

ANNUAL REPORT 2021



National Cancer Control Programme
Ministry of Health
Sri Lanka





ANNUAL REPORT

2021



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Ministry of Health
Sri Lanka



May 2022

National Cancer Control Programme,

Ministry of Health,

No. 555/5D,

Elvitigala Mawatha,

Narahenpita,

Colombo 5.

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Message from the Deputy Director General

Non-Communicable Diseases



I am happy to send this message for the Annual Report of the National Cancer Control Programme (NCCP) for year 2021. As the national focal point of cancer control, NCCP plays a main role in coordinating and facilitating activities related to prevention, early detection, diagnosis and treatment, survivorship and palliative care services in relation to cancer control in Sri Lanka. NCCP took necessary leadership in integrating global initiatives on cancer control into local context through developing supplementary strategic plans including 'National Strategic Plan to reach the interim targets of cervical cancer elimination in Sri Lanka 2021-2030' and 'National Strategic Plan on Childhood & Adolescent Cancer Care in Sri Lanka 2021 -2025.

Annual Report of the National Cancer Control Programme 2021 is the reference document which summarizes all the activities conducted by the NCCP despite all the challenges. I am happy to see the progress of the activities according to the National Strategic Plan on Prevention and Control of Cancers in Sri Lanka 2020 to 2024 to achieve the desired out comes of Results Framework of the Strategic Plan.

I would like to appreciate the leadership of Acting Director of NCCP Dr. Janaki Vidanapathirana to implement activities at the national level. The role played by the Consultants in charge of the technical units are also highly appreciated. The dedication of NCCP team for their continued work despite many obstacles are highly regarded. I wish to extend my partnership to achieve the further milestones on prevention and control of cancers in Sri Lanka in future too.

Dr. Champika Wickramasinghe
MBBS, MSc, MD (Community Medicine)
Deputy Director General (Non-Communicable Diseases)

Message from Director



It is with pleasure I issue a message to the Annual Report – 2021 of National Cancer Control Programme. The year under review was the second year of National Strategic Plan on Prevention and Control of Cancers in Sri Lanka, 2020- 2024. Cancer control activities were coordinated nationally despite the changing priorities of health due to Covid 19 pandemic followed by Covid 19 mass Immunization programme. The National Cancer Control Programme being the national focal point for cancer control activities conducted both national level and grass root level activities with the active participation of a wide spectrum of stakeholders.

The guidance of National Advisory Committee of Prevention & Control of Cancers, National Steering Committee on Palliative Care and Technical Advisory Committees on Primary Prevention & Early Detection of Cancers, Oral Cancer Prevention & Control, Diagnosis & Treatment and Cancer Registration & Research were immensely helpful in guiding the National Cancer Control Programme. The administrative guidance given by the Secretary, Additional Secretaries, Director General of Health Services, Deputy Director General (DDG) NCD and all other DDGs are highly appreciated.

I would like to thank Dr. Janaki Vidanapathirana, Acting Director of National Cancer Control Programme for the period 2020-2021 for giving leadership for cancer control activities at national level with the heads of the Technical Units of National Cancer Control Programme. The dedicated hard work of all staff is highly appreciated. In addition, partnership of other Directorates of the Ministry of Health, Provincial Ministries of Health, Directors of both curative and preventive healthcare institutions and their teams at all levels of care are acknowledged. I wish to acknowledge the partnership extended by the Development Partners: World Health Organization, UNFPA, World Bank, International Atomic Energy Agency, International Agency for Cancer Research (IARC), Regional Hub for Cancer Registration in Mumbai India etc.

This report will be useful for further strengthening cancer control activities in the next few years. Therefore, I appreciate your critical assessment and feedback of this document with the intention of improving cancer control activities in the country.

Dr. Eshani Fernando
Director,
National Cancer Control Programme

Acknowledgement

Generating Annual Report of National Cancer Control Programme is identified as an annual activity of National of National Strategic Plan (NSP) on Prevention and Control of Cancers in Sri Lanka Year 2020 – 2024 under 6.1.4. The year under review is second year of 5-year NSP.

On behalf of Editorial Committee of Annual Report, I would like to thank Dr. Champika Wickramasingha, DDG (NCD) for her guidance in developing this publication and issuing a Message to the Annual Report. Dr. Eshani Fernando, present Director of National Cancer Control Programme for her leadership in generating this publication.

The activities conducted under NSP in year 2021 was considered for this report. Since NCCP operates through 5 technical units namely (i) Primary Prevention & Early Detection, (II) Oral Cancer Prevention & Control (III) Diagnosis & Treatment (IV) Palliative Care (V) Strategic Information Management, the activities conducted in each unit were considered separately for the Annual Report. Therefore, I would like thank all the Unit heads (Dr. Upuli, Dr. Udaya, Dr.Muzrif, Dr. Irosha & Dr. Suraj) and the team members of each Technical Unit for the provision of Unit Report. In addition, I would like to thank Dr. Dumidu for the performance report of Cancer Early Detection Centre.

The information on financial status and actual expenditure were summarized by the office staff of NCCP namely Mrs. Geethika, Mrs. Lakmini, Mrs. Renuka and Ms. Sarangi.

The suggestions made by Dr. Sashiprabha Navaratne, editor of Annual of National Cancer Control Programme in year 2020 was really beneficial.

The dedicated creative work of Dr. Chathurika Jayamani of Strategic Information Management Unit is highly appreciated for all the editorial work of this report.

Appreciate the feedback of readership about this report. It will be helpful for further improvement of Annual Report in next year.

Dr. Suraj Perera

Consultant Community Physician
Strategic Information Management Unit
National Cancer Control Programme

Contributors

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Edited by

Dr. Chathurika Jayamani



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OUR VISION

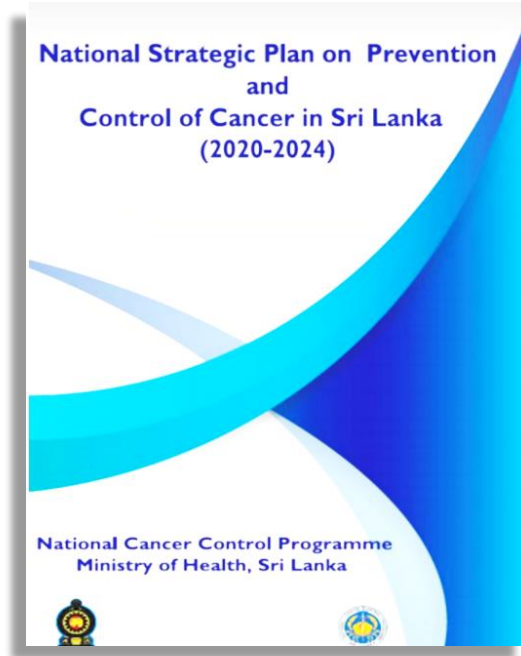
A country with a low incidence of preventable cancers and high survival rates with good quality of life and minimal disabilities /suffering from effects of cancers



OUR MISSION

To reduce the incidence of cancers by controlling and combating determinants of cancers, ensuring early detection, and providing a holistic and accessible continuum of cancer care which addresses curative treatment options to end of life care through an evidence-based approach

National Strategic Plan on Prevention & Control of cancer in Sri Lanka (2020 - 2024)





National Cancer Control Programme is the National Focal Point for Prevention & Control of Cancers in the country. It is also responsible for policy, advocacy, monitoring and evaluation of prevention and control of cancers and conducting surveillance of cancers and facilitating research related to cancers.



INTRODUCTION

The National Cancer Control Programme of the Ministry of Health is the main government organization which coordinates the national response to cancer control activities in Sri Lanka.

