

# SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

OCTOBER 2019, VOLUME 12, ISSUE 10



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## SLMA Theme 2019

Facing the challenges and forging ahead for better health outcomes

## OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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# President's Message

## Formation of a new Expert Committee of the Sri Lanka Medical Association on "Clinical Governance"

Dear members,

In my letter to you in September 2019, I mentioned about the work done by the newly formed 'Expert Committee on Reducing Suicides in Sri Lanka'. Since then two more Expert Committees were formed - These are the expert committees on "Clinical Governance" and "Prevention of Violence in Universities and Corporal Punishment in Schools". This month, I will focus my attention on the Expert Committee on Clinical Governance.

You are well aware of the uproar in May 2019, which resulted from the alleged sterilizations conducted in the Kurunegala hospital. In the light of this event, SLMA issued the following press statement.

"The Sri Lanka Medical Association, the apex body of the medical profession in Sri Lanka, is deeply concerned about the situation which has arisen following the allegations made against a medical professional from the Teaching Hospital Kurunegala.

We expect that the ongoing investigations will be conducted methodically by the relevant authorities and completed without delay.

We urge all, especially the members of the medical profession, to refrain from making hasty and ill-considered statements until the true facts are established. Such actions could aggravate the already troubled situation in the country at present."

Thereafter, due to the persistent requests from members of the medical profession, the concerned public and civil organizations regarding accountability for the alleged malpractice, Professor Rasnayaka Mudiyanse suggested the formation of an Expert Committee on Clinical Governance. The Council of the SLMA approved the formation of this committee in July 2019 and recommended Professor Rasnayaka Mudiyanse as the Chairperson. The other members recommended to the committee were Professor Priyadarshani Galappaththi, Dr Lucian Jayasuriya, Dr Ruvaiz Haniffa, Professor Indika Karunathilake, Dr Kalyani Guruge, Dr Thathya de Silva and the

President. At a subsequent meeting Dr Sudath Dharmaratne, (Director, Quality Secretariat, Ministry of Health) was invited as the convener. The presidents of the following colleges were also invited to serve on this committee, ex-officio – Colleges of Surgeons, Obstetricians and Gynaecologists, Physicians, Paediatricians, Psychiatrists, Radiologists and Family Physicians.

Dr Dharmaratne recommended the inclusion of Dr Sridharan, Dr Palitha Karunapema, Dr Dilantha Dharmagunawardena, Dr Upuli Wijemanne, Dr Vajira Nanayakkara, Dr Vindya Kumarapeli and Dr Mihiri Priyangani. These doctors were recommended to be included as they had experience in clinical governance and performing clinical audits.

Clinical Governance comprises of Education and Training, Clinical Audit, Clinical Effectiveness, Openness, Research and Development and Risk Management. Clinical Governance is the framework through which health care institutions and health care providers are made accountable for continuously improving the quality of healthcare provided to the patients. Good clinical governance would therefore ensure complete patient satisfaction and improve job satisfaction among the professionals.

An important method of establishing good clinical governance is the conduct of regular Clinical Audits. Clinical auditing is the process of self-evaluation that leads to identification of sub optimal patient

management, including poor communications, treatment regimens and overall inadequate patient care. Conduct of proper clinical audits and correction of these deficiencies will certainly lead to improvement of patient care, better health outcomes and greater patient satisfaction.

The immediate tasks of the Expert Committee on Clinical

Governance are as follows.

1. Education and dissemination of the practice of Clinical Governance.

This will be achieved by conducting a lecture on clinical governance prepared for this purpose by the committee, and delivered by a member of the expert committee at all regional meetings and CME meetings conducted by the SLMA.

2. Conduct of regular clinical audits in wards of government hospitals and later establish the practice of regular clinical auditing in all healthcare institutions in the country.

3. Develop guidelines for obtaining consent for various procedures.

4. Develop proper consent forms and obtain informed consent prior to any surgical procedure.

The consent form should indicate the nature of the procedure, the possible outcomes and that the patient has understood what has been explained, and signed by both the doctor and the patient/ guardian.

We will be discussing these issues with the Director General of Health Services shortly.

Best regards,

Dr Anula Wijesundere,

President, SLMA.

A graphic titled "MALARIA COUNT" in white text on a dark blue background. The graphic is shaped like a large downward-pointing triangle. Inside, there are smaller triangles and shapes. At the top left, a triangle contains the text "Let's keep Sri Lanka Malaria free". At the top right, a triangle contains the text "All are imported!". In the center, the words "MALARIA COUNT" are written in large white letters. At the bottom left, a triangle contains the text "in 2019" in white, with a large red "36" below it. At the bottom right, there is a silhouette of a mosquito.

# SLMA Regional Clinical Meeting with Clinical Society of District General Hospital Vavuniya

**Dr Anula Wijesundere,  
President, SLMA.**

The Joint Clinical Meeting of the SLMA with the Clinical Society of Vavuniya Hospital was held on 30<sup>th</sup> July at the auditorium of the hospital. The SLMA delegation was warmly welcomed in the traditional Hindu manner after which the Sri Lankan National Anthem was sung and the lamp of learning was lit. The welcome speech was delivered by Dr Damith Nandadewa, Consultant Respiratory Physician. I welcomed the doctors of Vavuniya on behalf of the SLMA.

In the first session, Dr Brammah Thangarajah, Consultant Nephrologist, gave an in-depth lecture on "Sodium Disorders". This was followed by a talk on "Management of Cervical Lymphadenopathy" by Dr K Jayanthan, Consultant Surgeon. Later Dr Maheshi Amarawardena, Consultant Endocrinologist delivered a very comprehensive talk on "Effect of non-thyroidal drugs on the thyroid".

After tea, the second session began. This comprised of lectures delivered by the visiting members of the SLMA. Professor



Ranil Fernando, Professor of Surgery, University of Kelaniya delivered "An update on parathyroid disease". This was followed by a talk on "Violence against children" by Professor Asvini Fernando, Associate Professor in Paediatrics, University of Kelaniya. Thereafter Dr. Ajita Wijesundere, Consultant Obstetrician and Gynaecologist delivered a lecture titled "Could Sri Lanka reduce its maternal mortality rate to less than 10 by 2030?"

The vote of thanks was delivered by Dr Brammah Thangarajah. I thank Dr Maheshi Amarawardena and Dr Thathya de Silva for coordinating this programme.

# Prof. Ralph Panabokke: An Appreciation

Prof Mahasara Gunaratne D.Sc

The sad news reached the academic community of the passing away of a renowned and long-serving University teacher: Prof Ralph Panabokke in England, so far from his beloved country.

I grieve at the loss of a brilliant academic, a friend of later years, a close confidante and a mentor during my stay at Peradeniya.

I first met Ralph as a third-year medical student in Colombo in the Department of Pathology, so rich in talent, adorned with a long lineage of scholars of international repute of the caliber of Prof WAE

Karunaratne (Issac Newton Ter-centennial scholar) and the brilliant Prof GH Cooray; both pupils of the famed Prof Cameron and the Graham Research Institute. He was quick to make friends and help juniors. He was gracious enough to lend me his MD thesis, which served as the corner-stone for my future guidance.

Ralph was a man on whom accolades came with ease; Dean of the Faculty, Vice Chancellor Peradeniya and Director PGIM. The son of an illustrious father, yet humble and soft spoken. Whichever accolade Ralph received he remained the fatherly

figure in the University and the PGIM. He took to retirement with ease with the occasional repost in the private sector.

