List of Publications

Appendix

SURVEY SCHEDULE

1. Place ...........................................................................................................(Rural 01, Urban 02)
2. District (Taluk) ..............................................................................................
3. Date of Interview .............................................................................................

I. Identification of Return Emigrant

1. Name of the Return Emigrant ...........................................................................
2. Age in Years ....................................................................................................
3. Gender (Male 01, Female 02) ...........................................................................
4. Religion (Hindu 01, Muslim 02, Christian 03) ............................................
5. Marital Status (Single 01, Married 02, Divorced/Separated 03, Widowed 04) ....
6. What is the highest level of Education you have completed? ..........
   (Post Graduate 01, Undergraduate 02, Higher Secondary/Secondary 03, Primary or less 04)
7. Do you have any Professional/Technical Qualification? (Yes 01, No 02) 
   (If yes, specify the qualification: for instance, Degree/Diploma/ Certificate holder in 
   Engineering, Education, Pharmacy, Nursing, Management, Computer, Type writing etc.)

II. Migration Profile

1. Year of your first emigration to the Gulf ........................................
2. At what age did you migrate first? (Age in years) ..........................
3. Which reason suits your seeking employment in a Gulf country? ...
   (Lack of employment opportunities at home 01, to improve the standard of living 02, 
   redemption of debt 03, Discharge of family responsibilities and obligations 04, capital 
   accumulation for investment 05, other reasons 06)
4. Name(s) of the country/countries in which you were employed 
   (UAE 01, Saudi Arabia 02, Oman 03, Kuwait 04, Bahrain 05, Qatar 06)
5. Occupational status in the Gulf (See codes list attached) ........
6. Was your job in the Gulf characterized by:
   i. Heavy physical labour? (Yes 01, No 02) ..............................................
   ii. Noise, dust, vapors, polluted air? ..............................................
   iii. Work stress? .................................................................
   iv. Overtime/long working hours? ..............................................
   v. Worry about job security? .....................................................

7. How long have you been doing that work? ..........Years □ Months □

8. How many hours did you work per day? ..............................................

9. Total duration of employment in the Gulf ..........Years □ Months □

10. Were you satisfied with the nature of job in the Gulf? .................

   (Satisfied 01, extremely satisfied 02, Dissatisfied 03, extremely dissatisfied 04, neither
   satisfied nor dissatisfied 05)

11. Were you satisfied with the working conditions there? ...............

   (Satisfied 01, extremely satisfied 02, Dissatisfied 03, extremely dissatisfied 04, neither
   satisfied nor dissatisfied 05)

12. Did you have any kind of problems with the fellow workers? ........

   (Yes always 01, occasionally 02, No, never 03)

13. Have you ever faced any harassment from superiors? .................

   (Yes always 01, occasionally 02, No, never 03)

14. Have you ever changed your job there? (Yes 01, No 02) ..............

15. If 'yes', the reason for job change ..............................................

   (Better salary 01, Higher rank 02, Better environment and working conditions 03, Others 04)

16. Have you ever thought of not being able to personally look after your
    children/spouse/parents, because of your employment in a faraway
    country? .............................................................................

   (Always 01, Occasionally 02, Never 03)

17. Were you personally satisfied with the management of household
    affairs/resources by your spouse/relatives at home? ......................

   (Satisfied 01, extremely satisfied 02, Dissatisfied 03, extremely dissatisfied 04, neither
   satisfied nor dissatisfied 05)

18. Thinking about the amount of stress in your life in the Gulf, what
    would you say about most of those days? ......................................

