause and its treatment. But the basic aim is early detection and prevention. Many cancers are curative if detected early and this understanding of early detection is necessary among the general surgeons, family physicians and the people in general. As oncologists our responsibility is to make these groups of doctors aware about their responsibility towards early detection. It does not need very high quality equipment but routine instruments, and the clinicians' awareness of the symptoms, and timely investigations to rule out any malignancy. It is not necessary to get CT scan in all the cases or mammography in all women with breast symptoms. Good clinical judgement substantiated by common investigations, will pay high dividends. If we can educate our colleagues at different places and make them understand the approach to the problem, probably we will have done a great service to humanity. In the second phase public awareness is equally important and they should be educated through different news media including newspapers, magazines, and public participation in symposia.

Whatever progress we make importance of early detection cannot be ignored. In our country where oral cancer and cervical cancer form the bulk of cancer (about 60%) the importance of early detection is paramount . These cancers are to some extent preventable also. If we are keen to improve the health of society every hospital, clinic and dispensary should have facilities for proper examination and taking cytology smears in high risk groups. Though we may continue to work hard and devote time and energy for advanced cases we should not forget that with much less effort, we can help more people with much better results or even cure provided we as cancer surgeons also look after the primary and secondary cancer preventive strategies

Satish Shukla

President, IASO

Nagpur

Editorial Notes:

Come 1992, the INDIAN ASSOCIATION OF SURGICAL ONCOLOGY will be distinguished for its first decade of victorious albeit sedulous and indefatigable endeavour of propagating the gospel of surgical oncology. Established in 1981 as a section of the Association of Surgeons of India it has developed into an association of surgical oncologists across the nation. The association has gathered almost 200 life members.

At a quick glance, one could easily infer that the Association of Surgical Oncology has now become one of the foremost advocates of this discipline. However, the newest trend in philosophical and scientific thought – the *transdisciplinary* trend, is yet to make a mark in the training programme of surgical oncologists. By combining disciplinary perspectives into a common programme and by recognising the importance of other fields, such as statistics, the social sciences and molecular biology, a more credible and effectual solution to the leading problems in the field of surgical oncology may be forthcoming. The proposition is not new but especially attractive in today's environment where the concept of preventive oncology is at its most popular point in history. To exemplify the situation is the knowledge that despite heavy research inputs particularly in the direction of surgical treatment, adjuvant treatment trials and molecular research, we have miserably failed to reduce the population mortality from breast cancer in the course of this century. To top it up is a staggering list of methodological objections of published trials in proving the benefit of one treatment strategy over the other.

The question however is; Is the Association nurturing the thought that transdisciplinary training is the best strategy to arm the young surgical oncologist with?

Rosenfield (1988) and *Albrecht* (1990), mentioned several ways of conceptualizing health issues, viz;

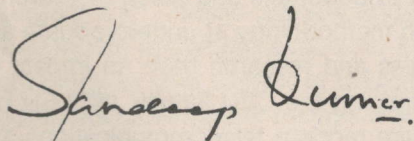
1. **Single Discipline Approach**-The investigation and interpretation of a health problem is based on the frameworks specific to each disciplinary orientation. Hence, a surgical graduate may view the issue on purely clinical insights or a psychologist may enunciate more on the cognitive, attitudinal and behavioral aspects of the health programme.
2. **Multidisciplinary Approach**-A health problem is worked on by a group of people from different disciplines. Each of them separately interprets the health issue from his/her own disciplinary framework although, at the end of the process, all viewpoints are consolidated and summarized. Tumour boards and combined clinics undertaken by cancer surgeons, radiotherapists, pathologists/cytologists and medical oncologists are common practices in many cancer centres.
3. **Interdisciplinary Approach**- Whereas in the multidisciplinary approach, the "boundaries" of each discipline are still guarded and maintained, these "boundaries" begin to "soften" in the interdisciplinary orientation. Each person is

aware that the health issue could not be adequately solved without interventions from other relevant disciplines. The collaborative efforts are now more dynamic and interactive so that people from the various disciplines work together as a team in order to come up with a viable, common solution to the problem.

4. **Transdisciplinary Approach**-Rosenfield (1989) defined transdisciplinary approach as "...cutting across disciplines through the use of common conceptual framework to address a particular problem, blending together commonly accepted concepts and theories....."; ".....where representatives of disciplines transcend their separate conceptual, theoretical and methodological orientations to develop a common approach and common conceptual framework to understand problems or develop a new approach for health care...". Albrecht (1990) elucidates in the transdisciplinary process the need to map out all disciplinary limits and the necessity for "dynamic engagement with related disciplines." To my mind, however, the essence of transdisciplinary thinking is not only related to one's capacity and willingness to determine disciplinary limits nor is it just the presence of a dynamic interaction among members of the team; not even just the development of a common conceptual framework- for all of these are derivatives of the interdisciplinary process. The transdisciplinary approach centers more on the unravelling of a certain talent where an individual cultivates the right attitude, acquires adequate knowledge about all perspectives affecting the health problem and develops the skill to singly come up with a solution to the issue at hand.