Fate overwhelmed him however, the loss of his beloved wife Kalyani, who kept open house for all and a son Ranjan. Perhaps loneliness beckoned this nice man to leave the country and seek the comfort and successor of the only family member, his son.

Good bye sir,

May you attain the supreme bliss of Nirvana!

## Navigating Breast Cancer in the Post-Genomic Era

Dr. Nirmala D. Sirisena and  
Prof. Vajira H.W. Dissanayake

Human Genetics Unit, Faculty of Medicine,  
University of Colombo

### 1| INTRODUCTION

Breast cancer is a complex disease that results from an interaction between genetic, epigenetic, environmental, hormonal and lifestyle risk factors. It is the most common cancer in women and a leading cause of cancer morbidity and mortality in Sri Lanka. The report from GLOBOCAN indicates more than 3,000 new cases of breast cancer in 2018 in Sri Lanka. This figure accounts for 13.1% of all cancers and 24% of all female cancers<sup>[1]</sup>. Such alarming figures highlight the importance of identifying individuals at-risk of breast cancer early, so that appropriate management and preventive measures could be instituted to reduce the morbidity and mortality associated with this disease.

Breast cancer can be broadly classified into hereditary (5-10%), familial (20-30%) and sporadic (70-80%) types<sup>[2]</sup>. A growing body of research has identified numerous biologic pathways and candidate genes associated with increased susceptibility to breast cancer. It is believed that breast cancer develops from a series of genetic aberrations leading to progressive dysfunction of the normal mechanisms which regulate cell proliferation,

differentiation, apoptosis, and genomic stability<sup>[3]</sup>. Numerous genetic alterations that affect cell cycle regulating genes such as proto-oncogenes, tumour suppressor genes, DNA mismatch repair genes, p53 genes and genes encoding steroidogenic enzymes have been identified in the genomes of breast tumour cells. Such genetic alterations in the tumour genome are now recognized as the 'drivers' of cancer. Insight into how these genetic aberrations alter cellular signalling pathways that lead to tumour growth, invasion and metastasis have led to a greater understanding of the processes involved in breast carcinogenesis<sup>[4]</sup>.

### 2| GENETICS OF BREAST CANCER

Genetic factors play an important role in the aetiology of breast cancer. Cancer predisposition genes (CPGs) are genes in which rare germline variants confer highly or moderately increased risks of breast cancer, i.e. usually greater than a 2-fold relative risk. So far, a multitude of CPGs have been identified, and their clinical utilization has resulted in a substantial impact on the detection, optimized personalized care, screening and prevention of breast cancer<sup>[5]</sup>.

Breast cancer susceptibility genes can be classified into three main categories according to their frequency and the level of risk conferred: rare, high-penetrant genes; rare, moderate-penetrant genes; and common, genetic variants that

confer increased risk of cancer found in low-penetrant genes (Table 1)<sup>[4]</sup>. Inheritance of rare germline variants in high-penetrant CPGs are known to strongly predispose women to hereditary breast cancer and account for about 5-10% of all breast cancers<sup>[6,7]</sup>. Women with a history of breast cancer in a first-degree relative are at approximately 2-fold higher risk than women without a family history. Besides positive family history, other characteristic features of hereditary cancer include: earlier age of onset, multiple primary cancers in an individual, clustering of rare cancers, and bilateral or multifocal cancers<sup>[8]</sup>. Familial types comprise approximately 20-30% of all breast cancers attributed to a combination of multiple moderate to low-penetrant genes and shared environmental or lifestyle risk factors. The vast majority of the remaining breast cancers, accounting for 70-80% appear to occur sporadically in women with no known family history of the disease and are mainly attributed to a multitude of low-to-moderate penetrant susceptibility alleles (single nucleotide variants), each conferring a small increase in the overall risk, ranging from just over 1- to 2-fold<sup>[9,10]</sup>.

Referral for genetic counselling and testing for individualized cancer risk assessment should be offered to patients who meet any of the following "hereditary breast and ovarian cancer" criteria:

Contd. on page 07

# Navigating Breast...

**Table 1: Breast cancer susceptibility genes**

Gene	Associated syndromes	Breast cancer risk
<b>Rare high-penetrant genes</b>		
<i>BRCA1</i>	Hereditary breast/ovarian cancer	60-85% (lifetime); 15-40% risk of ovarian cancer
<i>BRCA2</i>	Hereditary breast/ovarian cancer	60-85% (lifetime); 15-40% risk of ovarian cancer
<i>TP53</i>	Li-Fraumeni syndrome	50-89% (by age 50)
<i>PTEN</i>	Cowden syndrome	25-50% (lifetime)
<i>CDH1</i>	Lobular breast cancer and hereditary diffuse gastric cancer	RR 6.6
<i>STK11</i>	Peutz-Jeghers syndrome	30-50% (by age 70)
<b>Rare moderate-penetrant genes</b>		
<i>CHEK2</i>	Li-Fraumeni 2 syndrome	OR 2.6
<i>BRIP1</i>	Breast cancer	RR 2.0
<i>ATM</i>	Ataxia telangiectasia	RR 2.37
<i>PALB2</i>	Breast, pancreatic, prostate cancers	RR 2.3
<b>Common genetic variants that confer increased risk of cancer found in low-penetrant genes</b>		
<i>FGFR2</i> rs2981582	Breast cancer	OR 1.26
<i>TOX3</i> rs3803662	Breast cancer	OR 1.14
<i>LSP1</i> rs3817198	Breast cancer	OR 1.06
<i>MAP3K1</i> rs889312	Breast cancer	OR 1.13
<i>CASP8</i> rs1045485	Breast cancer (protective)	OR 0.89
<i>TNPI</i> rs13387042	Breast cancer	OR 1.11
<i>FAM84B</i> rs13281615	Breast cancer	OR 1.06
<i>FGFR10</i> rs10941679	Breast cancer	OR 1.19
<i>ESR1</i> rs2046210	Breast cancer	RR 1.29
<i>RAD51L1</i> rs999737	Breast cancer	RR 0.84
<i>NOTCH2</i> rs11249433	Breast cancer	RR 1.14
<i>COX11</i> rs6504950	Breast cancer	RR 0.95
<i>SLC4A7</i> rs4973768	Breast cancer	RR 1.11

OR: overall risk; RR: relative risk; SNV: single nucleotide variant

- Multiple cases of breast and/or ovarian cancer in the family occurring in two or more close relatives:
  - Two 1st degree, or one 1st and one 2nd degree relative with breast cancer <60 years and/or ovarian cancer at any age on the same side of the family.
  - Three or more family members (1st or 2nd degree) with breast or ovarian cancer on the same side of the family, any age.
- Patient or 1st degree relative with breast cancer <40 years, with or without family

- history.
- A family member with bilateral breast cancer.
- A family member with both breast and ovarian cancers.
- A family member with primary cancer in both breasts if one or both cancers diagnosed before age 50 years.
- A family member with male breast cancer.
- A family member with ovarian cancer.

- Diagnosis of a hereditary breast cancer syndrome in a family member.
- A family member with an identified *BRCA1* or *BRCA2* mutation.