   (Not at all stressful 01, not very stressful 02, a bit stressful 03, extremely stressful 04)
19. Have you ever undergone medical treatment while in the Gulf?  
   (Yes 01, No 02)

20. Which of the following is correct about your place of treatment for any physical or mental health problem?  
   (Self 01, Company/Government hospital 02, Private hospital/Clinic 03, Others 04)

21. Were you satisfied with the medical accessibility in the Gulf?  
   (Satisfied 01, extremely satisfied 02, Dissatisfied 03, extremely dissatisfied 04, neither satisfied nor dissatisfied 05)

22. Have you ever consulted a private doctor there?  
   (Yes 01, No 02)

23. How many times did you visit a private doctor?  
   (Specify number)...

24. What did the doctor charge for each consultation?  
   (Amount in Rupees)

25. How satisfied or dissatisfied were you with each consultation?  
   (Satisfied 01, extremely satisfied 02, Dissatisfied 03, extremely dissatisfied 04, neither satisfied nor dissatisfied 05)

26. If dissatisfied, why did you feel so?  
   (Cost too much 01, Doctor didn’t spend enough time/was not friendly 02, could not properly communicate to the doctor 03, doctor made a wrong diagnosis 04 Wrong treatment 05, Others 06)

27. Was there any instance of delay in seeking medical attention?  
   (Yes 01, No 02)

28. If ‘yes’, what was the reason for not seeking timely treatment?  
   (Non-affordable 01, time constraint 02, long distance 03, own negligence 04)

29. Were you covered by any health or medical insurance scheme?  
   (Yes 01, No 02)

30. If ‘yes’, who paid for the insurance coverage?  
   (Self 01, Employer 02, partly self and partly employer 03, some other agency/Govt. 04)

31. What was the quality of your accommodation there?  
   (Very good 01, adequate 02, poor 03)

32. Did you choose certain foods or avoid others because you were concerned about your health?  
   (Yes 01, No 02)
33. Do you agree that you could not avoid certain not-so-healthy foods because of limited option? .................................................................  
   (Agree 01, Disagree 02)
34. Have you had the habit of consuming soft drinks quite often? .......  
   (Yes 01, No 02)
35. Have you ever smoked daily (=almost every day for at least one year)? .........  
   (Yes 01, No 02)
36. What was the quality of entertainment facilities there? ...............  
   (Poor 01, Adequate 02, Very good 03)
37. Was recreation facility available there? ..........................................  
   (Available 01, not available 02)
38. Did you get enough time to enjoy entertainment and recreation? ....  
   (Yes 01, No 02)
39. What was the nature of your contact with the host population? ......  
   (No contact 01, distant contact 02, close contact 03, very close contact 04)
40. What was your monthly income there? (Amount in Rupees)  
41. Have you acquired any technical training/skill while working in the Gulf?  
   (Yes 01, No 02)
42. If 'yes', nature of the skill/training acquired........................................  
   (Craft 01, technical 02, supervisory 03, management 04, other Professional 05,  
   Housekeeping 06, Public relations 07, Social skills 08, Soft skills 09, Others 10)
43. At what age did you finally return home? (Age in years)...............  
44. Year of eventual return .................................................................  
45. Reason for return...........................................................................  
   (Expiry of contract 01, difficult living conditions 02, difficult working conditions 03,  
   terminated by employer 04, compulsory repatriation 05, illegal recruitment 06, family  
   problems 07, health problems 08, amnesty 09, gulf war 10, Others 11)
46. Do you want to go to the ‘Gulf’ again? ...........................................  
   (Yes 01, No 02)

III. Pre-Migration and Post-Return Profile

1. Were you married before the first migration?  
   (Yes 01, No 02)
2. What was your dependency status on the eve of first migration?
   (Head of the household 01, income earning member 02, dependent 03)

3. How you would describe your pre-migration activity?
   (Unemployed 01, employed 02, self employed 03, student 04)

4. What was your main occupation on the eve of first migration?
   (See codes list attached)

5. What was your pre-migration monthly income?
   (Amount in Rupees)

6. Did you have any major ailment before emigration?
   (Yes 01, No 02)

7. If ‘yes’, what was the ailment?
   (If more than one ailment, give multiple codes)

8. Which of the following statements about the current activity status does apply to you?
   (Not working at the moment 01, Hourly work 02, Part-time work 03, Full-time work 04, On temporary leave 05, On medical leave 06, Retired 07)