National Cancer Control Programme (NCCP) is a specialized public health programme. It is under the Non-Communicable Disease Bureau of the Ministry of Health and comes under the Deputy Director General of Non-Communicable Diseases of the Ministry of Health,

The National Cancer Control Programme aims to provide a comprehensive programme of cancer control in Sri Lanka, by integrating evidence-based strategies and improving health systems, by focusing on primary prevention, early detection, diagnosis and treatment, rehabilitation, survivorship and palliative care, taking into account the cancer morbidity and mortality pattern and the current healthcare infrastructure in the country.

Around 30000 new cancer cases are diagnosed annually in Sri Lanka.

National Cancer Control Planning and Governance

The National Advisory Committee on Prevention and Control of Cancers is the main platform within the Ministry of Health where high-level decision making is done regarding cancer control. The Technical Advisory Committees (TAC) with representation of all areas of cancer assist in the development of plans in their respective areas and make recommendations for NAC. Each TAC has its own Terms of Reference approved by the Secretary of Health. It is ensured that NAC meetings are held quarterly with the participation of relevant specialties.

- National Steering Committee on Palliative Care
- Technical Advisory Committee on Prevention & Early detection
- Technical Advisory Committee on Diagnosis & Treatment
- Technical Advisory Committee on Cancer Registration & Research
- Technical Advisory Committee on Oral Cancer Prevention
- Technical Advisory Committee on Childhood & Adolescent Cancer Care

Organization of NCCP at different levels of health system

Ministry of Health

Secretary of Health

DGHS

DDG NCD

Director

National NCD Council

National Advisory Committee on Prevention and Control of cancers

National Steering Committee on Palliative care

Technical Advisory Committees

1. Primary Prevention & Early Detection
2. Oral Cancer Control
3. Diagnosis & Treatment
4. Cancer Registration & Research
5. Childhood & Adolescent Cancer Care

Hospitals/Health Institutions
(Line Ministry)

1. TH, PGH, DGH
Cancer Treatment Centers,
Breast Clinic,
CEDC,
OPD Dental Clinic
Palliative Care Consult Service
2. NIHS

PDHS

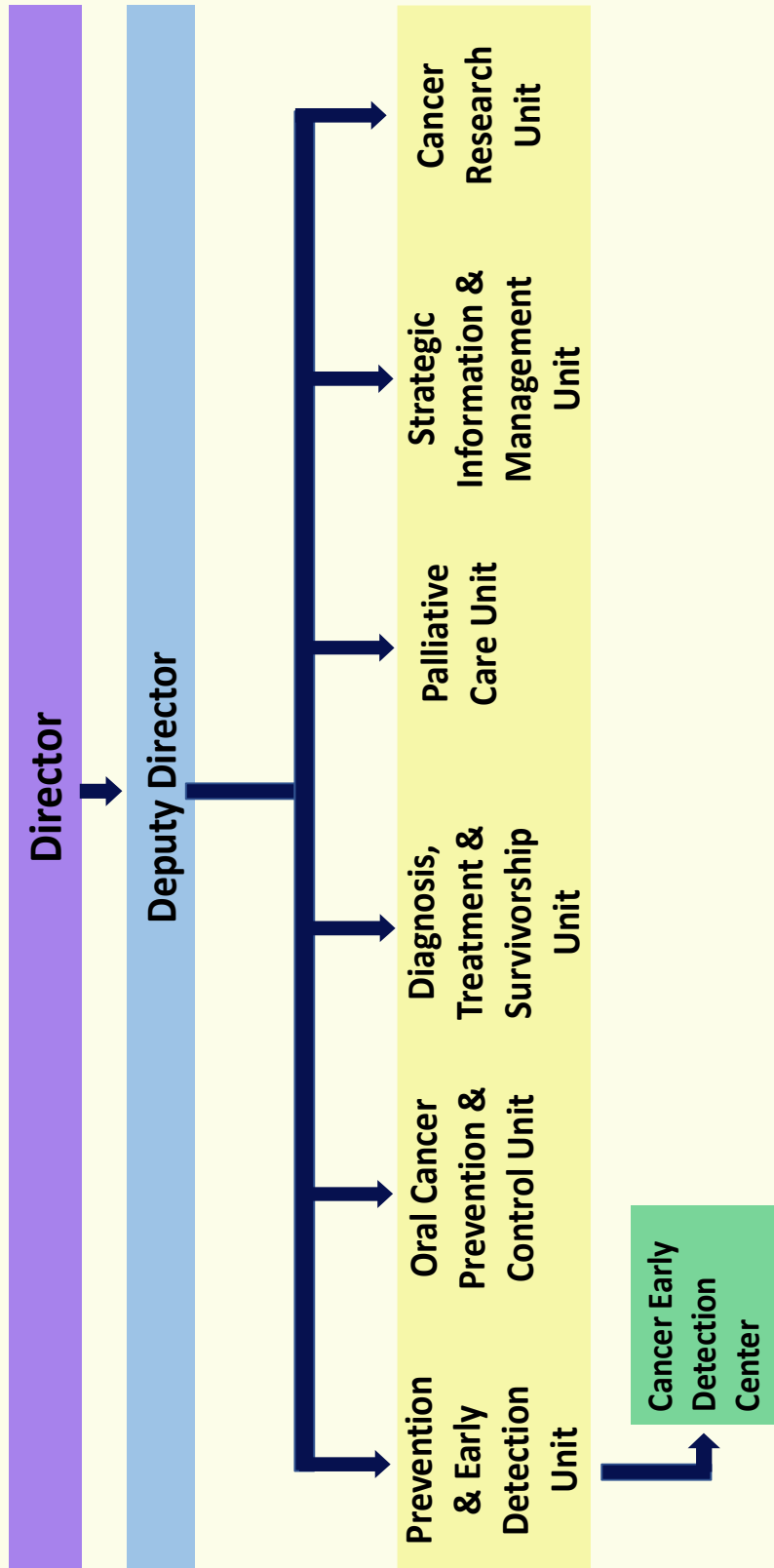
RDHS

Hospitals
DGH
BH
DH
PMCU
HLC
OPD Dental Clinic

MOH Office
WWC

National Cancer Control Programme

Organogram of the National Cancer Control Programme



Road map to 2021

1980 – National Cancer Control Programme was established

1989 – First cancer treatment centre outside Colombo was established

1990 – First National Cancer Incidence Data publication using cancer incidence data of 1985 was launched

2004 – Cancer Early Detection Centre was established at Narahenpita

2007 – National Cancer Control Programme was brought to Public Health Complex at Narahenpita

2008 – First International Atomic Energy Agency / World Health Organisation (IAEA / WHO) Integrated Missions of Programme of Action for Cancer Therapy (imPACT) review in Sri Lanka was conducted

2009 – National Advisory Committee for Cancer Prevention and Control was re-established

2010 – Commencement of the Commemoration of Breast Cancer Awareness Month in Sri Lanka

2011 – Commencement of the Commemoration of World Cancer Day in Sri Lanka – 4th February

2011 – Introduce Palliative Care services in a structured manner

2012 – Surveillance system for Oral cancer and Oral Potentially Malignant Disorders (OPMD) for Oral and Maxillo Facial units and Dental clinics in hospitals was introduced

2012 – National Steering Committee for Palliative Care Services was established

2012 – Population based cancer registry was initiated in Colombo District

2015 – National Policy and Strategic Framework on Cancer Prevention and Control in Sri Lanka was launched

2018 – Postgraduate Diploma in Palliative Care introduced

2019 – Restructured the unit system of National Cancer Control Programme as follows:

- Cancer Prevention and Early Detection Unit
- Diagnosis and Treatment Unit
- Palliative Care Unit
- Strategic Information Management Unit
- Oral cancer prevention and control unit

2019 – Second International Atomic Energy Agency / World Health Organisation (IAEA / WHO) Integrated Missions of Programme of Action for Cancer Therapy (imPACT) review in Sri Lanka was conducted