Is the Association of Surgical Oncology willing and indeed advocating such an ability among the students of Surgical Oncology? Quite a few institutions are vying to introduce master's programme in Surgical Oncology. The time is mature for leaders in the field to come out with the guidelines of such a training programme. The *newsletter* invited a debate on the subject. I am once again inviting your views afresh on the subject which can be published in the next issue.

Hope you will enjoy reading this issue of the newsletter.

 ✓

References

1. Albrecht, G.A. Philosophical thoughts on a transdisciplinary model of human health." Paper presented in Socio Cultural 1 class. University of Newcastle. 1990.
2. Rosenfield, P. "Achieving sustainability in interdisciplinary research linking health and social sciences". Paper presented at the Applied Anthropology Meeting. 1989.

International Clinical Epidemiological Network (INCLEN)

Arun Chaturvedi, Lucknow

The International Clinical Epidemiology Network is a global programme to develop transdisciplinary approach among clinicians for health care delivery. I along with Murtaza Akhtar, Nagpur recently returned from the University of Newcastle after this training. Two of our members, Arun Chaturvedi, Lucknow and Anurag Srivastava, New Delhi are currently undergoing training in clinical epidemiology at U.S.A.

Editor

The International Clinical Epidemiological Network (INCLEN) was established in 1982 to strengthen the research capacity of medical schools worldwide. It has established several Clinical Epidemiological Units (CEU) in selected medical schools. The role of the CEU is to promote rational decision making and the application of quantitative measurement principles (drawn from clinical epidemiology, biostatistics, health economics and health social science) in the development of clinical and health care policy.

INCLEN has developed 27 CEUs worldwide – 7 in Asia Pacific (China, Philippines, Thailand, Indonesia), 6 in Latin America (Brazil, Chile, Columbia, Mexico), 6 in Africa (Cameroon, Ethiopia, Egypt, Kenya, Uganda, Zimbabwe) 1 in France and 6 in India. The All India Institute of Medical Sciences, New Delhi, King George's Medical College, Lucknow, Govt. Medical College, Nagpur, Christian Medical College, Vellore, Madras Medical College, Madras, College of Medicine, Trivandrum are the medical schools having Clinical Epidemiology Units in India.

These Clinical Epidemiology units which form the core of the INCLEN programme have a faculty of trained and dedicated clinicians, biostatisticians and health care social scientists. This faculty has been trained at one of the five Clinical Epidemiology Resource and Training Centers (CERTCs) in Canada, Australia and U.S.A.

The objectives of the Clinical Epidemiology Units are to undertake and guide research of high quality and priority, impart education in research methodology at undergraduate and postgraduate levels, and by their educational activities and research have an impact on clinical practice and health policy also. Apart from training the CEU faculty, INCLEN has provided the CEUs with substantial support to acquire modern telecommunications and informatics network including CD-ROM medline searching, computer hardware and software, electronic mail and telefax. An ongoing collaboration is maintained between the CERTCs and CEUs to monitor progress and provide guidance and consultation to the CEU faculty.

CEUs in India have responded to the challenging objectives of INCLEN. A wide representation of clinical specialities in the CEU faculty members offers wide ranging benefits.

In the context of cancer as in other health problems the CEU can form the nerve centre of generating and promoting clinical and epidemiological research of high calibre. Most of the knowledge concerning cancer prevention has come from epidemiologic research. Epidemiology is also important for linking the situational analysis to efforts aimed at understanding what can be done to prevent cancer and at guiding programmes for screening and treatment of cancer. Optimal utilisation of scarce resources also requires identification of priorities and development of therapeutic strategies tailored to the needs and resources of a developing country. The INCLLEN programme includes training in *health economics*.

The future holds promise as the fully developed CEUs move on to Phase II of the INCLLEN programme where training responsibility will be transferred to the CEUs. The training programme of surgical oncology may at some stage incorporate some of the training features of INCLLEN.

✓ Training and Certification in Surgical Oncology

Ashok Mehta, Bombay.

There are 10 comprehensive Cancer Centres in the country and 170 medical colleges. In 1947 there were 26 medical colleges and in 1986 there were 126 medical colleges. Despite the growth in number of medical colleges and cancer treatment institutions, there are no uniform standards of education, training and treatment. The statutory requirements are more on paper than in practice.

Do we need Surgical Oncologists?

My answer is certainly in the affirmative. There are over 600,000 estimated new cancer patients annually in the country. Most of the patients by the time they are seen in tertiary care centres have already stage III or IV cancer who need optimally planned multimodal treatment. We should develop a group of dedicated surgical oncologists to bring the benefits of current concepts and technology to the patients. It is known that most of the General surgery, ENT, Plastic Surgery and Gynaecology postgraduates during their training have inadequate oncologic exposure, either due to lack of facilities of radiation and medical oncology or due to lack of dedicated oncologists in the respective specialities. Even in comprehensive cancer centres well organised training programmes may be lacking.

