



COMMITTED TO SUPPORTING OUR NEIGHBOURS IN THE SOUTH

Chairman's Bi-Annual Report



By a/Prof Matt Richard

As COVID vaccination ramps up in Australia and the South Pacific, there is the very real possibility that travel restrictions will end later this year and DAISI trips will resume next year. These trips are likely to be quite different to previous ones.

Specialist Visits

Working in collaboration with our partners DAISI will likely be more involved in COVID vaccination and response, with only urgent surgery allowed. All volunteers will need to be more closely screened to

determine suitability for potential risks, and agreement to quarantining post visit. It will be vitally important that volunteers adhere to strict COVID precautions during their trip so as to avoid infection and adding to the already exhausted health system in the South Pacific. There is a possibility of Medivac retrieval for affected volunteers so all volunteers will need to have travel insurance cover.

Fundraising

Funding remains tight, with DAISI currently functioning on the "smell of an oily rag". The annual Charity Ball will hopefully recommence in November next year. DAISI's ACFID application is completed and is preparing its application process for Australian Government DFAT funding through the Australian NGO Cooperation Program (ANCP).

ZOOM Session and Teaching

Since our last newsletter in March this year nine ZOOM sessions have been completed with great success with specialists and trainees in the field of anaesthesia, gynaecology,

Chair's Report continued page 6

DAISI

Doctors Assisting In South-Pacific Islands

IN THIS ISSUE

Fatigue in Fiji as Hospitals Swamped

Colonial War Memorial Hospital in Suva and Lautoka Hospital in Vitu Levi request assistance with COVID deluge *Page 2*



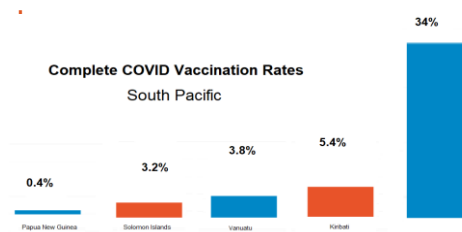
Laparoscopic Program Suspended

Sopas Hospital attacked in May 2021 by drunken criminal elements of neighbouring clans leading to its closure. *Page 4*



Australia's closest South-Pacific Neighbours left behind in the COVID Vaccination race

Peter Hewett discusses the low vaccination rate of its four closest neighbours. *Page 3*



Fatigue in Fiji as Hospitals Swamped by COVID

By Prof Konrad Richter

Colonial War Memorial Hospital in Suva and Lautoka hospital in the Ba Province of Fiji have both been hit hard by the COVID pandemic, The Fiji Ministry of Health and Medical Services issued a *Comunique* via DFAT that the staff in these hospitals are tired and in urgent need of support.

Fiji's health chief is asking his Australian colleagues for support and advice to help deal with emerging cases of what's called 'long COVID'. It's the latest development in the country's outbreak that first began in April. Fiji has had nearly 49,000 confirmed COVID-19 cases. The health system is currently barely coping after months of being stretched. "In terms of more bed occupancy, ventilators and other oxygen therapy equipment, we've



Fig 1. There is a real feeling of fatigue in the larger Fiji referral hospitals such as War Memorial Hospital in Suva shown here.

got reserves of 80 per cent and more" he said. "Most of the patients are asymptomatic, most of the patients do not require oxygen. And some of the critical care equipment that we use, are actually sitting in reserve." But the workers are beginning to fatigue confirmed front line health and he's in discussion with his Australia colleagues for additional

support to relieve the Fijian workers. The most essential staff at the moment are infection prevention and control nurses, intensive care nurses and doctors and anaesthetists. Anyone with this skill set who would like to volunteer should contact Gabbi Hamilton volunteers@surgeons.org

Treasurer's Report



By Sam Deylami

The 2020/2021 financial year has been quite atypical of years pre-COVID as we have had no fundraisers and no overseas trips. We have also had the added legal

and training expenses associated with becoming an public company and ACFID compliant.

Total income was \$23,834, and total expenses \$23,356 with total assets \$8.437, and no liabilities.