2019 – National Strategic Framework for Palliative Care Development in Sri Lanka (2019-2023) was launched

2019 – Technical Advisory Committees Established

2020 – National Strategic plan on Cancer prevention and Control 2020-2024 was launched

2021 - National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030

2021 - National Strategic Plan on Childhood & Adolescent Cancer Care in Sri Lanka 2021-2025

2021 - Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka

Former Directors of National Cancer Control Programme



Dr. S. Sivayoham
MBBS
Director
Cancer Control Programme
1980 - 1983



Dr. Marcus Fernando
L.R.C.P;L.R.C.,(I), M.PH.(California)
Director
Cancer Control Programme
1983 - 1985



Dr. B.D.P. Gunawardana
MBBS
Director
Cancer Control Programme
1985 - 1987



Dr. Bernard Randeniya
MBBS, MSc (PH)
Director
National Cancer Control Programme
1988 - 1999



Dr. Y. Ariyaratne
Director
National Cancer Control Programme
1999 - 2007
2007 - 2008



Dr. N. Paranagama
MBBS
Director
National Cancer Control Programme
2009 - 2014



Dr. Eshani Fernando
BDS, MSc, MD (Com Dent)
Acting Director
National Cancer Control Programme
2014 - 2015



Dr. D.S.D. Samaraweera
MBBS, MSc, MD (Com Med), PhD
Director
National Cancer Control Programme
2015 - 2019



Dr. Janaki Vidanapathirana
MBBS, MSc, MD (Com Med)
Acting Director
National Cancer Control Programme
2019 - 2021



Prevention & Early Detection

The Cancer Prevention & Early Detection Unit:

- Ensure implementation, appropriate extension and be accountable for prevention, & early detection as per national level protocols and provide technical guidance
- Coordinate and work in partnership with public, private, civil society organizations, and development partners at local, national and international level to improve prevention & early detection services
- Training and capacity building of individuals / institutions in the public, private and civil society organizations on prevention & early detection services
- Manage the Cancer Early Detection Centre at Narahenpita as the National Centre of excellence and provide guidance, support and monitor the regional Cancer Early Detection Centres

Cancer prevention and early detection unit is responsible for the promotion and improvement of cancer prevention, early detection services with close liaison with all development, partners and bilateral and multilateral donors in Sri Lanka.

Introduction

Cancer prevention and early detection unit plans and coordinates activities related to cancer prevention and early detection in Sri Lanka. Based on the National Strategic Plan, a detail annual action plan was developed for the year of 2021. It was a new experience to carry out these activities when there are restrictions due to COVID 19 situations. More attention was paid to capacity building activities among regional level staff on cancer prevention and control. When carrying out these activities maximum assistance was obtained from new online communication platforms. Development and launching of National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination can be taken as the highlight of the activities conducted by the cancer prevention and early detection unit. This landmark document is considered to be the first such document developed by a Southeast Asian Country.

Programme Strengthening

Technical Advisory Committee for Cancer Prevention and Early Detection

The National Cancer Control Programme has conducted three Technical Advisory Committee (TAC) meetings on cancer prevention and early detection for the year 2021. The meetings were chaired by the Deputy Director General Non-Communicable Diseases, Dr. Champika Wickramasinghe with the participation of approximately 25 members from different disciplines mainly as hybrid seminars (both virtual and physical).

The first TAC meeting for the year was conducted on 15th of March 2021 and a presentation by the Principal Agriculture Scientist (Soil science) on “Use of fertilizers for agriculture, level of contamination of food items with toxic residues and legal provisions to ensure food safety” as decided in a previous meeting was successfully completed within the many other important discussions.

The second TAC meeting was held on 10th June 2021 and the Director, National Cancer Control Programme presented the “New evidence generated from the cancer registry” to the gathering.

During the third TAC meeting which was conducted on 29th September 2021, the Consultant Community Physician from Environmental and Occupational Health addressed the gathering on “Hospital based toxic waste disposal” while the overview of the “National Strategic Plan to achieve interim targets for cervical cancer elimination by 2030 was presented by the NCCP.

During the TAC meetings important key decisions were taken and were forwarded to the National Advisory Committee on Cancer Prevention and Control to improve the service provision in Sri Lanka.

Capacity Building on Cancer Prevention and Early Detection

Development and printing of National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination

Cervical cancer is the commonest gynaecological malignancy and the fourth most common cancer among females in Sri Lanka. It is a highly preventable cancer and also curable if detected early and adequately treated.

According to World Health Organization (WHO), nearly 90% of deaths from cervical cancer occurred in low- and middle-income countries. This could be reduced through a comprehensive approach which is comprised of prevention, early diagnosis, effective screening and treatment programmes. The early detection of cervical cancer helps in good prognosis, thereby improve the quality of life of the cancer patients.

Considering these facts, in 2020, WHO has declared a global strategy to accelerate the elimination of cervical cancer as a public health problem which would be the first cancer to be eliminated from the world.

In line with the global strategy, all countries must reach and maintain an incidence rate of below 4 per 100,000 women. Three main pillars identified to achieve this strategy are:

- Prevention of oncogenic HPV infection through vaccination
- Screening and treatment of cervical precancerous lesions
- Treatment and palliative care for invasive cervical cancer

All three pillars must be implemented collectively at scale to achieve the goal of elimination. Based on the three key pillars of the global strategy, WHO recommends a set of interim targets that each country should meet by 2030 to get on the path to eliminate cervical cancer within the century. These are:

- 90% of girls fully vaccinated with HPV vaccine by the age of 15
- 70% of women screened using a high-performance test by the age of 35 and again by the age of 45
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

Sri Lanka being the partner of this global strategy has committed to reach this goal with the whole world by achieving the interim targets by 2030. Thus, it is essential to develop national strategies, guidelines and streamline the treatment pathways for an effective cervical cancer prevention and control service provision in the country. The development of this National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030 is a pioneer step in moving towards this goal.

The initial draft of this National Strategic Plan (NSP) was developed based on the several national and international policies, strategies, guidelines including the global strategy to accelerate the elimination of cervical cancer as a public health problem, regional implementation framework for elimination of cervical cancer as a public health problem 2021-2030 and National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024). Afterwards, NCCP has conducted several meetings with the stakeholders including Family Health Bureau, Epidemiology Unit, Non-Communicable Diseases unit, etc. The expert opinion was taken from all the relevant stakeholders including members of the National Advisory Committee, Technical Advisory Committee of the cancer prevention and control, relevant professional colleges, local WHO partners and the international reviewers in the WHO SEARO office as well. The finalization of the NSP document was done with participation of all the relevant stakeholder including the representatives of the Ministry of Health, UN agencies, professional colleges and Non-Governmental Organizations. This developed National Strategic Plan will serve as a guiding document for Sri Lanka to achieve the set of interim targets by 2030 which is within the global strategy. This is the first National Strategic Plan developed in the WHO SEARO region to reach interim targets for the cervical cancer elimination. The technical partnership given by the WHO SEARO office and the WHO local office is greatly acknowledged.