### 3| INTEGRATING GENOMICS INTO PERSONALIZED CARE OF BREAST CANCER

It is well known that early detection of breast cancer increases the chances for successful treatment and leads to better survival outcome. However,

Contd. on page 08

## Navigating Breast...

one of the main challenges has been to detect breast cancer at an early stage and ideally, find the means to predict who will develop the disease. Diagnostic techniques, such as mammography and histological evaluation of biopsies, have remained the gold standard. Strategies such as early detection by breast cancer surveillance can lessen the burden of the disease but have limitations such as misdiagnosis, over-diagnosis, increased cost and side effects <sup>[11]</sup>. Stratifying women according to their genetic risk of developing breast cancer would help to improve risk reduction and surveillance programmes by targeting those most likely to benefit.

Over the past few decades, the completion of the Human Genome Project and the progress in genome sequencing technologies have unravelled the molecular mechanisms responsible for many cancers, including breast cancer. Recent advances in molecular biology have shed light on the mechanisms that contribute to the development and progression of breast cancer. Such in depth understanding of the molecular mechanisms has provided new avenues for interventions in areas such as:

- Early detection of at-risk individuals with hereditary cancer predisposition and provision of genetic counselling for undertaking regular cancer surveillance or risk reduction prophylactic measures.
- Better prognostication through molecular subtyping of breast tumours e.g. luminal A and B subtypes (typically oestrogen receptor (ER)-positive and/or progesterone receptor (PR)-positive with variable expression of proliferation-associated genes); human epidermal growth factor receptor-2 (HER2)-enriched subtypes; and ER-negative subtypes comprising of triple negative breast cancers (TNBC) and basal-like tumours with expression of basal keratins.
- Guiding treatment decisions and institution of tailored treatment based on the patient's germline or tumour genomic profile.
- Prediction of response to or benefit from specific therapeutic modalities, risk of metastasis or recurrence and prognosis of survival through tumour gene expression signatures such as

### MammaPrint and Oncotype Dx assays.

Germline or somatic genetic variations can be identified by testing DNA extracted from blood or tumour tissue of any individual using Next-Generation Sequencing (NGS)-based testing with multi-gene cancer panels or whole exome sequencing. It provides a rapid and economical solution to single-gene tests as it can analyse multiple genes simultaneously at a lower cost. These services are currently available at the Human Genetics Unit.

Furthermore, the innovation of targeted therapy has caused a paradigm shift in breast cancer treatment from a "stratified oncology" based on clinico-pathological parameters to a "personalized medicine" approach based on the match between the targeted drug and the molecular alteration that confers a survival advantage to cancer cells <sup>[12]</sup>. Examples include the use of selective oestrogen receptor modulators e.g. tamoxifen, raloxifene, fulvestrant, and aromatase inhibitors e.g. anastrozole, letrozole, exemestane in hormone-receptor positive breast cancer; trastuzumab (HER2 inhibitor), lapatinib and neratinib (dual HER2/EGFR inhibitor), pertuzumab (HER2 dimerization inhibitor) in HER2-amplified breast cancer; everolimus (PI3K/Akt/mTOR inhibitor); and olaparib (PARP inhibitor) in patients with BRCA1 and BRCA2 germline genetic variants.

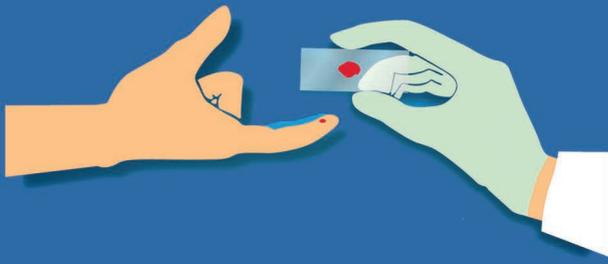
### 4 | THE WAY FORWARD

The expanding knowledge-base of breast cancer genetics and genomics has led to improved understanding of its molecular biology with resultant implications for all facets of breast cancer management, including diagnosis, prevention, screening, and treatment. Such knowledge is helpful in identifying at-risk individuals with hereditary cancer predisposition, characterizing tumours using prognostic and predictive biomarkers, guiding treatment decisions, and selecting appropriate individualized targeted treatment options. However, as these genomic technologies and services become increasingly available in the country, it is vital that appropriate measures be undertaken concurrently to educate

and build up a healthcare workforce that is effectively trained to integrate genetic and genomic information into their routine clinical cancer practice.

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# Reduce the Delay

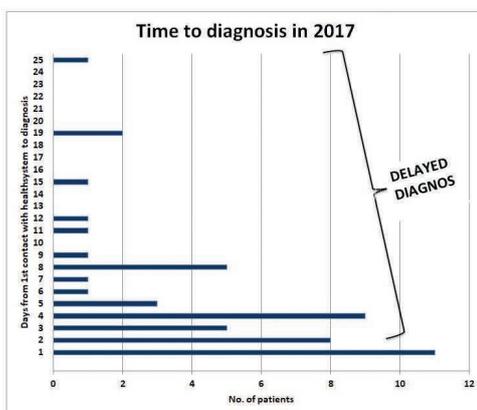
## in diagnosing imported **Malaria**

Every single day that a malaria patient is left untreated,

- \* His/her chances of survival decreases, &
- \* He/she can transmit the disease to others & re-introduce malaria to Sri Lanka



Therefore **malaria should be diagnosed within 24 hours of onset of fever**



### Your role:

For all fever patients, always check **travel history** at first interview. If patient has travelled to a malaria endemic country recently, **test for malaria**.

Anti Malaria Campaign Headquarters  
Public Health Complex, 3rd floor, 555/5,  
Elvitigala Mawatha, Colombo 05  
Tell: 011 2 588 408/ 011 2 368 173/ 011 2 368 174  
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**011 7 626 626**  
[www.malariacampaign.gov.lk](http://www.malariacampaign.gov.lk)

## Awards for research papers presented at the SLMA 132<sup>nd</sup> Anniversary International Medical Congress

### Dr. E. M. Wijerama Award

OP009

**Development of a model for a resource limited setting, to predict the presence of oesophageal varices among newly diagnosed patients with cirrhosis**

Perera K<sup>1</sup>, Kodisinghe SK<sup>1</sup>, Ediriweera D<sup>2</sup>, Moratuwagama HMD<sup>2</sup>, Williams S<sup>2</sup>, Pathmeswaran A<sup>2</sup>, Niriella MA<sup>2</sup>, De Silva HJ<sup>2</sup>

<sup>1</sup>Colombo North Teaching Hospital, Ragama

<sup>2</sup>Faculty of Medicine, University of Kelaniya

### Dr. S. E. Seneviratna Award

OP010

**20 year follow up and survival analysis in a cohort of patients with Haemoglobin E beta Thalassemia**

Olivieri NF<sup>1</sup>, Premawardhena AP<sup>2</sup>, Amir-Arsalan S<sup>1</sup>, Ediriweera D<sup>2</sup>, Mettananda S<sup>2</sup>, Dayananda Bandara W<sup>3</sup>, Arambepola M<sup>4</sup>, De Silva S<sup>5</sup>, Refai MACM<sup>6</sup>, Allen A<sup>7</sup>

<sup>1</sup>University of Toronto, Canada

<sup>2</sup>University of Kelaniya, Sri Lanka

<sup>3</sup>Teaching Hospital Kurunegala, Sri Lanka

<sup>4</sup>Teaching Hospital Kandy, Sri Lanka

<sup>5</sup>Consultant Paediatrician

<sup>6</sup>Anti-Tuberculosis Campaign, Sri Lanka

<sup>7</sup>University of Oxford, UK

### Dr. H. K. T. Fernando Award

OP016

**Effectiveness of every-other-day atorvastatin dosing in patients with statin-related muscle disease: A randomised controlled clinical trial**