The concept of a qualifying examination such as M.Ch. in Surgical Oncology was initiated in 1975 in Bombay but was bogged down due to in-flexible beaurocratic and orthodox approach. In the meantime Madras (6 years back), Ahmedabad and Bangalore (3 years back), were able to start M.Ch. programme in Surgical Oncology. The experience from these programmes reveal that there is an urgent need for uniformity of training and certification.

It would be advisable to have a single certification body, preferably National Board or representative group of surgical oncologists who should dispassionately discuss and arrive at a national policy on training and certification of M.Ch. in surgical oncology. No single institution can fulfil the national aspiration of young trainees.

We must learn from the experience of more evolved programmes in other countries. A national group of academicians may review the teaching and training facilities in all institutions and once the programme is found suitable in terms of clinical material, teachers, laboratory and library facilities, they may be approved. The trainees in such programmes must be examined after they have completed requisite practical and theoretical training. We are all aware of problems in our country where ideals remain on paper and essence is lost in practice. Only constant awareness and introspection will help. The chaotic and confused situation in medical education where admission and degrees can be purchased, has reached such an alarming proportion in some parts of the country that if we do not harmonise our efforts in surgical oncology, it will be too late. It will be appropriate to have training programmes in selected Comprehensive Cancer Centres and in some medical colleges which fulfil the requirements and national selection of prospective trainees must be centralised. There is a large number of talented young surgeons across the country.

Surgical Oncology at Cross- Roads

D D Patel, Ahmedabad

In the field of Oncology in the early part of this century chemotherapy was not developed at all and Radiation Oncology was in its infancy. Surgery on the other hand was a highly evolved modality of cancer treatment.

Therefore Surgical Oncology played a front-line role and as far as the local treatment of any malignant problem was concerned excellent results were obtained in the control of the disease. The techniques of Radiation Oncology improved considerably subsequently and Radiation Oncology also provided useful therapy for those cancers which were inaccessible to surgical procedures. It also provided good opportunity for post operative or adjuvant radiation treatment. Similarly the brachytherapy and other high energy radiation methods were able to provide excellent local control with or without surgery. The third arm of the treatment of cancer chemotherapy was introduced soon after the second world war. A large number of cytotoxic drugs were tried in the experimental laboratory and some were found to be useful for clinical use. The composite treatment of any oncological problem thus uses surgery, radiotherapy and chemotherapy along with recent introduction of *biological response modifiers* and it provides gratifying results in a large number of patients. As far as chemotherapy is concerned, it suffers from severe short and long term side effects and achieves control rates of about 40% after best efforts. It appears that with the introduction of chemotherapy, surgical oncology has been pushed to a relatively back seat. With a view

to protect the interest of surgical oncologists the World Federation of Surgical Oncology has been created. This forum has all surgical oncology associations of the world as its members. I can conclude by saying that surgical oncology is at the cross roads. At present the whole future of surgical oncology in the management of cancer will depend on improving efficiency of surgical treatment of cancer and wisdom of present generation of surgical oncologists.

In order to provide scientific treatment to patients with cancer, sound training in surgical oncology is necessary after one acquires basic experience, training and qualification at the postgraduate level in surgery. Our Institute has initiated M.Ch Surgical Oncology programme at Ahmedabad . Only those Institutes providing comprehensive cancer management facilities should be allowed to initiate this programme. Presently the course is for two years after MS in general surgery. But I strongly feel that the M.Ch surgical oncology should be a 3 year training programme. I suggest the following outline for this programme:

- Training in surgical oncology for 3 years
- The degree can be given by the University of the state concerned. Selection should be done by an entrance examination at the University level.
- The oral examination and interview should be done by a committee consisting of one member each from the institute concerned, University concerned, Medical Council of India and Indian Association of Surgical Oncology.
- Before initiation of Surgical Oncology M.Ch training programme and holding of M.Ch examination, the Institute should be visited by experts from Medical Council of India, University and Indian Association of Surgical Oncology to approve the training facilities.

Only the Universities recommended by the committee should be allowed to initiate the programme and once the M.Ch programme is initiated its recognition should become automatic.

Surgical Oncology: Today and Tomorrow

Varsha Sagdeo, Nagpur

Surgery was the first technique to be applied to cancer therapy and until only a few decades ago was the only effective method of treatment. Even today surgery remains the most important modality in cancer treatment. Despite this *Surgical Oncology* is a rather obscure branch. To answer this question we have to go back to the history of surgery itself. Till late practitioners of surgery were truly "general", treating all types of diseases amenable to surgery. With the progress of medical sciences surgery became specialised but surgical super specialities have evolved primarily along anatomic lines i.e. region oriented disciplines e.g. Neurosurgery, Thoracic Surgery, Urology. Neoplasms are often tackled region wise. Thus all surgeons have been part-time surgical oncologists but very few surgeons are actually full-time surgical oncologists. A full-time surgical oncologist is a surgeon who specialises in the treatment of tumours, with enough knowledge of chemotherapy and radiation therapy, and maintains a central involvement in over all care of the cancer patient.