Although only 43% of money raised was spent on development projects, this is because of the absence of any fundraising and overseas trips with the constant ongoing administrative expenses.

We remain a charity that has no paid employees, with all members, (executive and non executive) contributing voluntarily.

It is anticipated with the opening of the Australia-Pacific travel bubble and resumption of trips and fundraising activities next year that our budget will once again return to 90% spent on development projects that has been our reputation in the past.

WHERE MONEY RAISED IS BEING SPENT

43%

43% of donations have gone towards development projects.

57%

57% of donations have gone towards non-development projects.

MAIN AREAS OF EXPENSE

• Freight

• Shipping Container

• Internet & IT

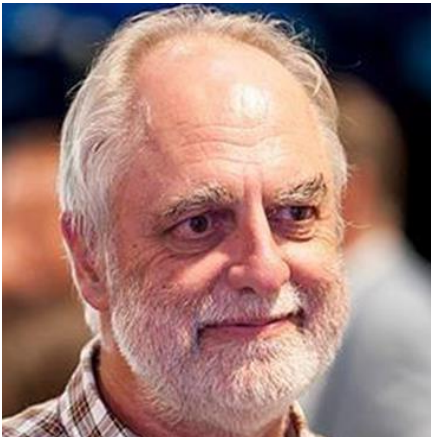
• Legal fees

• Staff training

• Insurance

2

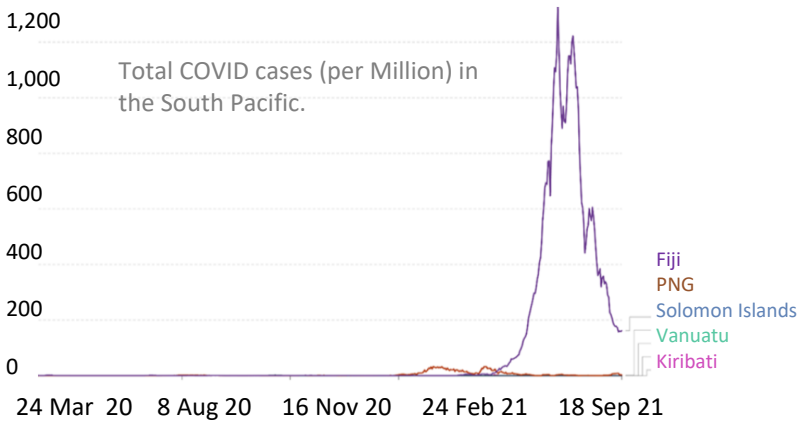
Australia’s closest South Pacific Neighbours left behind in the COVID Vaccination race



By Prof Peter Hewett

The Solomon Islands impressive isolation protocols and quarantining have seen it resist the COVID pandemic, with only 20 cases reported in the country to date and no community transmission or deaths due to COVID

There is a delay in the vaccination role out with less than 3.2% of the Solomon Islands fully vaccinated. The situation is worse in Papua New Guinea with only 0.4% fully vaccinated. Vanuatu is only a fraction ahead of the Solomon Islands with 3.8% vaccinated and Kiribati marginally better at 5.4%. Australias donations of COVID-19 vaccines to the Pacific as of July 30th topped the 1 million-mark, aided in part by some Australians’ reluctance to be vaccinated with AstraZeneca.



More than half a million doses have been delivered to Fiji, which is racing to inoculate its population amid a serious outbreak of the fast-spreading Delta strain. About 278,000 doses have been given to Timor-Leste, 63,000 to the Solomon Islands, 50,000 to Samoa, 20,000 to Vanuatu, 28,000 to Papua New Guinea, 9000 to Tonga and 7000 to Tuvalu. The 1 million doses are on top of Australia’s \$130 million contribution to the World Health Organisation-backed COVAX scheme, which is prioritising the distribution of vaccines to poorer nations that would otherwise miss out. COVAX is expected to provide only about one-fifth of the Pacific’s required doses and Australia wants to make up the rest through direct,

bilateral donations. Australia is one of the few countries manufacturing AstraZeneca onshore and has said it wants to deliver a minimum 20 million doses to the region. Minister for the Pacific Zed Seselja said Australia was giving away more vaccines about a month earlier than anticipated as a result of Australians shunning the AstraZeneca vaccine, which has been subject to changing advice since being linked to a rare blood-clotting syndrome in some younger people. “There’s no doubt that as we’ve seen Pfizer become a more significant part of our overall mix ... it has meant that there is more AstraZeneca freed up,” he said in an interview with The Sydney Morning Herald and The Age.