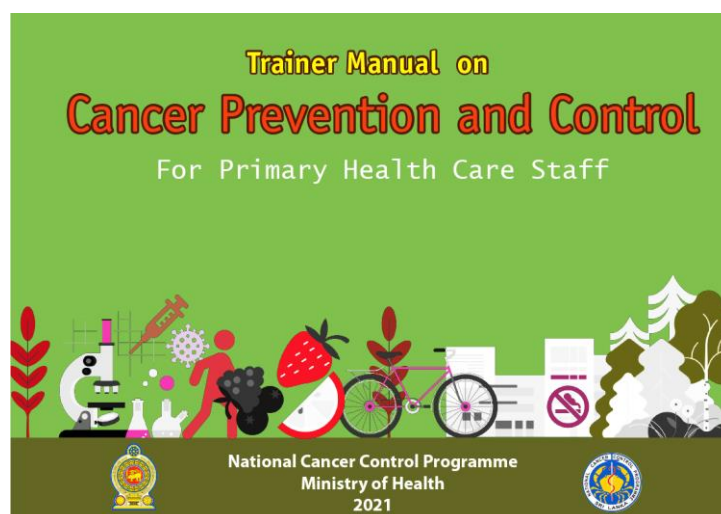


Development and printing of flash cards on cancer prevention and control

Primary Health Care staff plays a vital role in empowering communities on cancer prevention and control. Frequently they conduct health education programmes in low resource settings where electronic technologies are scarce. In addition, NCCP has observed that the key messages delivered by them are not uniform throughout the country. Considering all these factors NCCP developed and printed a set of flash cards to be distributed among Primary Health Care institutions.



Development and printing of TOT manual on cancer prevention and control



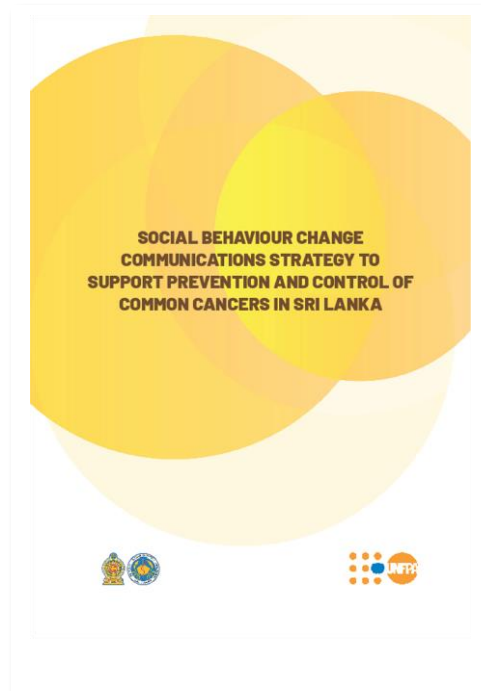
Capacity building of the healthcare staff is an essential component in national strategic plan of NCCP. NCCP took several initiatives to build the capacities of the preventive and curative healthcare staff. The primary care health staff plays a vital role in providing preventive, diagnostic, treatment, and palliative care services related to cancer care in Sri Lanka as first contact healthcare professionals. NCCP developed guidelines and conducted several training programmes to improve the up-to-date knowledge and skills among primary care physicians in Sri Lanka and currently in the process of developing a distant training programme for them. Similarly, there was a high demand for a structured and uniform training programme to build capacities among other members of Primary Health Care staff including nurses, Public Health Midwives and Public health Inspectors. NCCP, with the partnership of other stakeholders developed a trainer manual to train regional level staff as trainers. It is expected to provide the required training to Primary Health Care staff through the trained regional level staff. This training programme consists of six modules and each module consists of Power Point presentations and video clips. These resources were developed and pretested through several stakeholder meetings.

This programme has been designed to provide a comprehensive training on cancer prevention and control covering all key aspects. Special attention has been paid to present the content in a simple and comprehensible manner. All resources have been provided with Sinhala, Tamil, and English languages.

The development of these guidelines and resources became a reality due to the hard work of the team of contributors. Considerable amount of time and resources were spent for this project. We hope primary care health staff will get the maximum out of it and contribute their best to reduce the burden of cancer in Sri Lanka.

National Cancer Control Programme appreciates the commitment provided by the contributors of this project. The financial assistance provided by the WHO Sri Lanka office for the development of this module is greatly acknowledged.

Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka



Social Behaviour Change Communication (SBCC) Strategy which was a prioritized action of the National Strategic Plan on Cancer Prevention and Control 2020 – 2024 was developed in partnership with the United Nations Population Fund (UNFPA) in Sri Lanka and all other stakeholders. This SBCC strategy was developed to improve health literacy of people, behaviour change of population and individuals to reduce cancer related risk factors and to reduce the occurrence of cancer by adapting healthy lifestyles. The availability of services, accessing services and legal milieu in the country which protects people from being exposed to cancer related risk factors is addressed in this strategy.

Conducting workshops to key stakeholders

I. Training of Trainer Workshop on Cancer Prevention and Control for Sarvodaya Organization

A two-day, two Training of Trainer Workshops on Cancer Prevention and Control was conducted in March 2021 for the district level officers of the Sarvodaya organization expecting to improve awareness in the community on cancer prevention and control. The workshop was conducted on the common cancers including breast, cervical, oral and palliative care services. Around fifty participants were trained representing all parts of the country during these two programmes where we got the opportunity to improve awareness across Sri Lanka in general public.



II. Training of Trainer Workshop on Cancer Prevention and Control for Tri forces

A two-day Training of Trainer Workshop on Cancer Prevention and Control was conducted on 24th and 26th November 2021 with the participation of healthcare staff of tri forces and the police at Army Hospital, Colombo. This programme was organized in collaboration with the Sri Lanka College of Military Medicine aiming the capacity building of the healthcare staff in these institutions on cancer prevention and control.



Development of distant training programme on cancer early detection and referral pathways

Based on “National Guidelines on Early Detection & Referral pathways of Common Cancers in Sri Lanka”, distant training programme was designed and developed with the partnership of WHO and Health Informatics Society of Sri Lanka. The objective of this project is to provide online training on cancer early detection and referral pathways for primary care doctors in Sri Lanka.

IFCPC-IARC Colposcopy and Cervical Cancer Prevention Training course

National Cancer Control Programme in collaboration with World Health Organization and Consultant Gynaecological oncologists at Apeksha Hospital, Maharagama has conducted a training of trainer programme on colposcopy and cervical cancer prevention for 10 selected Consultant VOGs representing the whole country. The theory component of this training programme has been completed during the year while the practical component is currently ongoing. The objective of this training programme is to strengthen and streamline the colposcopy service provision in the country, thereby minimizing the underutilization of colposcopy services.

Training programme on Colposcopy for Post Graduate Trainees of Gynaecology and Obstetrics

National Cancer Control Programme and Consultant Gynaecological oncologists at Apeksha hospital, Maharagama in partnership with United Nations Population Fund (UNFPA) conducted two training programmes for Post Graduate Trainees of Gynaecology and Obstetrics. The objective of this training programme was to streamline the colposcopy service provision in the country by improving the knowledge and skills on colposcopy among post graduate trainees. Around fifty participants were trained in these two training programmes.

Strengthening Services for Cancer Prevention and Early Detection

Distribution of Clinical Breast Examination mannequins

26 Clinical Breast Examination (CBE) Mannequins were procured and distributed to all the RDHS offices through the coordination with the MO/NCDs. The purpose of distributing these CBE mannequins to RDHS level is to conduct capacity building of the relevant staff members in their district, thus improving the breast cancer early detection facilities across the country.

Conducting Public Awareness on Cancer Prevention and Early Detection

Commemoration of “World cancer day – 4th February 2021”

Every year, 4th February is celebrated as the World Cancer Day and the theme of this year is “I am and I will”. For the commemoration of this day, a circular was distributed to all healthcare institutions, including Medical Officers of Health, Regional Directors of Health Services, Provincial Directors of Health Services, Base hospitals, District General Hospitals, Teaching Hospitals, National level programmes and campaigns, Heads of Departments of Ministry of Health. The aim of the circular was to create awareness among general public and healthcare workers on the current cancer burden in the country and in the world. Requests were sent to conduct various activities to strengthen the cancer prevention and control to commemorate World Cancer Day 2021.

FEB 4 WORLD CANCER DAY
This independence, inspire action for cancer prevention and control

World Cancer Day February 4th 2021
I AM I WILL

February 4th was declared as "World Cancer Day" globally to raise awareness about cancer prevention and control. The slogan for the campaign is "I am, and I will". Sri Lanka will also commemorate the World Cancer Day on 4th February 2021. All health care institutions in the country will get together to implement activities related to cancer control.