Surgical oncology is one branch which requires very fast growth, looking at the magnitude of the problem of cancer in our country. We require many more trained surgical oncologists and many more centres who can cater to the needs of the country. Surely, a training programme in surgical oncology should be started. Training in surgical oncology must encompass detection, diagnosis, staging; alternative options for therapy, adjuvant therapy etc. Training programmes may be designed in such a way that it not only trains new surgical oncologists but also trains many other surgeons who are part-time surgical oncologists and practicing surgery for some time. The duration of the training programme for these experienced surgeons who are practicing all over the country may be limited to 1 year at any of the teaching institutes having surgical oncology division or at the regional cancer centre. However, for the new entrant i.e. those who have passed their master's in surgery, the training period should be long enough to incorporate all the essential components required for the M.Ch. in surgical oncology. I suggest at least 3 years training which may be ideally extended to 5 years. Training in surgical oncology must be very exhaustive, and it should also include rotation in medical oncology and radiation oncology as understanding of chemotherapy and radiotherapy is required for proper management of cancer. Also, the knowledge of preventive oncology, public health issues in cancer care are integral to this training. One year spent as a bench worker in a laboratory will enhance the quality of a surgeon for he shall be able to appreciate the problems encountered in basic research and laboratory based decision making.

One must not forget that real advances in management of cancer will come from improved orchestration of many disciplines like clinical epidemiology and biostatistics, molecular research and immunology in addition to surgery, chemotherapy and radiotherapy. The training programme in surgical oncology must nurture this philosophy.

Surgical Oncology - M.Ch. Programme

J B Venkat Rau, Kakinada

1. **Study Period:** Minimum 2 years after MS (General Surgery) or 5 years after M.B.B.S.
2. **Institution:** Good surgical oncology unit with diagnostic facilities e.g. ultrasound, mammography, CT scan, magnetic resonance imaging and good and experienced pathology, cytology, biological marker laboratory and attached molecular research laboratory.
3. Radiotherapy and medical oncology unit for chemotherapy.
4. Laboratory backup for immunological investigations.
5. Clinical epidemiology unit for developing cancer database, performing control clinical trials and preventive oncology
6. Rehabilitation unit for appliance fitting, psychiatric rehabilitation and occupational rehabilitation. ✓

XVI INTERNATIONAL CANCER CONGRESS

30 October – 5 November 1994.

New Delhi, India.



INVITATION

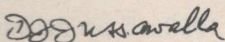
Dear friend,

It is never too early to begin working for a mega Congress and it is with pride that we are sending this preliminary circular. A leading nation of the developing world and with a population of 840 million, India is an exciting mix of the most modern technology and a cultural ethos which extends back to 4000 years of civilisation.

India's efforts on the cancer front are very significant and noteworthy. A national cancer plan for the country and many of its states are operative for the last 10 years; 10 comprehensive regional cancer centres approved by the Government of India, 10 UICC member-organisations, professional national oncology societies, rural cancer units, and a large number of senior, midlevel and young oncologists wear the mantle for our fight against cancer. A vital thrust towards primary and secondary prevention of cancer is an important aim of the national cancer plan.

We would appreciate your participation and joining with us in our efforts against mankind's most elusive foe; our priorities, our methodologies, our strategies in the developing world may be slightly different but our objectives are similar – to vanquish our civilisation's most dreaded disease.

An encouraging response from you will stimulate our efforts towards a super Congress.



D. J. JUSSAWALLA
President



P. B. DESAI
Secretary-General

Proceedings of the General Body Meeting Hyderabad, December 29, 1991

Annual Report of the Indian Association of Surgical Oncology

Chairman- Prof. P.M. Trivedi, President IASO

Congratulations! Our Section IASO was awarded the best section prize of the ASI for 1991.

1. Minutes of last General body meeting held on 29.12.1990 at Indore were read and approved.
2. Minutes of the last Executive Committee meeting of IASO held on 18 Dec. 1991 in Hall 4, Hyderabad Public School were read and approved. The statement of accounts of the Association for 1990-91 was approved.
It was resolved that any amount over Rs. 10000/- but with in the limit of Rs. 13000/- will be invested in yearly income schemes. The interest earned from this will be utilised for meeting the running cost of the Association including the best paper award expenses.
3. Condolence: The untimely death of Prof N.D. Tahiliani at Allahabad on 07.08.1990 was deeply grieved by the members of IASO. Prof N.C. Misra, Prof B.M.L. Kapur, Prof HS Shukla and Dr Sandeep Kumar gave touching account of Prof Tahiliani's qualities. The Secretary was authorised to write a condolence letter to the family of Prof N.D. Tahiliani.
4. Mid Term Conference: It was decided to hold a midterm conference every year instead of once in two years. For 1992, Prof S.K. Shukla, Indore first offered to organise the Conference at Gwalior. Later on it was agreed upon the request of Dr. V. Sagdeo to hold the Mid Term '92 at Nagpur on 19-20th Sept 1992. It was later suggested that Mid Term Conference for 1993 will now be organised by Prof. S.K. Shukla at Gwalior subject to General Body approval in December 1992 in Calcutta.
5. The following Scientific programme was outlined for the midterm conference 1992.
 - i. Moti Bhai Patel Oration to be delivered by Prof N.N. Khanna, Varanasi-Topic to be announced.
 - ii. Guest Lecture -Topic and speaker to be announced.
 - iii. Symposium-Subject to be announced
 - iv. Surgery Update Lecture- To be announced
 - v. Proferred Papers.
6. It was also decided that Moti Bhai Patel Oration 1993 will be delivered by Gen S.K. Sarkar, Delhi. Gen. Sarkar will intimate the topic of his oration.