Wijekoon CN<sup>1</sup>, Wijekoon PWMCSB<sup>1</sup>, Bulugahapitiya U<sup>2</sup>, Pathirana N<sup>1</sup>, Wickramasinghe MC<sup>1</sup>, Paranaivitane SA<sup>2</sup>, Kottage A<sup>2</sup>, Wijayawardena S<sup>1</sup>, Karunarathne M<sup>1</sup>, Samarasinghe M<sup>1</sup>

<sup>1</sup>Faculty of Medical Sciences, University of Sri Jayewardenepura

<sup>2</sup>Colombo South Teaching Hospital

### Professor Sir Nicholas Attygalle Award

OP012

**Identifying haemoglobinopathy traits and iron deficiency in Sri Lanka using the dichlorophenolindophenol (DCIP) and one- tube osmotic fragility (OF) tests and measurement of red cell zinc protoporphyrin (ZPP)**

Perera PS<sup>1</sup>, Premawardhena A<sup>1</sup>, Mettananda S<sup>1</sup>, Rodrigo R<sup>1</sup>, Perera L<sup>1</sup>, Weatherall DJ<sup>2</sup>, Allen S<sup>3</sup>, Allen A<sup>2</sup>

<sup>1</sup>Faculty of Medicine, University of Kelaniya

<sup>2</sup>MRC Molecular Haematology Unit, Weatherall Institute of Molecular Medicine, University of Oxford, UK

<sup>3</sup>Centre for Tropical and Infectious Disease, Liverpool School of Tropical Medicine, UK

### Dr. Wilson Peiris Award

OP037

**Metabolic syndrome, but not non-alcoholic fatty liver disease, is associated with increased mortality: A 10-year prospective, community-based cohort study**

Niriella MA<sup>1</sup>, Kasturiratna A<sup>1</sup>, Beddage TU<sup>1</sup>, Withanage KKSA<sup>1</sup>, Goonatillake MDCC<sup>1</sup>, Abeysinghe AACP<sup>1</sup>, De Mel VRT<sup>1</sup>, De Silva ST<sup>1</sup>, Dassanayaka AS<sup>1</sup>, De Silva AP<sup>1</sup>

<sup>1</sup>Faculty of Medicine, University of Kelaniya

### Professor Daphne Attygalle Award for the Best Paper in Cancer

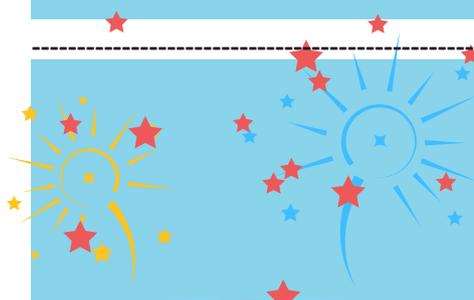
OP021

**Delays in breast cancer care in Sri Lanka and factors associated with delays**

Hewage SA<sup>1</sup>, Gunawardena NS<sup>2</sup>, Samaraweera S<sup>1</sup>

<sup>1</sup>National Cancer Control Programme, Ministry of Health, Nutrition and Indigenous Medicine

<sup>2</sup>Health Systems Analysis and Evidence, WHO Country Office for Sri Lanka



## Prizes and awards...

### Sir Frank Gunasekera Award for the Best Paper in Community Medicine / Tuberculosis

OP037

**Metabolic syndrome, but not non-alcoholic fatty liver disease, is associated with increased mortality: A 10-year prospective, community-based cohort study**

Niriella MA<sup>1</sup>, Kasturiratna A<sup>1</sup>, Beddage TU<sup>1</sup>, Withanage KKSA<sup>1</sup>, Goonatillake MDDC<sup>1</sup>, Abeyasinghe AACP<sup>1</sup>, De Mel VRT<sup>1</sup>, De Silva ST<sup>1</sup>, Dassanayaka AS<sup>1</sup>, De Silva AP<sup>1</sup>

<sup>1</sup>Faculty of Medicine, University of Kelaniya

### Professor Kumaradasa Rajasuriya Award for the Best Paper in Tropical Medicine

OP005

**Entomological surveillance guided parasitological surveillance: An effective post-elimination strategy to clear last few lymphatic filariasis cases in Sri Lanka**

Gunaratna IE<sup>1</sup>, de Mel D<sup>1</sup>, Punchihewa MW<sup>2</sup>, Wijethunga IC<sup>3</sup>, Mendis D<sup>1</sup>

<sup>1</sup>Anti Filariasis Campaign, Ministry of Health, Colombo, Sri Lanka

<sup>2</sup>Regional Filariasis Unit, Office of Regional Director of Health Services, Galle, Sri Lanka

<sup>3</sup>Office of Medical Officer of Health, Balapitiya, Sri Lanka

### Special Prize in Cardiology

OP016

**Effectiveness of every-other-day atorvastatin dosing in patients with statin-related muscle disease: A randomised controlled clinical trial**

Wijekoon CN<sup>1</sup>, Wijekoon PWMCSB<sup>1</sup>, Bulugahapitiya U<sup>2</sup>, Pathirana N<sup>1</sup>, Wickramasinghe MC<sup>1</sup>, Paranavitane SA<sup>2</sup>, Kottage A<sup>2</sup>, Wijayawardena S<sup>1</sup>, Karunarathne M<sup>1</sup>, Samarasinghe M<sup>1</sup>

<sup>1</sup>Faculty of Medical Sciences, University of Sri Jayewardenepura

<sup>2</sup>Colombo South Teaching Hospital

### Dr. S. Ramachandran Award for the Best Scientific Communication in Nephrology

OP014

**BK virus associated nephropathy in renal transplants: A single center experience in Sri Lanka**

Perera NJAHD<sup>1</sup>, Galahitiyawa MCB<sup>1</sup>, Rodrigo AS<sup>2</sup>, Herath CA<sup>1</sup>

<sup>1</sup>Department of Nephrology, Dialysis and Transplantation

<sup>2</sup>Department of Pathology, Sri Jayewardenepura General Hospital, Sri Lanka

### SLACPT Award for the Best Presentation in Pharmacology

OP054

**Antibiotic consumption in the state sector of Sri Lanka, using quality indicators of appropriate antibiotic use**

Gunasekara ADM<sup>1</sup>, Yasarathna KWGKP<sup>1</sup>, Beneragama BVSH<sup>2</sup>, Panapitiya L<sup>3</sup>, Wanniarachchi LC<sup>3</sup>, Fernandopulle BMR<sup>1</sup>