9. What is your present occupation?
   (See codes list attached)

10. If you are presently not working, did you ever work after return from the Gulf?
    (Yes 01, No 02)

11. What occupation did you last pursue after eventual return from the Gulf?
    (See codes list attached)

12. If working, what is the monthly income from employment?
    (Amount in Rupees)

13. What is your current monthly income from other sources?
    (Amount in Rupees)

14. Do you have any long-term illness, physical or mental, that has been diagnosed by a medical doctor? Include any illness that has lasted six months or more or is expected to last six months or more. A long term illness may be intermittent or continuously present.
    (Yes 01, No 02)
15. If ‘yes’, what is the illness? ........................................
   (See codes list attached, indicate multiple codes if needed)

16. When was your health problem first diagnosed by a doctor? 
   (Indicate Month and Year)

17. What was/is the system of treatment? .........................
   (Allopathic 01, Ayurvedic 02, Homeopathic 03, Sidha 04, Unani 05, Others 06)

18. Which of the following is correct about your place of treatment for
   any physical or mental health problem? .........................
   (Self 01, Government hospital 02, Private hospital 03, Others 04)

19. Have you, during the past year (12 months), been advised by a doctor
to take medication? .........................................................
   (Yes 01, No 02)

20. Have you ever been told by a health professional that you have
   elevated blood pressure or hypertension? ....................... 
   (Yes 01, No 02)

21. If ‘yes’, when? ...........................................................
   (Indicate Month and Year)

22. Have you ever been told by a health professional that you have
   elevated blood cholesterol? ...........................................
   (Yes 01, No 02)

23. If ‘yes’, when? ...........................................................
   (Indicate Month and Year)

24. Have you ever been told by a medical professional that you have
   elevated blood sugar level? ...........................................
   (Yes 01, No 02)

25. If ‘yes’, when? ..........................................................

26. Has the doctor ordered you to change your life style? ..............
   (Yes 01, No 02)

27. Are you currently taking medication prescribed by a doctor? ......
   (Yes 01, No 02)

28. If ‘yes’, since when? ....................................................
   (Indicate Month and Year)

29. What is your daily health expenditure? (Amount in rupees) .....
30. Have you been admitted for treatment during the past year? .......
(Yes 01, No 02)

31. If 'yes' indicate the expenses in Rupees:
   i. Cost of admission ticket ........................................
   ii. Room rent/Bed rent. ...........................................
   iii. Cost of Medicine/Materials ................................
   iv. Laboratory charges ...........................................
   v. Charges of special examination like scanning. ....
   vi. Fee for surgery. ................................................
   vii. Cost of food ..................................................
   viii. Bystander’s/helper’s expenses ...........................
   ix. Number of days spent in the hospital ..............
   x. Bill amount ......................................................
   xi. Miscellaneous expenses .................................
   xii. Total expenses for admitted treatment ............

32. During the past 30 days, how much difficulty did you have doing your work as a result of your physical health? .................
   (None at all 01, a little bit 02, some 03, quite a bit 04)

33. During the past 30 days, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? ........................
   (Not at all 01, slightly 02, moderately 03, quite a bit 04, extremely 05)

34. Are you restricted in your work or unable to work because of your health condition? ...........................................................
   (Yes 01, No 02)

35. If the current state of health has affected your usual activity, how much monthly income do you lose?  (Amount in rupees) ........