----- Cut along this line and post to DAISI PO Box 679 Crows Nest NSW 1585 or email to staff@daisi.com.au -----

APPLY TO BECOME A DAISI MEMBER

Name	Address (Number & Street)	Describe your volunteering in the South Pacific	
Email	Address (Suburb)		
Mobile	Address (Country & Postcode)		
Qualifications (e.g Nurse, Doctor, Non-Medical)	Dates that you volunteered in the South Pacific		

IN THIS ISSUE

COVID's Effect on National Referral Hospital

Dr Rooney Jagilly discusses the running of a Hospital during COVID pandemic Page 5



Establishing an Oncology Unit in Honiara: A Collaborative Effort.

Medical Oncologist Professor Desmond Yip discusses progress in developing a Medical Oncology Unit at National Referral Hospital (NRH). Page 8



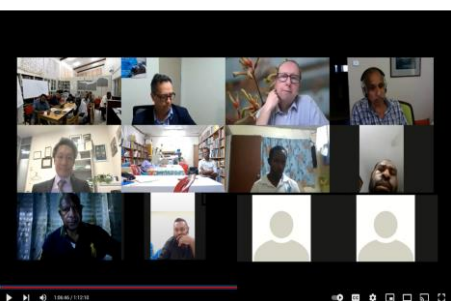
How to volunteer when COVID travel bans end?

DAISI Deputy Chair Prof Christophe Berney outlines the steps involved. Page 10



Thanks to this years DAISI ZOOM Panelists.

So far 42 panellists and 16 ZOOM sessions have been conducted. Page 7



Laparoscopy at Sopas Suspended



Fig 3. Head surgeon and pioneer of laparoscopic surgery Dr Elvis Japhlet most disappointed and saddened by Sopas Hospital Closure.

By Dr Carina Chow

We were shocked to hear that on the 21st May this year, Sopas Hospital and the Enga College of Nursing in the remote PNG highlands, was brutally attacked by drunken criminal elements from neighbouring clans.

We were even more sad to hear that this has led to the indefinite closure of these two amazing facilities. Until then, Sopas Hospital has been engaged with DAISI's laparoscopic program with head surgeon Dr Elvis Japhlet and his team undertaking training in laparoscopic surgery.

The first visit to Sopas Hospital was by DAISI's secretary, Dr Gary McKay in November 2018. This led the way to a series of DAISI trips to Sopas hospital in 2019 by Dr Carina Chow in March, Prof Christophe Berney in May, and A/Prof Matt Rickard in August. All the trips had the invaluable support of DAISI's PNG program officer, Mark Taffa. As a result, there was the successful transportation and installation of the donated laparoscopic equipment, introducing laparoscopic surgery, training of the local teams and support of the local surgeons doing laparoscopic cases. In total, 79

laparoscopic procedures have been conducted at Sopas District Hospital with the hospital developing a reputation as a pioneer in keyhole surgery. Patients not only from the local Enga province, but from other provinces were coming to Sopas Hospital to receive laparoscopic surgery.

The Enga College of Nursing was successfully re-opened by Prime Minister James Marape on 6th July 2012 and was the only tertiary level education able to be offered locally in Enga. This will now also sadly remain closed indefinitely.

DAISI and Dr Japhlet are currently having discussions with the Enga Governor and Provincial administration to see a way forward and to resume the DAISI laparoscopic program, but until the attackers are found and brought to justice, there will be ongoing apprehension amongst Sopas Hospital staff and patients that the offenders will attack again. Discussions are also underway to see if the laparoscopic programme can re-locate to the nearby new Enga Provincial Hospital. My sincerest condolences and best wishes to those staff members and patients traumatised by this senseless attack.

COVID's Effect on National Referral Hospital.