<sup>1</sup>Faculty of Medicine, General Sir John Kotelawala Defence University

<sup>2</sup>Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka

<sup>3</sup>Medical Supplies Division, Sri Lanka

### SLMA Prize for the Best Poster

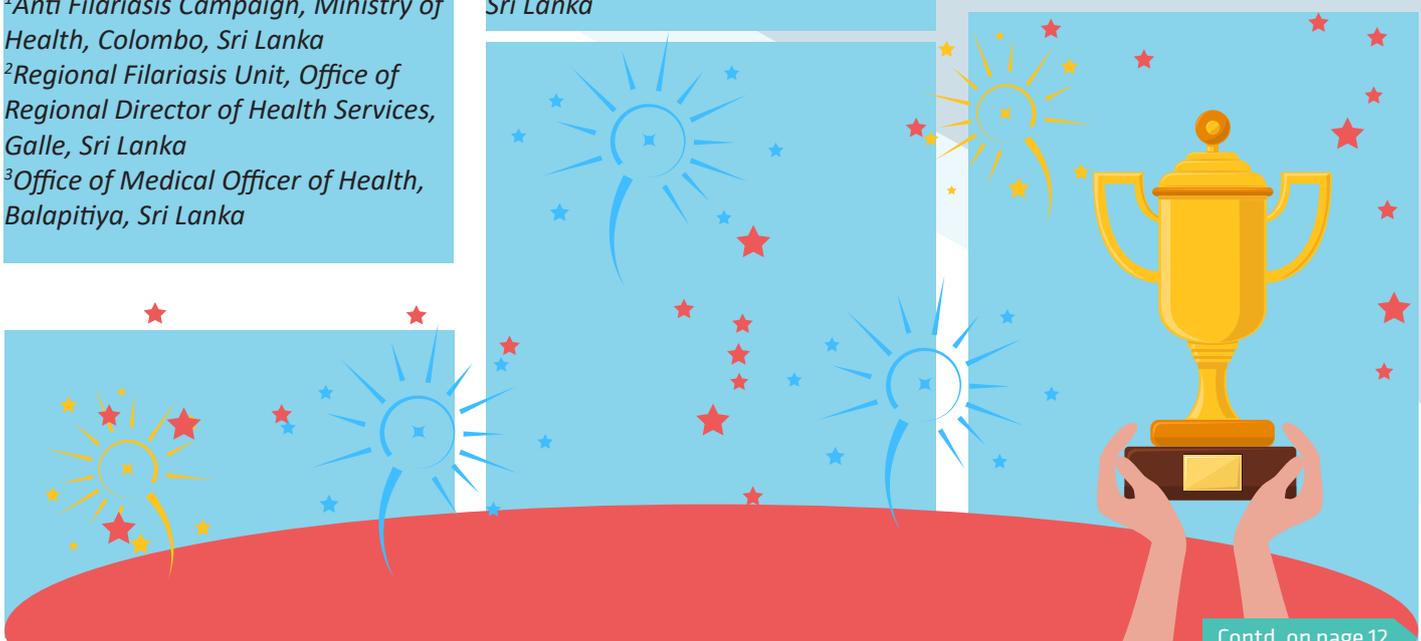
PP048

**Care paths and their effect on delays in breast cancer care in Sri Lanka**

Hewage SA<sup>1</sup>, Gunawardena NS<sup>2</sup>, Samaraweera S<sup>1</sup>

<sup>1</sup>National Cancer Control Programme, Ministry of Health, Nutrition and Indigenous Medicine

<sup>2</sup>Health Systems Analysis and Evidence, WHO Country Office for Sri Lanka



Contd. on page 12

## Prizes and awards...

### Research and Travel

#### Grants

**The CNAPT Award in Memory of Richard and Sheila Peiris**

**Melioidosis in Sri Lanka**

Dr. Enoka Corea

*Senior Lecturer in Microbiology,  
Faculty of Medicine, University of  
Colombo*

**SLMA Research Grant**

**Prophylactic prednisolone for prevention of early and intermediate adverse effects of radioactive iodine therapy in thyroid cancer**

Dr. Umesh Jayarajah

*Department of Surgery Professorial  
Unit, National Hospital of Sri Lanka*

**Professor Wilfred Perera Travel Grant - 2019**

**Orthostatic hypotension among patients aged above 65 years admitted to medical wards in a tertiary care hospital, Sri Lanka**

Dr. MCK Thilakasiri

*Registrar in Emergency Medicine*

**Detrusor muscle in the initial transurethral resection of bladder tumour specimen and recurrence rate at first check cystoscopy in non-muscle invasive bladder cancer based on surgeon experience: A retrospective analysis**

Dr. Umesh Jayarajah

*Department of Surgery Professorial  
Unit, National Hospital of Sri Lanka*

# AGM Notice

## ANNUAL GENERAL MEETING: 20TH DECEMBER 2019

The Annual General Meeting (AGM) of the Sri Lanka Medical Association will be held at 7.00 p.m. on Friday, 20<sup>th</sup> December 2019, at the Lionel Memorial Auditorium, Wijerama Mawatha, Colombo 7. All members are cordially invited to be present.

Any proposals or resolutions to be taken up at the AGM should reach the Honorary Secretary, SLMA on or before 29<sup>th</sup> November 2019.

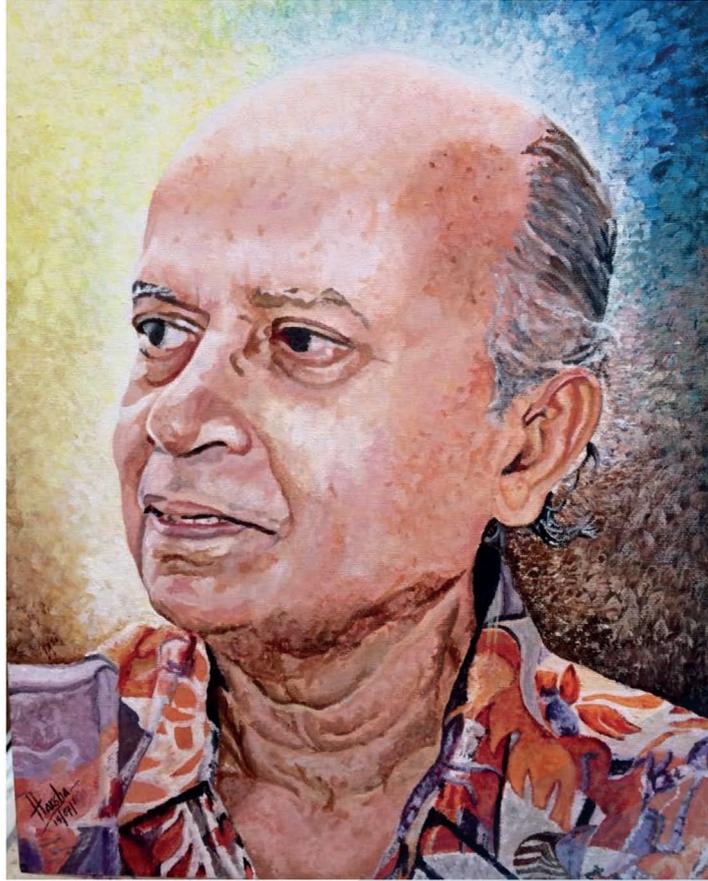
The agenda of the AGM is given below.

Dr. Kapila Jayaratne  
Honorary Secretary, SLMA

### Agenda for the Annual General Meeting: 20 – 12 – 2019

1. National Anthem
2. Reading of the notice calling for the Annual General Meeting
3. Observation of one minute silence for departed members of SLMA
4. Adoption of the minutes of the last Annual General Meeting held on 21<sup>st</sup> December 2018
5. Confirmation of new members of the SLMA who joined in 2019
6. Resolutions
7. President's address
8. Secretary's Report for 2019
9. Treasurer's Report for 2019
10. Election of Office Bearers and Council Members for the year 2020
11. Appointment of Auditors
12. Address by the new President
13. Any other business

# Loss of a Legend



Orator, Scientist, Lyricist, Marxist  
Teacher, Scholar, Doctor, Mentor  
Multifaceted, Multitalented  
Endless list,  
As a Legend departs, leaving heavy hearts.