Cancer is the second leading cause of death in the world as well as Sri Lanka. It was estimated that there were about 19 million of new cancer patients and 10 million deaths occur due cancer in 2020. In Sri Lanka about 80 new patients are being diagnosed and about 35 people die due to cancer daily.

Most common cancers in Sri Lanka

Males	Females
1. Oral Cancer	1. Breast Cancer
2. Lung Cancer	2. Thyroid cancer
3. Colorectal cancer	3. Cervical Cancer

Two out of three cancers can be prevented or detect early and treat effectively.

Tips to prevent cancer.

1. Stop tobacco use including cigarettes and smokeless tobacco.
2. Be physically active.
3. Maintain ideal body weight.
4. Take adequate amounts of fresh fruits and vegetables.
5. Avoid alcohol.
6. Have safe sex to avoid HPV-infection.
7. Minimize urban and indoor air pollution.
8. Vaccinate against HPV and hepatitis B virus.
9. Control occupational hazards.
10. Reduce exposure to ionizing radiation (occupational or medical diagnostic imaging).

National Cancer Control Programme

Commemoration of “World Breast Cancer Awareness Month – October 2021”

Whole world is commemorating the “World Breast Cancer Awareness Month” in October every year with the aim of strengthening the awareness, early detection, treatment and palliative care services for breast cancer.

As the national focal point on cancer prevention and control, the National Cancer Control Programme has conducted several activities towards enhancing awareness on importance of breast cancer prevention and early detection among the public.

A press conference was organized and conducted in collaboration with the Health Promotion Bureau adhering to the health etiquette to prevent COVID-19. A fact sheet and IEC material were distributed among the participants.

A training programme was conducted island wide with the contribution of regional level officers and the clinicians to Primary Health Care staff mainly Public Health Midwives at district level.

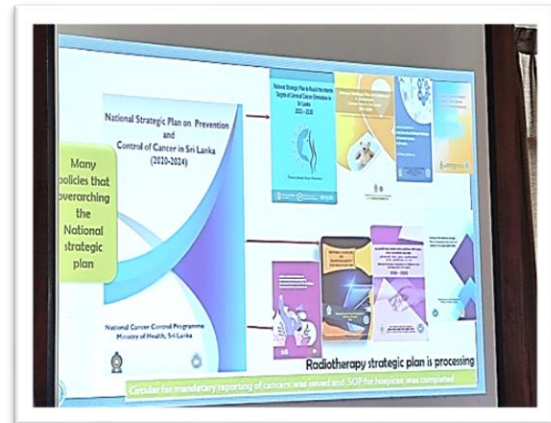
A social media campaign was conducted in line with the World Breast Cancer Awareness month to improve the knowledge on breast cancers among public.



Other Activities

Knowledge sharing session in the Sri Lankan Initiative to Achieve Interim Targets of Cervical Cancer Elimination and the Launching Ceremony of the Latest Publications of the National Cancer Control Programme

This launching ceremony and the knowledge sharing session was conducted on 10th December 2021 at Water's Edge in partnership with the United Nations Population Fund (UNFPA) with the participation of all relevant stakeholders.

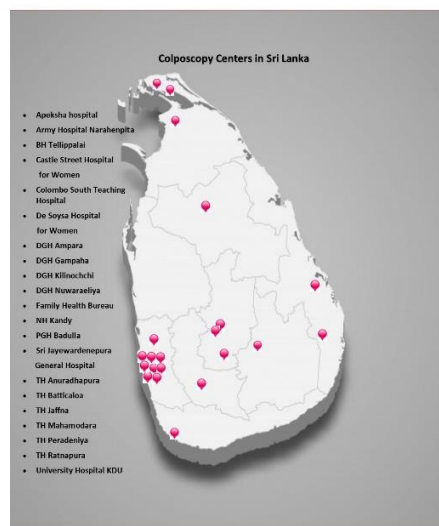
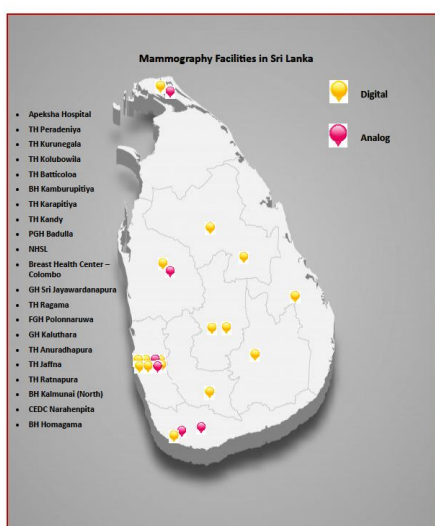


Monitoring and Evaluation of Cancer Prevention and Early Detection

Monitoring and Evaluation of Island wide mammography and colposcopy services

The monitoring and evaluation of the mammography service provision was conducted by compiling the information gathered from all the mammography centres in the country on a quarterly basis.

The colposcopy service provision was monitored and evaluated on a quarterly basis by the NCCP compiling the gathered information collected from all the colposcopy clinics in Sri Lanka.



ii. Cancer Early Detection Centre

Cancer Early Detection Centre (CEDC) of the National Cancer Control Programme located in Narahenpita, Colombo; provide early detection services for breast, cervical and oral cavity cancers, to the general public, with the inclusion of clinical-breast examination, mammography, ultrasound scanning, Pap and HPV DNA testing.

Raising awareness among the public about cancer as well as other health information is a main objective of the CEDC. Many people are benefitted by the services provided through CEDC which is a walk-in clinic where a referral from another healthcare provider is not required. The easy accessibility and availability of services from 8.30 am to 3.30 pm on all working days are other factors for the popularity of the CEDC among the public.

Apart from the doctors and nurses working at CEDC, a visiting radiographer and medical laboratory technicians attached to the National Hospital, Sri Lanka and the Family Health Bureau respectively are also involved in the provision of services. Around 30 clients can receive the services per day at CEDC.

Approximately 50 mammography tests and 80 ultrasound scans are conducted at CEDC per month. Around 2500 people receive the services from CEDC each year. In addition, a Healthy Lifestyle Clinic is also conducted at CEDC to detect non-communicable diseases.