By Dr Rooney Jagilly

News of the COVID 19 pandemic in early 2020 caused a lot of fear and panic and uncertainty not only in the public but also amongst health workers. There was a certain feeling of doomsday about to hit us. The panic to run away to go back to the villages by ship resulted in one ship going in rough seas resulting in a tragic accident with 27 people including children losing their lives. These were our first indirect losses due to COVID.

At National Referral Hospital (NRH) clinical teams were asked to draw up standard operating procedures SOPs, and disaster plans. At that early time there was not much online as is available now to draw from. We had to suspend elective surgery and all outreach tours and close our outpatient clinics. Some admitted patients also requested discharge to a hospital or clinic closer to their home. The government passed a "State of Public Emergency" act to enhance its state of readiness and we had at least two lockdown exercises which were quite an experience. The lockdowns were a challenge to the staff directly responding but also to normal continuity of business. There have been a lot of lessons learnt from this exercise. Although we do not have community transmission, clinical services are affected as funds are limited, with both funds and staff moved to respond to COVID response related activities. Provincial teams are busy with vaccination, with provincial outreach teams have more or less stopped. Patients with serious health complaints are very hesitant to come to Honiara for treatment for fear of acquiring COVID. To date we are very fortunate that we don't have any community transmission



Fig 4. Dr Rooney Jagilly, (Head Surgeon & Acting Medical Superintendent), with Ms Florida Pratt (Bed Manager) Dr Kaeni Agiomea (Head of Anaesthetic) and Dr Leanne Panisi, Head of O&G)

The twenty COVID cases recorded to date are all imported cases which have all resolved while in quarantine or hospital isolation. Our major risks for COVID entry into the country are into Honiara by air or ship or the western border via Bougainville.

The restrictions on travel to and from the country means that we have to adapt to the situation like everybody else. We've had ZOOM sessions where we have been able to see the COVID response and experiences of our colleagues in other Pacific Islands, Australia and New Zealand. We also have regular CME sessions with RACS, DAISI and others. All partner overseas clinical specialist visits have stopped. These include visits from RACS/PIP, DAISI, ANZGITA, JJF, and Interplast. This means patients with complex problems have to wait, but it also means that in some cases we just have to do whatever we can do with the skillset and training we have available. This highlights the importance of overseas teams transferring skills and capacity building with local counterparts. Having a WhatsApp group for consultation with senior specialist teams overseas has been extremely useful, and is something we can

utilise more even when COVID travel bans end.

Our immunization uptake has been slow and coverage low compared to many of our eastern South Pacific neighbours. The vaccination programme has just been rolled out to the provinces. A lot of people are hesitant and even refuse to get the vaccine because of misinformation from the internet.

While we enjoy the freedom of movement here, we think of our friends and colleagues in lock-down in Australia, New Zealand and other Pacific Islands who are having more difficulty than us. We hope and pray that the situation will change in the new year so that we go back to providing normal services including having our specialized clinical teams visiting us again.

We thank the government for its efforts so far in keeping the virus out of the communities and also to our many partners overseas who continue to support us with donated supplies, remote clinical advice and continuing medical education. The big challenge now is catching up in the vaccination race which we are currently lagging behind in.

Chairman’s Bi-Annual Report (continued)

By a/Prof Matt Rickard

and surgery attending from Kiribati, Vanuatu, Solomon Islands and PNG.

Memorandum of Understanding

It has been a long time coming, but the Ministry of Health in Vanuatu and Kiribati are both reviewing the terms for renewing their Memorandum of Understanding (MOU) with DAISI. MOU with PNG and Solomon Islands are currently not due for renewal until 2026.

Membership

We have sent emails to all members asking them to opt in, if they still want to remain members. We currently have 112 members on record ready to go, with confirmed references checks, working with children checks (WWCC) and National Police Certificates (NPC).

Proof of COVID vaccination and recent negative swab result will be sought closure to departure.