36. Compared to the pre migration stage, how would you rate your health in general? ..........................................................
   (Much better 01, somewhat better 02, about the same 03, somewhat worse 04, much worse)

37. Has your financial situation been affected by your current state of health?  (Yes 01, No 02)..............................................
38. What is/are the source(s) of financing your health related expenditure?  
(Use multiple codes if needed)  
(Current income 01, Savings 02, Mortgage of land 03, Mortgage of Gold 04, Other borrowings 05, Sale of land 06, Sale of house 07, Sale of gold 08, Medical Insurance 09, Other sources 10)

39. In general, what would you say about your health?  
(Excellent 01, Very good 02, Good 03, Fair 04, Poor 05)

40. How satisfied are you with your life in general?  
(Very satisfied 01, Satisfied 02, Dissatisfied 03, Very Dissatisfied 04, Neither satisfied nor dissatisfied 05)

41. Whether any member of your household had/has to skip work because of your ill health?  
(Yes 01, No 02)

42. If 'yes', how is that person related to you?  
(See codes list attached)

43. Occupational status of that person?  
(See codes list attached)

44. Monthly income of that person (amount in Rupees)

45. How many days that person had to skip work during the last 30 days?

46. If any of your brothers/Sisters is not alive, the age at which death occurred (Age in Years)

47. What can be attributed as the cause of death?  
(Ill health 01, Old age 02, Any other cause 03, cause unidentified 04)

48. If your father is not alive, his age at the time of death.

49. What can be attributed as the cause of death?  
(Ill health 01, Old age 02, Any other cause 03, cause unidentified 04)

50. If your mother is not alive, her age at the time of death (Age in Years)

51. What can be attributed as the cause of death?  
(Ill health 01, Old age 02, Any other cause 03, cause unidentified 04)
### IV. Return Emigrant’s Household Profile
(Enter information only about the surviving persons who are staying with the Return Emigrant)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>NAME OF THE HOUSEHOLD MEMBER OTHER THAN THE RETURN EMIGRANT (REM)</th>
<th>Relation to the REM</th>
<th>Age in Years</th>
<th>Gender</th>
<th>Marital status</th>
<th>Education</th>
<th>Activity Status</th>
<th>Occupation</th>
<th>Whether suffering from long term illness</th>
<th>If 'yes', name of illness</th>
<th>Whether ailing during the last 30 days</th>
<th>If 'yes', name of illness</th>
<th>Monthly income (Rs) of each person</th>
<th>Health expenditure per Month (Rs) of each person</th>
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</table>

**Total Monthly Income of the Household including Return Emigrant’s Income (Rs)**

<table>
<thead>
<tr>
<th>Food</th>
<th>Fuel &amp; Light</th>
<th>Clothing &amp; Footwear</th>
<th>Education</th>
<th>Health</th>
<th>Miscellaneous Consumer goods</th>
<th>Miscellaneous Consumer Services</th>
<th>Taxes</th>
<th>Rent</th>
<th>Durable Consumer Goods</th>
<th>TOTAL</th>
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5. **Gender:** Male 01, Female 02;  
6. **Marital Status:** Single 01, Married 02, Divorced/Separated 03, widowed 04.  
7. **Education:** Post Graduate 01, Undergraduate 02, Higher Secondary/Secondary 03, Primary or less 04.  
8. **Activity Status:** Unemployed 01, employed 02, self employed 03, student 04, Housewife 05.  
9. **Occupation:** See codes list attached.  
10. **Whether suffering from illness:** Yes 01, No 02.  
11. **Name of illness:** See codes list attached.  
12. **Whether suffering from illness in the last 30 days:** Yes 01, No 02.  
13. **Name of illness:** See codes list attached.
V. Wealth Status of the Return Emigrant’s Household