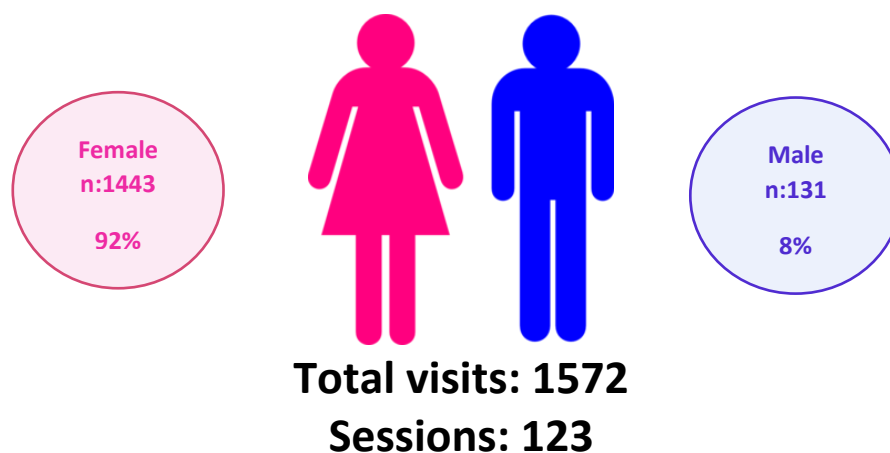


Figure 01: Summary of client visits in Cancer Early Detection Centre in 2021

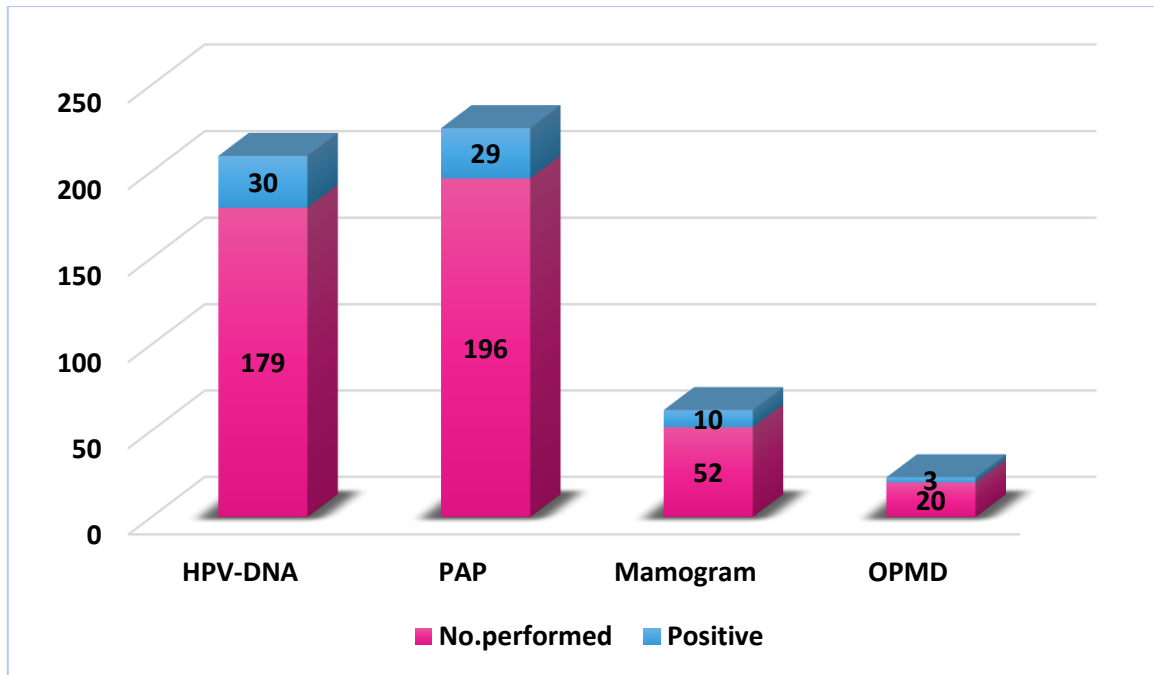


Figure 02: Summary of activities conducted by Cancer Early Detection Centre in 2021

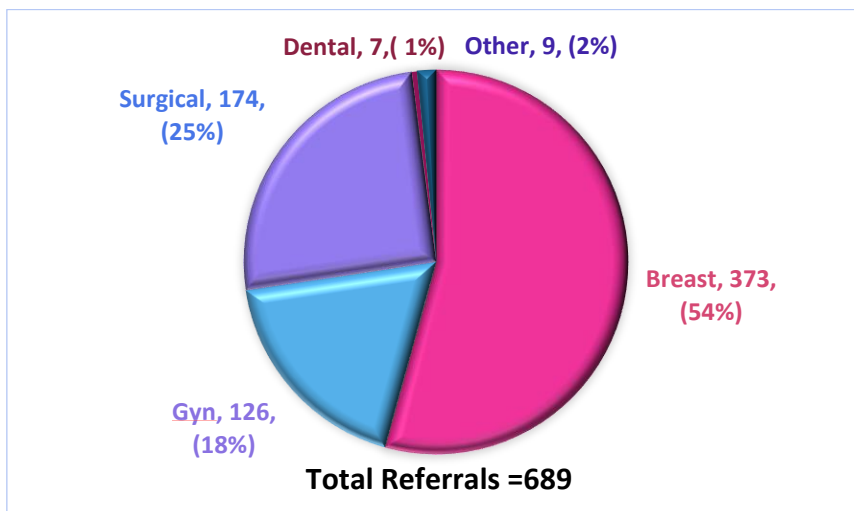
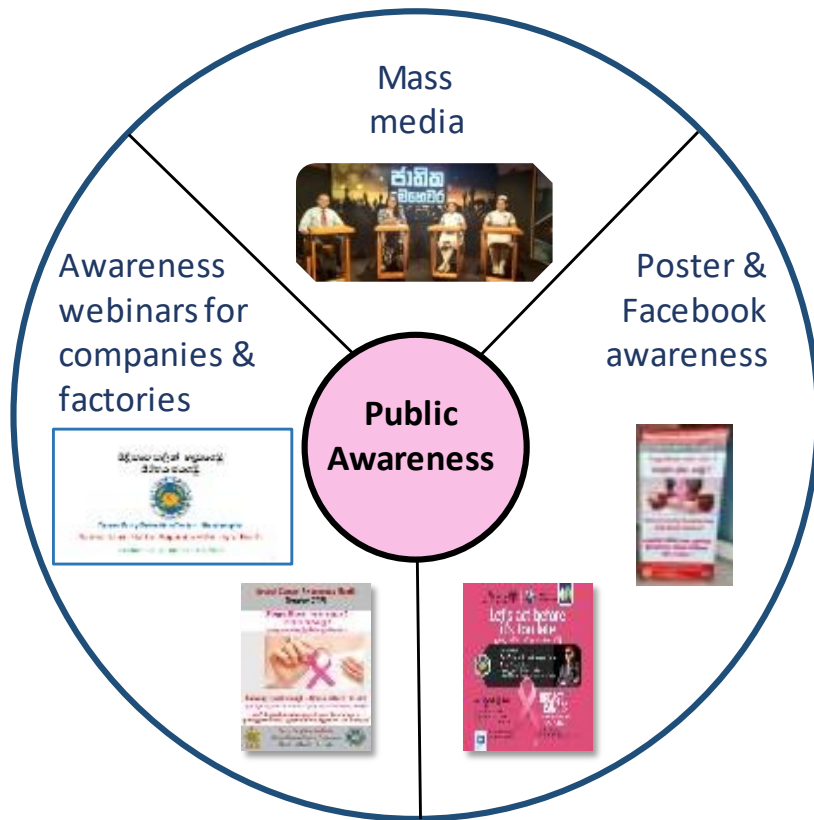


Figure 03: Summary of referrals done by Cancer Early Detection Centre in 2021

Around 10 breast cancer patients are diagnosed per month by the Breast clinic of the National Hospital of Sri Lanka, out of which approximately two cases are referred by the CEDC, with a 20% contribution to the diagnosing of breast cancers at the National Hospital of Sri Lanka, via referrals.

Summary of activities of Cancer early detection centre -2021



Involved in the vaccination programmes for the staff of Public Health Complex



Empowering the implementation of CEDCs in the country



Delivering a lecture on setting up a CEDC at the workshop for cancer prevention and control for the tri-forces



Taking part in the opening ceremony of CEDC at Matara

Activities Conducted with Public Private Partnership

Donation of ESR machine to the CEDC by Rotary club



Donation of water dispenser by well wishers



Publications

Publication on Fast track approach to cancer early detection in Sri Lanka





Oral Cancer Prevention and Control

The Oral Cancer Prevention and Control Unit:

- Provide technical support, assistance and guidance to provinces, districts and other organizations and agencies in improving quality, supply and access to prevention, early detection & diagnostic services for oral cancers
- Conduct training and capacity building of individuals / institutions in the public, private and civil society organizations
- Conduct surveillance of data related to oral cancer
- Promote and conduct epidemiological and clinical research related to oral cancer and Oral Potentially Malignant Disorders (OPMD) with the collaboration of academic and other relevant research organizations on prevention, early detection and management of oral cancer

The Oral Cancer Unit is responsible for the oral cancer prevention, early detection and improving diagnostic services in Sri Lanka and having close liaison with all development, partners and bilateral and multilateral donors in Sri Lanka.