Inspiration to many, shaping, guiding  
Provoking thoughts, touched many lives  
The Foreword you wrote, advice I cherish  
A light extinguished, though not from hearts  
Loss to the Nation, no small measure  
For you Dear Sir, were a National treasure.

වෙද නලාවත්, බට නලාවත්  
හෙල කලාවත්, සිසු විවාදත්  
කාලෝචිත ශී රටාවත්,  
එකට මෙහෙයු යුරයෙකි ඔබ  
වියෝ වී ඇත ලොවින් ළගදී.

ශී පොතේ මගෙ, පෙරවදනෙ ලියූ  
ඔබේ ඔවදන් නිමි නාද දෙසි ඇද,  
ගමන් නිමකල ගුරු පියානෙහි  
සමුගනිමු අපි ඔබෙන් සදහට.

Medicine & politics mixed with flare  
Courting controversy without fear nor fare  
Breaking barriers & myths with equal vigour  
Dared to tread fire; question the Creator  
Even in death your body is teaching  
That light of learning eternally lit.

Sir, long may your legacy live  
Enriching, inspiring tomorrow's World.  
Timeless Sir, the role you played  
For many in different walks of life  
Indelible Sir, are the footsteps left  
In the sands of Lanka's Medical peers.

දෙව් බල නොතකා, බාධක බිඳදා  
ගිනි දළ පැගුව, තර්ක විශාරද  
දේහය දන් දී, ඉගෙනුම උදෙසා  
නික්මුණේ ඔබ නිවනුත් නොපතා.

පීඨයේ වෙද ඔබ තබා ගියෙ  
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තාවකාලික අපේ ජීවිත  
අමරණීයයි ඔබේ නාමය.

By Rasioka Jayatunga  
-----  
Artist: Harsha Jayamanne

# SLMA Regional Meeting with Clinical Society of District General Hospital Polonnaruwa

**Dr Anula Wijesundere,  
President, SLMA.**

The Joint Clinical Meeting of the SLMA with the Clinical Society of Polonnaruwa Hospital was held on 31<sup>st</sup> July at the auditorium of the hospital. The SLMA delegation was warmly received by the Hospital Director, Dr. Sampath Indika Kumara and hospital staff. The welcome speech was delivered by the Director, after which I welcomed the doctors and nursing staff from the Polonnaruwa Hospital on behalf of the SLMA.

In the first session Dr Dinith Galaboda, Consultant Nephrologist, gave a detailed lecture on "Improving outcomes of Diabetic Kidney Disease". This was followed by a talk on "Mindfulness based cognitive therapy" by Dr Ravindranath Kathriarachchi, Consultant Psychiatrist.

Dr Ponnuthurai Sudharshan, delivered a very comprehensive talk on "Recent advances in management of hypotension".

After tea, the second session began. This comprised of lectures delivered by the visiting members of the SLMA. Professor Asvini Fernando, Associate Professor in Paediatrics, Faculty of Medicine University of Kelaniya delivered a lecture on "Violence against children". Thereafter Professor Ranil Fernando, Professor of Surgery, University of Kelaniya delivered a lecture titled "Update on Parathyroid disease". Thereafter Dr Ajita Wijesundere gave a lively talk on "Interesting Obstetrics experiences in Polonnaruwa in the 1980s". This was followed by my talk on "Malaria - the Polonnaruwa experience in the 1980s". Thereafter, Dr Gamini Goonetilleke gave a brilliant talk on "Some surgical experiences

in Polonnaruwa in the 1980s"

The vote of thanks was delivered by Dr Ushani Jayawardena, Secretary of the Clinical Society. I thank Dr Sampath Kumara and Dr Thathya de Silva for coordinating this programme.

At the conclusion of the meeting the, the Director of the hospital delivered a very appreciative talk on the services rendered by Dr Gamini Goonetilleke, Dr Ajita Wijesundere and myself, thanking us for the immense services rendered to people of Polonnaruwa District at the height of LTTE & JVP terrorism, IPKF activities and the severe epidemics of malaria and Japanese Encephalitis. Memorabilia of appreciation were handed to Gamini, Ajita and myself, as tokens of their gratitude for services rendered by us during that difficult and dangerous period in the 1980s.



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# Medical Clinics and Social Service projects in Mannar, Vanni and Padavi-Sripura



**Dr. Anula Wijesundere,**  
President, SLMA.

Free medical clinics for the needy people of the above areas were conducted as a joint corporate social service project of the Sri Lanka Medical Association and "SUCCESS-Colombo" (Society for the Upliftment and Conservation of the Cultural, Economic and Social Standards) on the 23<sup>rd</sup> and 24<sup>th</sup> of August as follows:

At the start of every clinic a "Janahamuwa" was held where people were given health education talks and advised regarding hazards of tobacco smoking, alcohol

consumption and betel chewing by the President of the SLMA and SUCCESS organization. The Consultant Paediatrician gave a talk on "Infant Feeding and Prevention of Accidents in Children".

Posters on Accident Prevention were produced for the SLMA by the Health Promotion Bureau and were distributed among the schools, pre-schools and places of worship in these areas. Books on injury prevention in children produced by the SLMA were distributed to all school children attending the clinics. Water motors were provided to farmers

and sewing machines to women for self-employment and improvement of economic status by SUCCESS-Colombo.

The doctors who participated in the clinic were Dr Manel Marcus, Consultant Rheumatologist, Dr Sujatha Wijenayake, Consultant Paediatrician, Family Physicians, Dr Lucky Jayasekera and Brigadier Senanayake and Dr Anula Wijesundere.

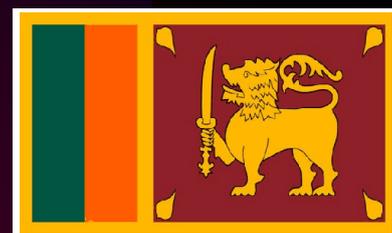
We thank the Army Commander Major General Shavendra Silva for providing us transport to complete this project.

Date & Time (August 2019)	District/ Village	Venue
23 <sup>rd</sup> from 10am-2.30pm	Mannar, Madhu Road	Bodhirajaramaya
23 <sup>rd</sup> from 5pm-7pm	Mannar, Silavathura, Vijayagama	Community Centre
23 <sup>rd</sup> from 10pm-24 <sup>th</sup> 3am	Padavi-Sripura	Dharmaloka pirivena
24 <sup>th</sup> from 9am-1pm	Weli-oya, Halambawewa	Weli-malu Viharaya
24 <sup>th</sup> from 2.30pm-7pm	Bogawewa, South Vavuniya	Government Hospital
24 <sup>th</sup> from 8pm-11pm	Nandimithragama, S Vavuniya	Community Centre



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# Seminar for the public and the media on “Reducing Suicides in Sri Lanka through the media”

**Dr Anula Wijesundere,  
President, SLMA.**

The Sri Lanka Medical Association Expert Committee on Suicide Prevention organized a seminar for the media and the public titled “Reducing Suicides in Sri Lanka through the media” on the 04<sup>th</sup> of September 2019.

The President SLMA delivered the welcome address and indicated that though suicides in Sri Lanka have decreased, suicides continue to be a cause for grave concern in Sri Lanka. The current rate of suicides in Sri Lanka stand at 15.14 per 100,000 population and rank number 12 in the world suicides rates, with 8 suicides per day. This is a considerable improvement from 1995 where the suicide rate in Sri Lanka exceeded 45 per 100,000 population, with 25 deaths per day. We were ranked number 1 globally at that time. However, there is no cause for complacency as around 10 people attempt suicide per day for every successful suicide committed in Sri Lanka.