7. Next Annual Meeting of IASO will be held during the ASICON-92, Calcutta. The following scientific programme for Calcutta conference was agreed upon.

- i Joint symposium on Intestinal obstruction with Surgical Gastroenterology section of the ASI. The secretary to work out the details.
- ii Joint symposium on Paediatric Tumours with the Paediatric Section of ASI on the suggestion of Prof Duraiswamy as informed by Prof N.C. Misra who is to organise the symposium.
- iii Smt. K.K. Radha Devi Guest lecture-By the outgoing president, Prof. P.M. Trivedi, Baroda
- iv Guest lecture
- v Open house session
- vi Proferred papers.
- vii Best paper award. The rules for the best paper award to be framed and published in the newsletter.

8. Office Bearers: Since the senior Vice-President Dr. S.G. Deshpande did not attend the meeting it was unanimously resolved that Dr. S.K. Shukla, Indore to take the responsibility of the President of the IASO

The office bearers include the following

Dr. S.K. Shukla	Indore	President
Dr. K.K. Pandey	New Delhi	Vice president
Dr. J.B. Venkat Rau	Kakinada	Vice President
Dr. H.S. Shukla	Varanasi	Secretary and Treasurer
Dr. Sandeep Kumar	Lucknow	Sectional Editor

Members Executive Committee:-

Lt. Col. P. Subash	Army Hospital	1st year
Dr. S.P. Khare	Railway Hospital	1st year
Dr. Sanjay Sharma	Tata Memorial Hospital	2nd year
Lt. Col. K.K. Mauder	Army Hospital	1st year
Dr. G.N. Shukla	Baroda	2nd year
Dr. (Mrs) V. Sagdeo	Nagpur	2nd year
Dr. P.M. Trivedi	Baroda	Ex officio (past President)

9. Newsletter to be published with abstract of papers.

10. New Membership: A total of 35 new members were included this year. The new list of members is appended to the newsletter.

H.S. Shukla, Secretary IASO

Prof. N.C. Misra: Congratulations to Prof. N.C. Misra for being conferred the Hon' Fellowship of the Royal College of Surgeons of Glasgow.

Indian Association of Surgical Oncology

List of Members

Updated on 11.5.92

Dr. D. K. Acharya
Padma Kunj
32 Dr. Bhandari Marg
Indore-452 003.1.

Dr. Arun Agarwal
3/3 South Tuko ganj
Indore- 452 001.

Dr. J Agrawalla
C/o Shri R.B. Agrawalla
Gandhi Chowk
Chittorgarh-312 001.

Dr. Mohd. Iqbal Ahmed
Department of Surgery
Cancer Institute
Thiruvananthapuram, Kerala.

Dr. Mohd. Azfar
Department of Surgery
S.K.I.M.S. Soura
Srinagar-190 001.

Dr. Rajesh Badhwar
No 8 2nd Floor
Vishnu Sadan Bhandaji Road
Matunga, Bombay-400 019.

Dr. (Mrs) N Bafna
B-44 Opposite Zenana Hospital
Station Road,
Jaipur

Dr. Vijai Bahadur
S/o Shri Shyama Prasad
V & PO Narkataha Town Teh
Bansi, District Basti- UP.

Dr. J C Baid
Behind Medical Girls Hostel
Savitri College Road
Ajmer-305 001.

Dr. Debashis Banerjee
6 A Elgin Road
Calcutta-700 020.

Dr. T R Bathena
B 18, Cusrow Baug
Shahid Bhagat Singh Road
Bombay-400 039.

Dr. A V Bavdekar
Girikunj
504, CLO Road Mahim
Bombay.

Dr. D N Bharadwaj
C-64, Medical College Campus
Patiala.

Dr. H S Bhansali
C 1/7 Kumar Housing Society
Dayaldas Road, Vile Parle (East)
Bombay-400 057.

Dr. S K Bhansali
81 Valentina
N. Gameda Road
Bombay-400 026

Dr. Surajeet Bhattacharya
C 907, Mahanagar
Lucknow-200 006.

Dr. V M Bhatanagar
R 24 Readers Flats
Medical College Campus
Meerut.