Activities conducted in year 2021

Capacity Building Programmes

1.1 Capacity building programmes for dental surgeons at district levels

Capacity building programmes were conducted for dental surgeons on updating them on the current situation, of oral cancer as well as enhance their clinical skills for early detection of Oral Potentially Malignant Disorders (OPMD) and Oral Cancer (OC). The Consultant in Community Dentistry at NCCP updated the participants on the current situation of the Oral Cancer status of the country and hands-on training was conducted by the local Oral and Maxillo-Facial (OMF) Surgeon using clinic patients at respective OMF clinics. Issues related to early detection and referral pathways were also addressed with the participation of Regional Dental Surgeon (RDS) and area OMF Surgeon. Due to the COVID situation in the country, only 04 programmes were conducted in DGH Matale, PGH Gampaha, PGH Ampara and TH Kalutara with the participation of 150 dental surgeons.



**Dental surgeon training at
PGH Matale, DGH Ampara
& TH Kalutara**



1.2 Technical update for Regional Dental Surgeons

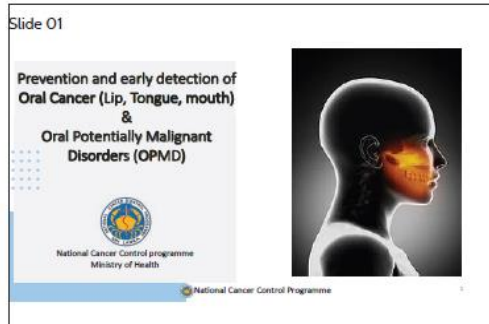
Technical update for RDSs was based on the weaknesses identified during district reviews of oral cancer prevention and control activities. Due to COVID restrictions, three on-line sessions were conducted under following broad areas;

- Current situation of oral cancer control activities at districts and areas for improvement.
- Development of district-based annual action plan for oral cancer prevention and control activities with the development of district data-bases.

- Key areas to be addressed in public awareness programmes on oral cancer prevention and control.

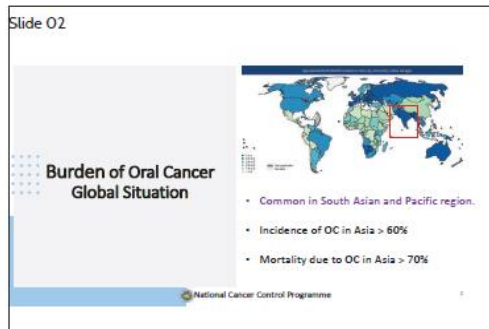
1.3 Development of Training Manual for Primary Health Care staff on early detection and prevention of oral cancers.

With the collaboration of cancer early detection and prevention unit of NCCP, guideline on early detection and prevention of oral cancers was developed for Primary Health Care staff.



Prevention and early detection of Oral Cancer (Lip, Tongue, mouth) & Oral Potentially Malignant Disorders (OPMD)

Summarize the objectives of this presentation.



Burden of Oral Cancer: Global Situation

Oral cancer is common in South Asian and Pacific region.
 Incidence of oral cancer in Asia is more than 60%
 Mortality due to oral cancer in Asia is more than 70%

1.4 Capacity building of Ayurveda students

NCCP recognized the importance of obtaining the services of all categories of health staff for oral cancer prevention and control activities. As Ayurveda practitioners cater to a particular section of the public, it was decided to develop their capacities regarding creating public awareness on risk factors, early detection and referral of OPMDs. As an initial step, capacity building of Ayurveda students was conducted.



1.5 Training of non-health categories on cancer prevention.

With the collaboration of cancer early detection and prevention unit of NCCP, two training programmes were conducted for district level leaders and volunteers of Sarvodaya and tri-forces personnel on risk habits for oral cancer and importance of prevention & early detection.

Introduction of E-based oral cancer surveillance system

E-based cancer surveillance system was introduced to all OMFS and Oral Pathology Units aiming to improve the timeliness and data quality of oral cancer data. For this purpose, 36 laptops were purchased and distributed with relevant data-entry software (CANREG 5) to all OMFS and Oral Pathology Units. In collaboration with the Strategic Information Management (SIM) Unit of NCCP, series of hands-on training programmes were conducted for dental surgeons of respective Units. It is expected to obtain e-based oral cancer incidence data from 2022 onwards.

Introducing electronic based 'Can Reg 5' surveillance system to Oral and Maxillo Facial units and Oral Pathology units in Sri Lanka



Introductory Session
26th Friday 2021
2 pm to 3 pm
via zoom

Meeting ID: 868 2822 2204
Passcode: 593627



Hands on training programme
1st & 2nd December 2021
8 am to 4.30 pm
&
Distribution of lap tops

Venue:
Auditorium of the
National Dengue
Control Unit

Jointly organized by Oral Cancer Unit & Strategic Information Management Unit of National Cancer Control Programme




Capacity building of Dental Surgeons for e-surveillance

Development of IEC materials

3.1 Posters on the prevention of chewing areca-nut products and promotion of routine oral examination among high-risk occupational groups

Printing 30,000 posters (two types) was done in both Sinhala and Tamil languages. (Soft copies are available at www.nccp.health.gov.lk)



Posters on early detection of oral cancer and importance of routine oral examination among risk groups

3.2 E-version of flash cards on self-mouth examination

Based on the developed self-mouth examination flashcards, a video was produced to be used as a health education tool for providing information on risk factors, OPMD/OC warning signs and self-mouth examination. Video was circulated among Regional Dental Surgeons to disseminate at district level (*available at www.nccp.health.gov.lk*).



Video on self-mouth examination

Media related activities related to oral cancer

4.1 World Head and Neck cancer day 27th July 2021

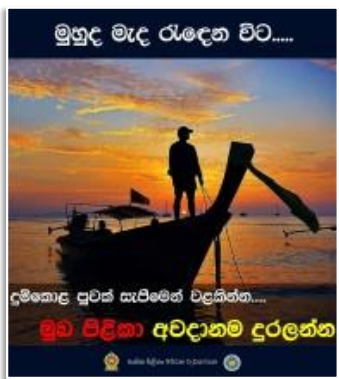
To commemorate World Head and Neck Cancer Day 2021, a circular signed by the DGHS was issued to all health institutions. Taking into consideration the increase in the use of commercially prepared areca-nut products as well as the rise in the number of Oral Submucous Fibrosis cases, this year's theme was ***“Stop chewing areca-nut products for good oral health”***. All health personals were instructed to conduct programmes targeting the above-mentioned risk factor while utilizing innovative methods such as social media while adhering to guidelines to prevent the spread of COVID 19.

4.2 Media seminar to commemorate World Head and Neck cancer day 2021

A media seminar was conducted with the collaboration of the Health Promotion Bureau with the attendance of media personnel. The media was sensitized on the threat of commercially prepared areca-nut products and its implications. This event was attended by resource persons representing the preventive and curative aspects of oral cancer.

4.3 Publishing videos on hazards of chewing tobacco and areca-nut

In line with the theme of the World Head & Neck Cancer Day 2021, short videos and Face-Book posts in both Sinhala and Tamil languages have been developed and circulated (*available at www.nccp.health.gov.lk*).



Face-Book posts



Short videos on hazards of tobacco and areca-nut



4.4 Publishing newspaper articles on oral cancer prevention and improve oral cancer and OPD awareness of public on risk of areca nut chewing.