Thereafter, Professor Samudra Kathriarachchi the chairperson of the expert committee, spoke on “Overview of suicide and deliberate self-harm in Sri Lanka: The way forward”. She indicated that the static rate of suicides in Sri Lanka from 1940 – 1960 was followed by a gradual rise from the 60s to the 80s followed by the steep rise up to 1995. Thereafter, the steep decline of suicides from 1995 to 2005 was achieved with the banning of lethal organophosphorus pesticides to the current gradual decline rate from 2005 onwards to 2018.

The reasons for the high suicide rate from 1960 to 1995 was shown to be due to the green revolution, the unrestricted use of lethal pesticides, easy access and

impulsivity of young and lack of adequate medical facilities. General distribution of suicide showed that more males committed suicide in Sri Lanka than the females. The age distribution for suicides showed peaks between 21-25 years and 71-75 years.

Suicide by hanging was the most common method followed by pesticide poisoning. The changing trend of self-harm from lethal pesticide poisoning to overdose of less lethal substances found in the households were shown. Jumping in front of moving vehicles, especially trains was the third method of suicide adopted.

Impact of survivors of attempted suicide were, embarrassment, social isolation, stigma, post-traumatic stress disorder and anxiety.

Impact of suicide on the loved ones were grief, anger, confusion, self-blame for inability to prevent suicide and distress about unsettled issues.

The reasons for high suicide rate in Sri Lanka were indicated as mental illness, physical illness, personality disorders, substance use, poor coping skills, lack of support and culture that promote suicides.

Special request was made to media personnel to report suicides with responsibility and to refrain from glamorizing suicides. They were encouraged to identify and glamorize stories of successful interventions that prevented suicides. The importance of carrying a message – that life is worth living in this life and not in the next birth was emphasized to the media. They were earnestly requested to give publicity to the National Mental Health helpline – 1926.

The following information was given to the media and the public regarding The

National Mental Health helpline. This 24 hour helpline, provided by 1926 is manned by trained nurses, supervised by consultant psychiatrists and helps anyone, anywhere in the country in any language at any time day or night. This line is toll free.

Thereafter Dr Prabath Wickrama, consultant psychiatrist spoke on “Research evidence on media reporting in suicides”. He had performed a cross sectional study among newspaper articles on suicide reporting from 2 major Sinhala newspapers published during the period November 1986 to 2011. A total of 224 newspapers were scanned manually for the term suicide. There was a significant reduction in reporting in completed suicides in 2011 (55) as compared to 1936 (89). Very few articles discussed about prevention and involvement of mental illness in suicides. No article discussed about the help available or considered the impact on the family from the incident or from the report.

Thereafter a panel discussion on reporting of suicides by media followed. Professor Thilini Rajapaksha, Professor of Psychiatry, University of Peradeniya along with Professor Samudra Kathriarachchi served as the moderators. Mrs Kumuduni Hettiarachchi, senior journalist and Deputy Editor of the Sunday Times and Dr Sunil Wijesiriwardena, University of Colombo participated in the panel discussion. A lively discussion with the active participation of the members of media and public lasted more than one hour. Dr Ruwan Ferdinando, Convener of the Expert Committee on Suicide Prevention delivered the vote of thanks.

We thank the Sri Lanka Technological Campus for sponsoring this important event.



Contd. on page 20

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## Seminar for the...



## Call for Nominations for Election to the SLMA Council 2020

Dear members,

I hereby call for nominations for the posts of Council Members (28 positions) of the Sri Lanka Medical Association in 2019. Nomination Form for Election to the SLMA Council – 2019 can be obtained from the SLMA office or downloaded from the SLMA web site (<https://slma.lk/>).

Eligibility and other details regarding submission of nominations

- **The nominee should be a member of the Sri Lanka Medical Association**
- **Each nomination should be proposed and seconded by a member eligible to vote and shall bear the candidate's name and signature confirming his/her willingness to be so nominated.**
- **There are three categories of council members:**
  - a) Four (4) members within 10 years of full registration with the Sri Lanka Medical Council.
  - b) Sixteen (16) members who are over 10 years of full registration with the Sri Lanka Medical Council.
  - c) Eight (8) members who shall be resident at the time of application in the eight Provinces of the Island other than the Western Province (one (1) each from each province) only.
- **A member can stand for election under one category (a, b or c) only.**
- **The Council shall verify the accuracy of the information furnished.**

For any further details, please contact the SLMA office.

Thank you,  
Sincerely,  
Dr. Kapila Jayaratne  
Honorary General Secretary  
Sri Lanka Medical Association

*The duly completed Application Form should reach Dr. Kapila Jayaratne, Honorary Secretary, No.06, Wijerama Mawatha, Colombo 07 by post or delivered by hand on or before 29<sup>th</sup> November 2019 4.00pm. Please remember to send a soft copy to [office@slma.lk](mailto:office@slma.lk).*

*The AGM will be held on 20<sup>th</sup> December 2019 at 7.00pm in the Professor N. D. W. Lionel Memorial Auditorium of the Sri Lanka Medical Association.*

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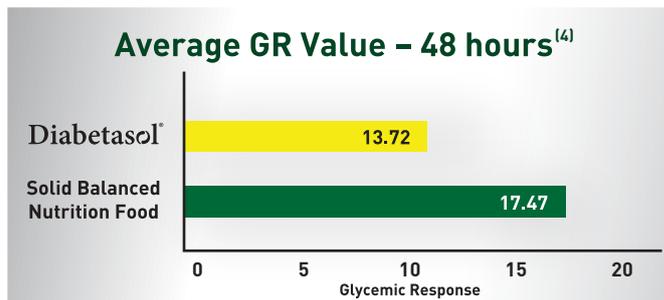


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1. Holub I, Gostner A, Theis S, Nozek L, Kudlich T, Melcher R, et al. Novel findings on the metabolic effects of the low glycaemic carbohydrate isomaltulose (Palatinose). 2010. British Journal of Nutrition; 103:1730–1737 2. Slavin J. Fiber and Prebiotics: Mechanism and Health Benefits. 2013. Nutrients; 5:1417-1435 3. C L Bodinhamet al, Efficacy of increased resistant starch consumption in human type 2 Diabetes, 2014 , vol. 3:2:75-84. 4. Eliana F, Handoko SH, Ambarwati FD, Setiawati A. Response profile of blood glucose and satiety level after the administration of Diabetasol compared to solid food with controlled calorie on type 2 diabetes mellitus patients. CDK. 2018; 45(5): 332-8.