(Estimate the value of each Asset on the basis of current market value)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>TYPE OF ASSET</th>
<th>Approximate Present Value in Rs.</th>
<th>Approximate Present Value of the Asset if Acquired with the Money Earned from Employment in the Gulf</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Land</td>
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<tr>
<td>2</td>
<td>Residential Building</td>
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<td>3</td>
<td>Other Buildings</td>
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<tr>
<td>4</td>
<td>Gold/Diamond/Silver Ornaments</td>
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<tr>
<td>5</td>
<td>Vehicles</td>
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<tr>
<td>6</td>
<td>Fixed Deposits</td>
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<tr>
<td>7</td>
<td>Other Investments and Savings</td>
<td></td>
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<tr>
<td>8</td>
<td>Home Appliances</td>
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<tr>
<td>9</td>
<td>Other Assets</td>
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<tr>
<td></td>
<td>TOTAL VALUE IN RUPEES</td>
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<tr>
<td>Name of Illness</td>
<td>Code</td>
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<tr>
<td>Allergy</td>
<td>01</td>
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<tr>
<td>Leprosy</td>
<td>02</td>
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<tr>
<td>Other Skin diseases</td>
<td>03</td>
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<tr>
<td>Measles</td>
<td>04</td>
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<tr>
<td>Mumps</td>
<td>05</td>
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<tr>
<td>Chicken pox</td>
<td>06</td>
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<tr>
<td>Diphtheria</td>
<td>07</td>
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<tr>
<td>Dengue Fever</td>
<td>08</td>
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<tr>
<td>Leptospirosis (Rat Fever)</td>
<td>09</td>
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<td>A (H1N1)</td>
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<tr>
<td>Typhoid</td>
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<tr>
<td>Malaria</td>
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<td>Encephalitis</td>
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<tr>
<td>Common cold</td>
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<tr>
<td>Viral Fever/Influenza</td>
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<td>Non-Specific Fever</td>
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<tr>
<td>Dysentery</td>
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<tr>
<td>Diarrhoea</td>
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<tr>
<td>Cholera/Gastro enteritis</td>
<td>19</td>
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<tr>
<td>Worm Infestation</td>
<td>20</td>
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<tr>
<td>Ulcers of the digestive system</td>
<td>21</td>
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<tr>
<td>Appendicitis</td>
<td>22</td>
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<tr>
<td>Non-specific stomach ache</td>
<td>23</td>
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<tr>
<td>Jaundice-hepatitis A</td>
<td>24</td>
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<tr>
<td>Jaundice-hepatitis B</td>
<td>25</td>
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<tr>
<td>Liver Cirrhosis</td>
<td>26</td>
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<tr>
<td>Disease of the ear</td>
<td>27</td>
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<tr>
<td>Disease of the nose/sinus</td>
<td>28</td>
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<td>Disease of the throat</td>
<td>29</td>
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<tr>
<td>Rheumatism/Rheumatic fever</td>
<td>30</td>
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<tr>
<td>Arthritis</td>
<td>31</td>
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<tr>
<td>Other Diseases of Bones and Joints</td>
<td>32</td>
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<tr>
<td>Diseases of Teeth and Gums</td>
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<tr>
<td>Cerebral Stroke/Paralysis</td>
<td>34</td>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Meningitis</td>
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<tr>
<td>Parkinson’s Disease</td>
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<td>Non-Specific head ache</td>
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<tr>
<td>Other diseases of the nervous system</td>
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<tr>
<td>Cardiovascular diseases</td>
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<tr>
<td>High Cholesterol</td>
<td>41</td>
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<tr>
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<td>Carpenter/ Goldsmith</td>
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<td>Cleaner</td>
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<td>Fire Service/Safety Worker</td>
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<td>Launderer</td>
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<tr>
<td>Manager/ Accountant</td>
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<td>Mason</td>
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<td>Typist / Stenographer / Other Office Work</td>
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<td>Worker in Chemical industry</td>
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</table>

Mouth and oral cancer : A  
Oesophagus cancer : B  
Stomach cancer : C  
Colon and rectum : D  
Thyroid cancer : E  
Liver cancer : F  
Pancreas cancer : G  
Lung/ Tracheal cancer : H  
Skin cancer : I  
Breast cancer : J  
Cervix/uterus/ovary : K  
Prostate cancer : L  
Bladder cancer : M  
Blood cancer : N  
Lymphoma& Multiple Myeloma : O  
Other cancers : P
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