Elections

Nominations were open last month for the Executive Officer positions of Chair, Deputy Chair, Secretary and Treasurer with no new contenders coming forward, and all existing members receiving equal votes and agreeing unanimously to serving another two year term in their current roles

Request for storage

There is a desperate need for storage in Sydney for the growing quantity of medical equipment received and likely to be sent to the South Pacific once trips resume. If anyone has storage please email me on staff@daisi.com.au

ZOOM sessions.

The ZOOM sessions have taught us how much can be achieved from remote, and even once travel bans end, it is hoped that DAISI can continue to engage with its partners in a more regular manner by ZOOM. The next step may include establishing regular Multi-Disciplinary Team (MDT) meetings over ZOOM with subspecialists in the relevant field. These sessions would ideally include medical oncology and anatomical pathology expertise. Negotiations are currently underway with Brisbane Women’s Hospital to see if this can be done in a more formal process.

Future Possibilities

As the Chair of DAISI I remain cautiously optimistic about next year being a busy year for DAISI in the South Pacific.



DAISI Doctors Assisting In South-Pacific Islands

All money raised will go towards sending urgently needed medical supplies to countries in the South-Pacific

Is preparing for its
Annual Charity Ball

save the date!

7-11pm Sat 25th June 2022 at an outdoor venue to be determined.