Dr. B H Minocha
Clandhurst 3-Perry Cross Road,
Bandra(W)
Bombay-400 050.

Dr. S M Bose
Additional Professor of Surgery
PGI
Chandigarh-160012

Dr. V B Bhatnagar
R 21 Medical College Campus
Meerut.

Dr. B D Chand
35 West Avenue
Morka Street
Madurai-625 001.

Dr. A B Chandra
64 Sita Ram Ghosh Street
Calcutta-700 009.

Dr. G P Christian
130 K.K. Nagar
Madurai-625 020.

Dr. A Chaturvedi
B 126 Nirala Nagar
Lucknow- 226 020

Dr. M Chandra Shekhar
Department of Surgery
Kidwai Institute of Oncology
Hosur Road, Bangalore.-560
02933

Dr. D P Chaturvedi
27-Saket, New Civil Lines
Moradabad-244 001.

Dr. S G Deshpande
B 301, Gera Park
15 Boat Club Road
Pune-

Dr. D Dharkar
Raj Tilak, Saket
Indore-452 001.

Dr. M C Dandapat
Bhalia Nagar
Berhampur-760 001

Dr. P B Desai
Tata Memorial Hospital
Parel
Bombay-400 012

Dr. P C Dubey
6A, Faizabad Road
Lucknow- 226 007

Dr. H G Doctor
113 Valkeshwar Road
Dani Sadan
Bombay-

Dr. L C De S'ouza
Tata Memorial Hospital
Parel,
Bombay-400 012

Dr. I K Dhawan
Department of Surgery
AIIMS, Ansari Nagar
New Delhi-

Mr. N Dwivedi
Balrampur Hospital Campus
Lucknow-

Dr. A K Dewan
K-102 West Patel Nagar
New Delhi-8.

Dr. J P Doshi
Modern Clinic
Lakhaji Raj Road
Rajkot-360 001.

Dr. R I Dave
Narmarala Bangalow
Hirabagh-Shahibagh
Ahmedabad-350 004

Dr. V Engineer
Surgeon, SVM Hospital Brindaban
Mathura-287121.

Dr. A R Fakih
Norman Villa
4, Shiepher Road
Bombay-

Dr. I P Elhence
Department of Surgery
S.N. Medical College
Agra-282 001

Dr. R Elaugo
Raja Hospital, Bommidi 635 301
Dharamपुरi D-1
Tamilnadu.

Dr. T C Goel
Department of Surgery
K.G. Medical College
Lucknow-226 003

Maj M Ganguli
D-10/4 Salunke Vihar Kondhwa
Pune-48.

Dr. K S Gopinath
Kidwai Memoral Institute Hosur
Road
Bangalore-560 029.

Prof S N Gupta
Department of Surgery
G.S.V.M. Medical College
Kanpur-

Dr. C K Gupta
4/17A Bagh Farzana
Civil Lines
Agra-282 002

Dr. M K Gupta
8, Convent Road
Dehradun-248 001.

Dr. A A Hai
Hai Clinic
Shareef Colony, Musallapur
Patna-800 006

Dr. E H Raj
Reader in Surgical Oncology
Cancer Institute (WIA)
18, Sardar Patel Road, Madras-

Dr. T Hanish
Flat No. 1 Block 14
Vijayanagar Colony
Hyderabad-

Maj P K Hota
20/4 Field Ambulance
C/o 56 APO.

Dr. R P Jina
Department of Surgery
B.R.D. Medical College
Gorakhpur-

Dr. M J Joshi
Janardan Sadan
Ghole Road
Pune-

Dr. R L Jain
Department of Surgery
Medical College
Rohtak-

Dr. M S D Jaiswal
Department of Surgery
K.G. Medical College
Lucknow-226 003

Dr. P Jagannath
Tata Memorial Hospital
Parel
Bombay-400 012.

Dr. N N Khanna
5 Medical Enclave
BHU,
Varanasi-221 005.

Dr. BML Kapur
Department of Surgery
AIIMS, Ansari Nagar
New Delhi-110 029.

Dr. P Bijoy Kar
Consultant Surgeon
Bikram Garh
Calcutta-700 032.

Dr. Ramesh Kulkarni
Mauli Hospital
Kulkarni Colony Sharangpur Road
Nasik-422 002.

Dr. Sandeep Kumar
Department of Surgery
King George's Medical College
Lucknow-226 003

Dr. C. Khandelwal
Geetanjali
Nehru Nagar
Patna-800 013

Dr. N H Kavarana
Tata Memorial Hospital
Parel,
Bombay-400 012.

Dr. R Kutty
Misra Bagh
Satyamurit Road
Coimbtore-25.

Dr. M R Kamat
549, Villa Jaswant Kher-
Bombay-400 052.

Dr. Ramakant
Department of Surgery
K G Medical College
Lucknow-226 003

Dr. R N Kataria
Opp. Plaza Cinema
Connaught Place
New Delhi-110 001.