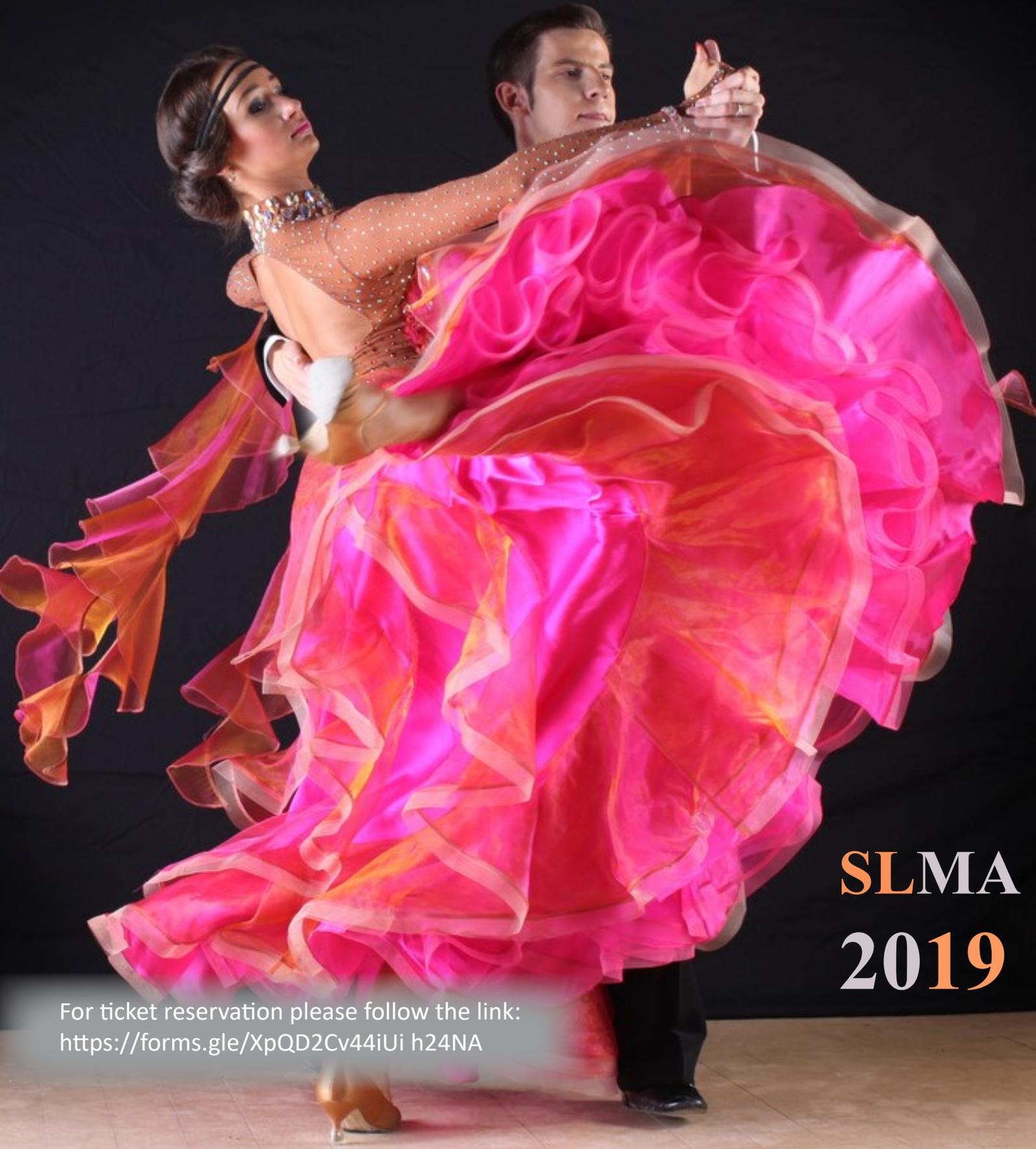
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# Sri Lanka Medical Association The Medical Dance 2019

*6<sup>th</sup> December, 7.30 pm onwards*

*@ Cinnamon Grand Hotel*



**SLMA**  
**2019**

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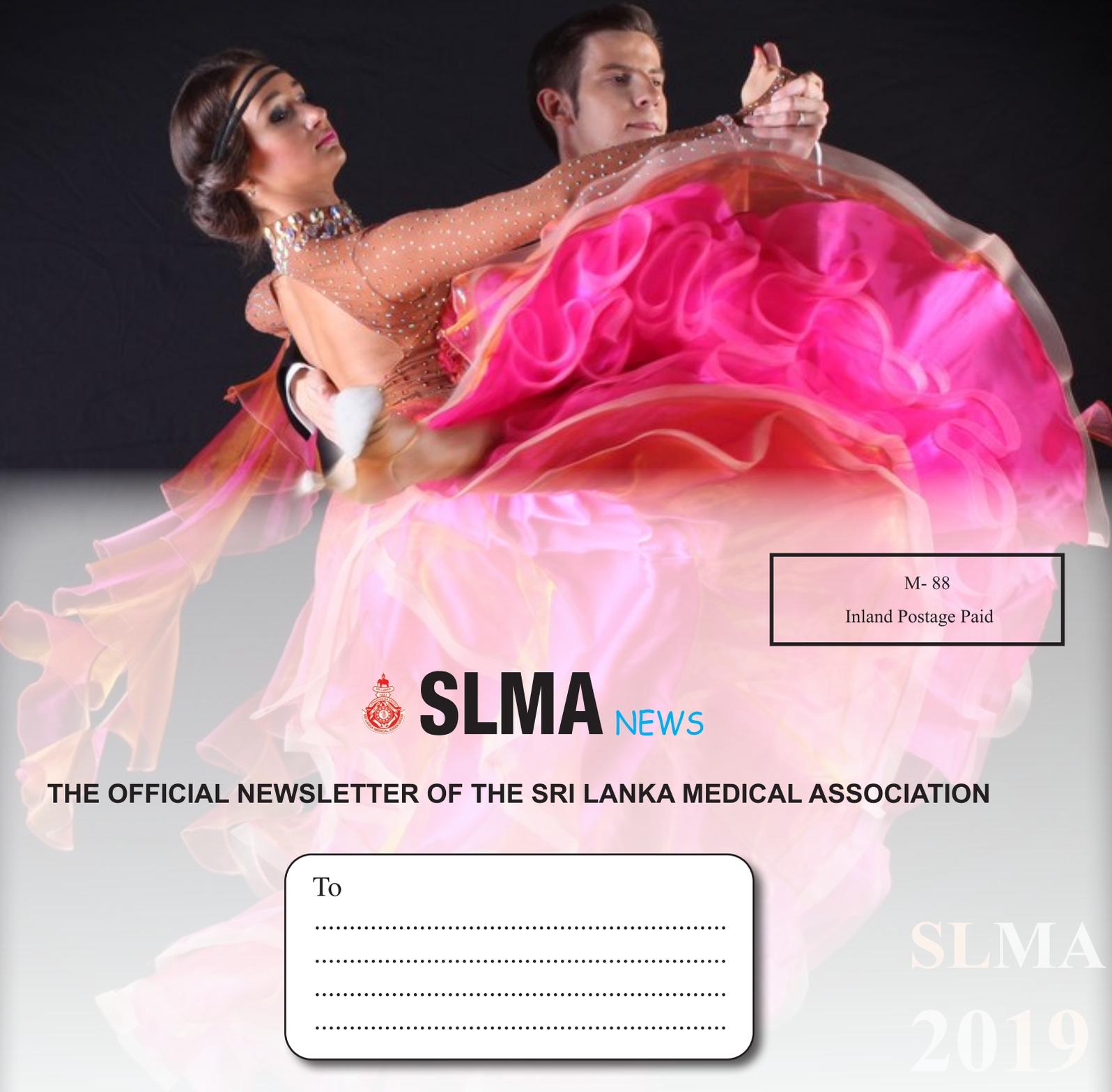


# Sri Lanka Medical Association

## The Medical Dance 2019

*6<sup>th</sup> December, 7.30 pm onwards*

*@ Cinnamon Grand Hotel*



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# SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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# SLMA 2019

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