Thanks to DAISI's ZOOM Panellists to Date

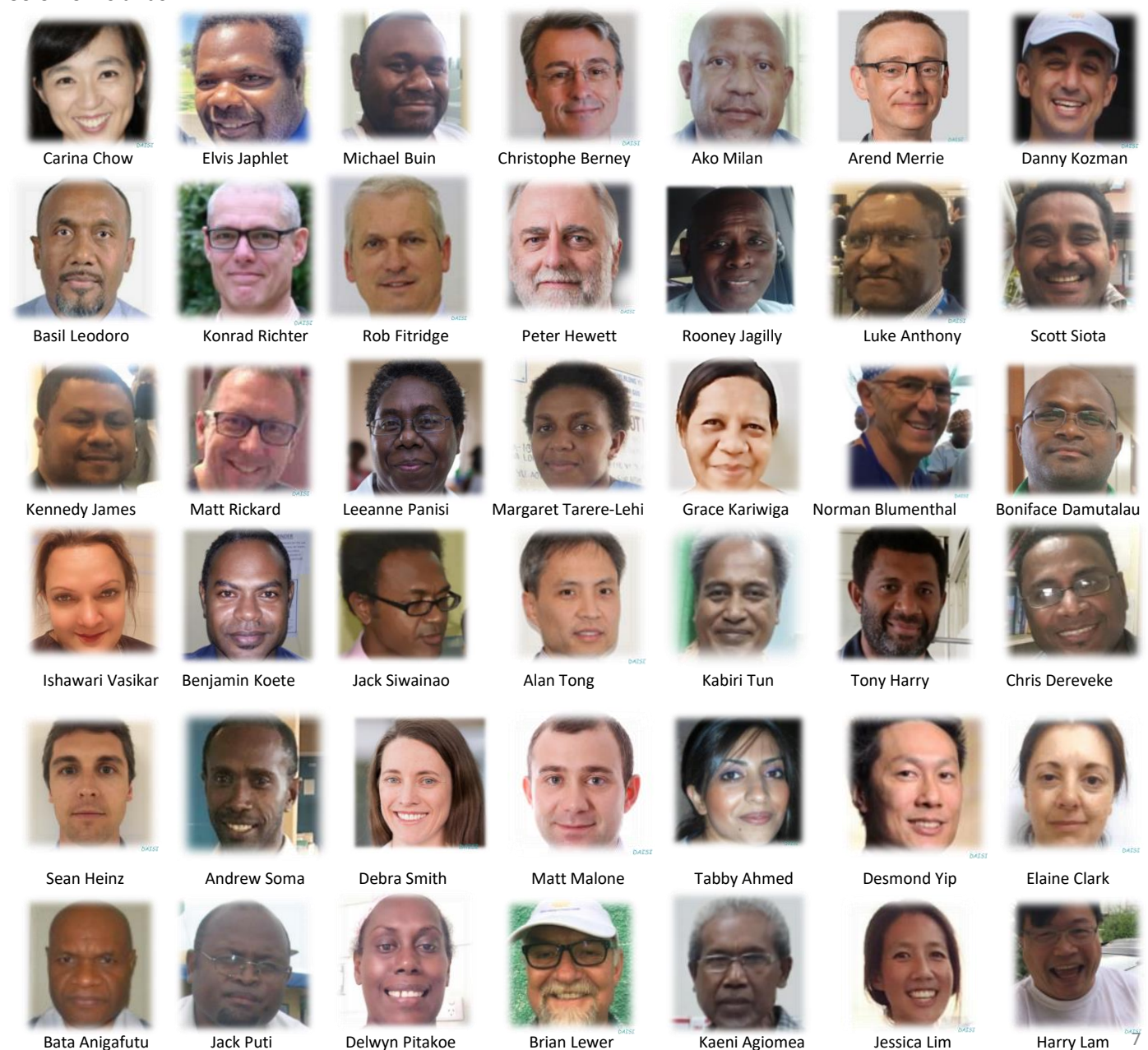
By Dr Gary McKay

This year so far DAISI is grateful to the participation of the 42 expert panellists below who have conducted 16 ZOOM Educational/Case Presentation sessions in the fields of Gynaecology, Anaesthetics and Surgical Specialities so far this year.

We have been very impressed with the participation with panellists and attendees from Australia, New Zealand, Kiribati, Vanuatu, PNG & the Solomon Islands.

Originally intended as teaching sessions, these ZOOM sessions have morphed more into multi-disciplinary sessions where complex cases are discussed, including diagnostic and management options. This in many ways makes the sessions more relevant and practical as every day cases are discussed and provides a useful learning tool for the trainees attending these sessions. Making a diagnosis, and managing complex cases in the local environment where not all facilities are available

has been one of the common themes of these sessions. We have tried very hard to include a wide range of experience on the Expert Panel, which includes specialists from a spectrum of South Pacific Countries. The exchange of knowledge has not been unidirectional, with the wit and determination of our South Pacific colleagues to manage complex cases despite limited resources and technology quite remarkable. There are 7 more sessions scheduled for the 2021.



Establishing an Oncology Unit at National Referral Hospital: A Collaborative Effort.



Fig 5. The new Medical Oncology unit at National Referral Hospital (NRH).

The time done mainly by the registrars of the different teams in the hospital. Following this visit a report with 19 recommendations were made with respect to centralisation of chemotherapy unit. A building for a chemotherapy unit had been identified and these three staff were to be trained to work in it.

The following year the **JJF** funded a Travelling Fellowship for Dr Andrew Soma to visit Canberra where he was able to observe the operations of the three chemotherapy units and other services involved in cancer care in the Territory. Before departure Andrew enquired whether it was possible to source some old chemotherapy chairs for the planned unit. Fortuitously, the National Capital Private Hospital chemotherapy unit had been refurbished recently and outdated non-electric recliner chairs which were to be disposed off were rescued. Dr Andrew Soma had also

By Dr Sepehr Lajevardi

When Professor Desmond Yip a Medical Oncologist at the Canberra Hospital responded to a call for assistance from Head Surgeon from National Referral Hospital Dr Rooney Jagilly to review chemotherapy protocols and cancer services at the National Referral Hospital (NRH) in 2016, he did not envisage that a new chemotherapy unit would be rapidly commissioned in a partnership that would involve a number of stakeholders.

Prof Yips scoping visit over 3 days in September of the year was funded by the John James Foundation (JJF). On that visit he met Dr Andrew Soma who was working as a medical registrar as well as two nurses Stephen Kole and Meltus Oiapata. The three of them were involved in maintaining the Solomon Islands Cancer Registry with assistance from the World Health Organisation (WHO). The administration of chemotherapy was very ad hoc at



Fig 6. Hospital nurse preparing chemotherapy injection of hazardous chemicals in safe handling laboratory cabinet.



Fig 7. Medical Oncologist Professor Desmond Yip with Medical Oncology trainee Dr Andrew Soma.

reconnected with Dr Gary McKay the founder of **DAISI** at that time whom he knew from his visits whilst working as a surgical registrar. The **JJF** was then able to work with **DAISI** to transport these chairs, and others donated by **DAISI** to the NRH in a shipping container.