Dr. N Kumar
C-36 Medical College
Aligarh-

Dr. P L Kariholn
Prof. of Surgery
Bijapur,
Karnataka-586 103.

Dr. R Khanna
5, Medical Enclave, BHU,
Varanasi-221 005

Dr. S P Khare
CMO
SE Rly, Garden Reach
Calcutta-43.

Dr. K Kothari
27, Amar Society
Nr Balvatika, Maninagar
Ahmedabad-380 008.

Dr. (Mrs) M J Mehta
Sethna Building West Street
Pune-411 001.

Dr. A P Majumdar
73/C SP Mukherjee Road
Calcutta-700 025.

Dr. D K Mittal
Department of Surgery
GSVM Medical College
Kanpur-

Dr. B B Maharaja
M-55/327 Pragati Nagar,
Naranpura
Ahmedabad- 380 013.

Dr. N C Misra
Department of Surgery
KG Medical College
Lucknow-226 003.

Dr. A R Mehta
Tata Memorial Hospital
Parel,
Bombay-400 017.

Dr. N K Mehdiratta
Department of Surgery
MLN Medical College
Allahabad-211 001

Dr. M C Misra
Department of Surgery
AIIMS, New Delhi-110 029.

Dr. T R Motwani
B 4 Sterling Apartments
9, Deshmukh Road
Bombay-

Dr. P T Marfatia
67 Milan
87 Tardeo Road
Bombay-400 034.

Col K K Maudar
10/2 Hospital Quarters
Delhi Cantt.

Dr. R N Misra
P.O. D.M. College
Laharia Saria
Darbhanga-

Dr. I N Mitra
Tata Memorial Hospital
Parel,
Bombay- 400 012

Dr. U G Mistry
Narayan Nivas
Bherilal Patel Road
Valsad-396 001.

Dr. S S Nayyer
C/o Dr. Arun Agarwal
3/3 South Tuko Ganj
Indore-452 001.

Dr. A J Narendran
Division of Surgical Oncology
Kidwai Memorial Institute
Banglore-560 029.

Dr. A D Purohit
34/61 HIG Kiranpath
Mansarovar Housing Board
Jaipur-303 902.

Dr. T H Patel
50/322, Saraswati Nagar
Vastrapur
Ahmedabad-380 015.

Dr. S Pal
6/7 Sarbani Block FC
Salt Lake Section III
Calcutta-700 091.

Dr. D D Patel
90-B, Swastik Society
Navrangpuram
Ahmedabad-380 009

Dr. K Pandey
Regional Cancer Centre
Kesarpur,
Cuttack-755 001.

Dr. G V Prabhakar
Medical Officer
Gorantla
Anantpur-515 231

Dr. S Pujari
Shree Hospital extension area
Miraj-416 410.

Dr. S A Pradhan
20, Amya abad Agha Road
Nesbit Road
Bombay-

Dr. K K Pandey
Department of Surgery
Safdarjung Hospital
New Delhi.

Dr. N C Padhi
Ramlingam Tank road
Berhampur-760 002.

Dr. B K C M Prasad
32 West Avani Moola St.
Madurai-625 001.

Dr. K Panda
Regional Comm. Centre
Kesarpur
Cuttack-753 001.

Dr. P N Pandit
Prof of Surgery
St. John's Medical College
Banglore-560 034.

Dr. A Poddar
15, Bally Gunge Park Road
Calcutta-700 019.

Dr. S C Rao
196 White House
Nicolson Road, Tanbund
Secunderabad-500 003.

Dr. R S Rao
Superintendent
Tata Memorial Hospital
Parel, Bombay-400 012.

Dr. R Rajaraman
66, Sakkanayalam Street
Thanjavur
Tamil Nadu-

Dr. N. Rangabashyam
S'Pore PHD 31
Venkatanaryana Road
Madras-600 017.

Dr. J B Venket Rau
House No 64-2-1J
Raja Nagar Colony
Kakinada-533 004.

Dr. S V M Rao
85/1-2 Pratap Nagar
Kakinada-

Dr. V V S Rao
12 12 823/B/8, Sri Satya Sai Marg
Hyderabad- 500 028.

Dr. V S Rajput
Department of Surgery
GSVM Medical College
Kanpur-

Dr. Raghav Rao Annmala Setty
R. Agraiaram
Guntur-522 003

Dr. P K Rai
46-A Brij Enclave
Sunderpur
Varanasi-221 005.

Dr. N C Raina
11 Mohinder Nagar
Jammu-180 001.

Dr. S R Reddy
3-6-770/2 Himayeth Nagar
Hyderabad

Dr. K S Ramalingam
Madurai Kamraj University
6, East St Chidambar Nagar
Tuticorin-628 008.

Dr. V D Sanghwi
B 31 Anand Apartments
Subway Road, Santacruz West
Bombay-400 054.

Dr. P. Subbarao
4/3 Ashok Nagar
Guntur-522 002.