In 2018 the Royal Australasian College of Surgeons (**RACS**) responded to a request from the Solomon Islands Ministry of Health for an Oncology Training Visit by seeking the assistance of the Royal Australasian College of Physicians (**RACP**) to fulfil this request. Because of the prior scoping visit Desmond Yip was asked to lead a Solomon Islands Oncology Pacific Islands Project (**PIP**) Mission funded by **DFAT**. Additional team members were assembled Wendy Spencer (Oncology Clinical Nurse Specialist), Nalini Patti (Clinical Haematologist), Beth Hua (Oncology Pharmacist) and Isabella Allan (Manager International Partnerships, **RACP**). Working ahead of this in country visit with the local staff of the hospital was Emily Porello an AVI Pharmacist at the Human Resources

for Health (HRH) who spent considerable effort in drafting a Solomon Island Oncology Guidelines incorporating standard operating procedures and chemotherapy protocols which were refined and finalised by the team when they arrived. Other documentation developed to improve governance were pathways for new patients, chemotherapy consent forms and chemotherapy order forms. The Team brought some decommissioned infusion pumps from **ICON** Cancer Centre Adelaide and cytotoxic drugs to enable curative treatment of testicular cancer. The NRH Oncology Unit was commissioned in September 2019. A second **PIP** Mission was carried out in May 2019. Both visits involved lectures, workshops, training and patient consultations to build capability and capacity of the Unit.

Since then, Stephen Kole and Meltus Oiapata were able to come to Canberra for a nursing observership Visit in December 2019 and Dr Andrew Soma is presently enrolled in a Master of

Cancer Sciences remote learning course at the University of Melbourne. Both initiatives have been supported by the **JJF**. It has been pleasing to observe that the majority of the recommendations of the initial scoping visit as well as of the two **PIP** missions have been progressed and fulfilled with a sustainable model of safe chemotherapy delivery established.

During COVID travel bans, in partnership with **JJF**, **RACS PIP** and **DAISI**, Prof Desmond Yip and Dr Andrew Soma have conducted telehealth sessions on ZOOM in a multi-disciplinary team (MDT) manner where complex cancer cases and their treatment are discussed.

It is hoped that these ZOOM MDT session can continue on a regular basis.

For those interested: Desmond Yip and Andrew Soma presented at a Victorian Comprehensive Cancer Centre livestream in July 2021:

<https://www.youtube.com/watch?v=OobZXQpzfs8>

How do I volunteer and what is involved?

By Prof Christophe Berney

DAISI is getting prepared for the likelihood of a travel bubble opening between Australia and the South Pacific early next year. DAISI is currently recruiting volunteer doctors and nurses for phase 1 of deployment where the focus will be on COVID vaccination and response.

Who can volunteer?

Despite the name, DAISI is open to non-doctor volunteers, and actively encourages nurses, medical students and allied health professionals to get involved.

What is the duration of most trips?

Most trips are of one to two weeks duration.

Will I have to quarantine

One week home quarantine is likely to be required on re-entry to Australia.

How much does it cost?

At this stage, all volunteers pay for their own flights, accommodation, travel insurance and living expenses while volunteering. This is usually within the budget of most specialist doctors. However, non specialist doctors, nurses, allied health professionals and medical students may find the costs involved prohibitive.

Some trips, such as to the Highlands of Papua New Guinea, are cheaper than others as flights are relatively cheap and accommodation, living expenses and transport are all provided by the hospital. In contrast other destinations may require volunteers to pay for their own hotel accommodation, and some living expenses.



Fig. 8. Volunteer medical students Charlotte Ferrier and Tom O'Donell in 2019 with Prof Christophe Berney at Sopas Hospital in the Highlands of PNG.

How do I apply?

Anyone wanting to volunteer with DAISI should go online and hit the [“Apply Now”](#) tab with a reply usually expected within 24 hours.

You will need to email the following documents to staff@daisi.com.au

What documents are required?

1. a photo of yourself (passport size)
2. drivers license
3. passport
4. brief CV
5. proof of COVID & measles vaccination
6. negative COVID swab 72 hours prior to departure

Doctors and nurses need to also send the following:

7. AHPRA registration with no restrictions
8. Police Clearance Certificate
9. Working With Children Check
10. Medical indemnity (doctors only)
11. a completed [application form for temporary registration](#) (see link below)

What is the typical processing time?

Please allow a minimum of two months for complete processing to occur.

Are volunteers ever refused?

All volunteers are screened for suitability, and DAISI reserves the right to refuse, and realises this may cause offense. The size and mix of teams has to be considered, and should not interfere with the objectives of the trip, which are primarily to treat and teach local patients and staff. Most volunteers get the placement of their choice, although sometimes this is not possible on the first attempt. Refusal on one occasion does not prevent you from applying again for a different trip.

Can I claim money back on flights purchased?

Provided your trip is solely for the purpose of volunteering, then all of it can be claimed back through the ATO. You have the option of purchasing through DAISI, in which case a tax deductible receipt will be issued to you.

Endoscopy at National Referral Hospital (NRH)



By Dr Scott Siota

In the six month period from January to June this year a total of 238 diagnostic endoscopic procedures have been performed at National Referral Hospital (NRH), by myself and one other physician (Dr Elizabeth Hore) representing a significant increase in workload from previous years. This is largely due to three surgeons (Dr Jagilly, Dr Ba’erodo and Dr Pikacha) no longer doing endoscopy. The endoscopy unit was first established in 2011 thanks to the help of general surgeon Dr Eileen Natuzzi from the USA, and our training has been facilitatd by bi-annual training sessions organised by ANZGITA.

The majority (61%) of those scoped were male, and this is likely related to increased lifestyle risk factors in this group such as smoking, alcohol and beetle nut consumption.

Total cancer yield was 12.2% with 29 cancers diagnosed in total. Twenty of these were upper GI cancers, and 9 were colorectal cancers. There was only one death which was not procedure-related but due to co-existent medical conditions.

For men and women, the median age for oesophageal cancer was 61

Diagnostic Endoscopy Procedures	Total
Upper endoscopy (gastroscopy)	192
Lower endoscopy (colonoscopy)	46
Total	238

Table 1 . Total diagnostic endoscopy January to June 2021 at NRH

and 63, and for gastro-duodenal cancer 59 and 50. Similarly the median age for colorectal cancer in men and women was 62 and 57.

For obstructing oesophageal cancer, palliative stents were successfully inserted in 4 cases with no complications. The majority (60%) of cancer operations were done with curative intent, and the minority (40%) were done with palliative intent.

Stents are the only palliative treatment option for obstructing oesophageal cancer, with surgery and radiotherapy not available.

On the other hand, for obstructing gastro-duodenal tumours surgical

the preferred palliation method. Quality indicators for colonoscopy including completion rate (where the caecum is reached), withdrawal time and adequacy of bowel prep were not specifically looked at in this study. Anecdotally, the unit has gone from a low rate of completion several years ago to over 90% completion rates due to ANZGITA training.

This data supports the fact that cancer incidence begins to peak in the 50 plus group, with this being the ideal target group if screening procedures were to be introduced to the Solomon Islands. The 20% cancer detection rate from colonoscopy is about equivalent to the polyp detection rate for colonoscopy in Australia. Cancer

Outcomes	Total
Complications	Nil
Deaths	1
Total cancer yield	29 /238 (12.2%)

Table 2 . Outcomes of endoscopy January to June 2021 at NRH

resection was possible in one case and bypass in another. For obstructing colorectal cancer one diverting colostomy was performed, and four surgical resections, with three abdominoperineal resections with a permanent stoma. No stents were used for any gastro-duodenal or colorectal obstructions, with surgical bypass

detection rate in Australia is about 1%. Assuming similar prevalence rates in both countries it means that we are screening twenty fold fewer patients in the Solomon Islands than in Australia. This highlights the real challenge to increase the availability of endoscopy as a screening tool and for diagnosing early rather than late symptoms.