(Mrs.) Varsa N. Sagdeo
13, Nargundkar LIC Colony
Khamala Road
Nagpur-440 015.

Dr. Sanjai Sharma
Tata Memorial Hospital
Parel
Bombay-400 012

Dr. A Sengupta
5, Dr. A.K. Pal Road
Calcutta-700 034.

Dr. (Mrs) R Sarin
P.O. Box 2951
Abu Dhabi-UAE

Dr. Anurag Srivastava
Department of Surgery
AIIMS, Ansari Nagar
New Delhi-110 029.

Dr. Govind Sharma
CMO, Surgeon & Oncologist
Pushpa Mission Hospital
Ujjain-456 010

Dr. M U Saikh
46, Dewas Road
Ujjain-

Dr. B R Sharma
Brahmapur Nahabam
Bishnulatpam, Leirak
Imphal-

Dr. A P Sahu
C/o Prof. C.S. Sahu
Friends Colony Goulundi,
Berhampur-760 004.

Dr. S K Shukla
1/10, New Palasia
Indore-452001

Dr. K P Shastri
IJ 37, Ikram Manzil Colony
Hyderabad-500 482.

Dr. V K Shukla
Department of Surgery
IMS, BHU,
Varanasi-221 005

Brig Dr. S K Sarkar
Army Hospital
Delhi Cantt,
Delhi-110 010.

Dr. H S Shukla
No. 7 Lanka
Varanasi-221 005.

Dr. C M Singhal
Department of Surgery
GSVM Medical
Kanpur-

Dr. V P Sharma
Kashi Bhawan
13, Kala Bagh
Ajmer-305 001.

Dr. J N Suraiya
Tata Memorial Hospital
Parel,
Bombay-400 012.

Dr. I D Sharma
Department of Surgery
K.G. Medical College
Lucknow-226 003

Dr. R P Sahi
Department of Surgery
K.G. Medical College
Lucknow-226 003

Dr. G N Shukla
Prof. of Surgery
Medical College
Baroda-

Dr. K M Singh
Department of Surgery
K.G. Medical College,
Lucknow-226 003

Dr. (Mrs.) S.V. Shah
5, Laxmi Naryan Society
Vadaj Road
Ahmedabad-380 013

Dr. A K Sharma
Department of Surgery
T.U. Teaching Hospital
Kathmandu, Nepal

Dr. S P Sahu
C/o Prof. S.P. Sahu
Friends Colony, Goulundi,
Berhampur-760 004.

Dr. R G Sharma
17, Uniara Gardens
Japipur-302 004.

Dr. R K Sharma
732, Patel Nagar 3
Civil Lines
Ludhiana-141 001.

Dr. V S Subramaniam
Shri Kailash Door No. 974
1/1 Md Ali Street, Gandhi Nagar
Kakinada-533 004.

Dr. Bagdia Madhusudan
Shyamlal
Rajnigandha Alsi Plots
Akola-444 001.

Dr. Sunil Kumar Sarker
P.O. Laharia Sarai
Darbhanga-

Lt. Col. V P Singh
2 D Subroto Marg
Goubar Maidan
Pune-411 040.

Dr. Ashutosh Shhla Vaidya
Village Moskipur
P.O. Malna Badarpur
Dist. Karimganj, Assam-788 806.

Dr. D Seth
A-1, Krishna Apartments
Savak Nagar Race Course
Baroda-390 007.

Col. P Subhas
Dept. of Surgery
Army Hospital
Delhi-110 010.

Dr. B S Srinath
No. 1 33rd Cross,
16th Main 4th T. Block
Jayanagar, Bangalore.

Dr. G Singh
52 Sector 16
Chandigarh-

Dr. R D Sharma
C/o 25-C, Govt. Quarters
Gandhi Nagar-180 004.

Dr. Nagappa Bhimappa Sajjan
Vidya Shankara Nilaya
Marawadi Colony, Old P O Road,
Chitra Durga, Karnataka-

Dr. N K Shukla
Addl Prof. Surgical Oncology
IRCH, AIIMS,
New Delhi-110 029.

Dr. P M Trivedi
Department of Surgery
Medical College
Baroda-

Dr. M D Tripathi
R-8 Medical College Campus
Meerut-

Dr. P H Trivedi
1, Alka Society
Mehsana-384 002

Dr. C P Tiwari
D 1 Ratlan Kothi
Indore-

Mr. V S Tiwari
111/163 Harsh Nagar
Kanpur-208 012.

Dr. R Tirunagari
10-3-313/2, Karaw Hospital
P.S. Nagar
Hyderabad-500 457.

Dr. P B Vaghaji
Risela Bazar, Deesa
Gujrat- 385 525.

Dr. P K Wanchoo
26, Uniara Gardens
Jaipur-

Dr. S Venugopalan
70, VOC Nagar
Thaiyuvan-613 007.

Maj L S Vohra AMC
C/o 56 APO

Dr. M P Vaidya
Batra Hospital MRC
1 Tugalakabad Institutional Area
New Delhi-110 062.