Monitoring and evaluation of oral cancer prevention and control activities

5.1 Facility survey of diagnostic and treatment facilities at oral cancer treatment centres

In order to ensure the equitable distribution of facilities at oral cancer treatment centres, a facility survey was conducted in all 33 OMF Units. Data was obtained through site visits and mailed questionnaires. The data analysis was done and the report was presented during the Technical Advisory Committee meeting on Oral Cancer Prevention and Control. There is a need to prioritize the requirements with the consensus of senior ministry officials and the College of OMF Surgeons.

5.2 Performance review of oral cancer prevention and control activities 2021

A performance review of oral cancer prevention and control activities was conducted on-line using ZOOM technology due to the COVID 19 outbreak. Low attendance of patients to dental clinics and limited active-screening programmes due to COVID outbreak as well as the lack of maintaining active-screening data separately for risk groups were notable observations. Moreover, the absence of dental service-related data sharing of line-ministry institution with RDHS office is a long-standing issue. Addressing these problems is essential to establish an organized OPMD/OC screening programme in the country. The key information obtained is

given below. In order to obtain complete picture, relevant data was obtained from the Research and surveillance Unit of Institute of Oral Health (IOH) and the SIM unit of NCCP.

Oral cancer prevention and control activities 2020

Description	2019	2020
Basic data		
Total no. of dental clinics providing routine services; including Adolescent Dental Clinics and Community Dental Clinics (<i>IOH data</i>)	694	753
Total no. of Dental Surgeons (<i>IOH data</i>)	990	1044
Total no. of institutions with OMF clinics (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)	31	31
Total no. of OMF surgeons (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)	38	38
Total number of Oral pathology Units	03	03
Total number of Oral Pathologists	04	04
Clinical services		
Total no. of visits to dental clinics (<i>IOH data</i>)	4035428	2654069
No. of OPMDs detected reported at dental clinics (<i>IOH data</i>)	7062	4109
	Percentage of type of OPMD detected	
	Leukoplakia	33% 31%
	Erythroplakia	8% 7%
	Oral sub-mucous fibrosis	33% 33%
	Oral lichen-planus	15% 16%
	Other	11% 13%
No. of suspected oral malignancies detected at dental clinics (<i>IOH data</i>)	471	546
No. of OPMDs reported from OMF units (<i>IOH data</i>)	3553	4676
No. of confirmed oral malignancies reported from OMF Units (SIM Unit)	1967	1641
No. of oral malignancies reported from oral pathology units(SIM Unit)	840	729
Awareness, capacity building and active screening - excluding line-Ministry intuitions		
<i>No. of oral cancer awareness programmes conducted for public (other than screening)</i>	190	194
<i>No. participated</i>	15190	7208
No. of oral cancer in-service programmes conducted	99	88
<i>No. participated</i>	2259	1949
No. of active OC cancer screening programmes	282	145
<i>No. participated</i>	33610	9989
No. of OPMD patient detected	856	199
No. of suspected oral malignancies patients detected	32	9

**provisional*

5.3 Reprinting of registers for reporting oral cancer incidence data

A limited number (50) of “Registers for reporting oral cancer incidence data” were reprinted for newly established OMF Units until e-surveillance system is being established.

Governance and Service Development

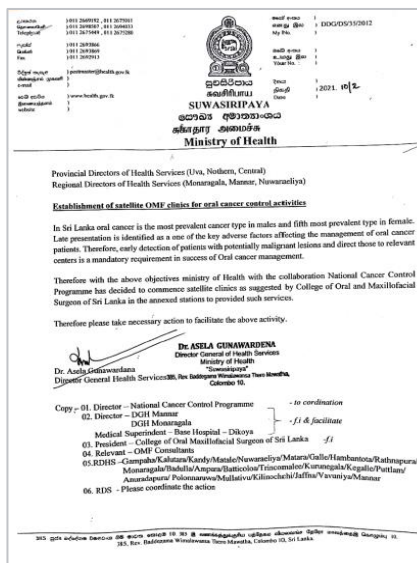
6.1 Conducting Technical Advisory Committee meetings on oral cancer prevention and control

Technical Advisory Committee meetings on oral cancer prevention and control (TAC-OC) was conducted under the co-chairmanship of DDG Dental Services Dr. Ananda Jayalal and Professor Manjula Attigalla. Resource persons representing different aspects of oral cancer prevention and control were in cooperated as members.

Key deficient areas are given below:

- Requirement for regulations on commercially prepared chewable areca-nut products
- Strengthen risk group screening
- Increase facilities, capacity building of staff and guidelines for oral cancer management including rehabilitation and reconstruction care
- Improve information system for oral cancer management

6.2 Introducing satellite OMF clinics for local follow-up of mild OPMD cases at local dental surgeons



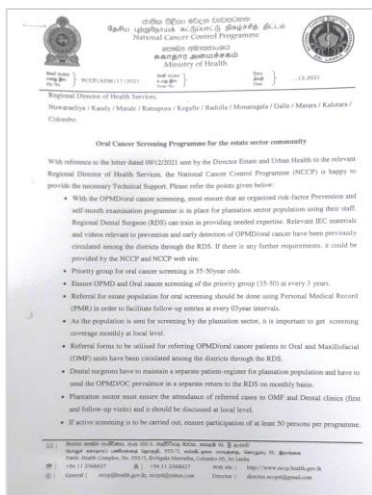
Based on the recommendations of the TAC-OC, a circular was issued by the DGHS on initiation of satellite OMF clinics in order to strengthen loss-to-follow-up of oral cancer and OPMD patients.

6.3 Formulation of legislations on chewable areca-nut products



It was decided to formulate legislations for commercially prepared areca-nut products as it is becoming freely available. A subcommittee was appointed by the Secretary of Health to formulate possible mechanisms for legislations. The committee is chaired by the Additional Secretary (Public Health) with the members from NCCP, DDG/NCD, DDG/DS, DDG/E&OH, College of OMF surgeons and Legal department of Ministry of Health. The initial discussions were held and it was decided to have wider discussions with the involvement of all relevant stakeholders such as members from Ministry of Trade and Commerce.

6.3 Revision of oral cancer screening programme for plantation sector population



Revision of screening programme for plantation population was done with the involvement of all relevant stakeholders. The outline of the proposed programme was sent to all RDHS and expected to be implement from 2022.



Diagnosis & Treatment Unit

- Facilitates implementation of diagnostic and treatment services as per national policies and supports infrastructure development
- Facilitates capacity building and training of individuals and health institutions in association with relevant technical authorities
- Coordinates the development and updating of clinical guidelines and management protocols in the diagnosis and treatment of cancer
- Facilitate the development and updating of radiation safety guidelines, monitoring of radiation safety of workers and patients.
- Coordinates the activities of the Diagnosis and Treatment Technical Committee provides necessary recommendations to the National Advisory Committee, and facilitates these activities

- **Strengthening of services**
- **Implementation of services**
- **Infrastructure development**
- **Capacity Building**
- **Monitoring and evaluation**

Diagnosis and Treatment Unit is responsible for down-staging the disease through prompt diagnostic services, facilitates treatment and improve the services to quality survivorship among people with cancer in Sri Lanka

Implementation of Services

Establishment of breast care clinics in secondary and tertiary hospitals

Based on the recommendations of the impact review 2019 and the decisions taken by the National Advisory Committee chaired by the Secretary of Health, 16 breast care clinics were established in secondary and tertiary hospitals. The expansion to the other hospitals is in the discussion stage.



Southern Province

Development of multidisciplinary teams for Centres of Excellence

The Centres of Excellence (CoE) for cancer at the provincial level were already established and upgrading with modern diagnostic and treatment facilities is in the process. The Technical Advisory Committee decided to develop multidisciplinary teams for these CoE and conduct regular review meetings to upgrade and regulate the services. The necessary Standard Operating Procedures were prepared and awaiting approval.

Establishment of Cancer Early Detection Centres

Considering the recommendations of the National Advisory Committee, it was unanimously decided to establish Cancer Early Detection Centre (CEDC) per province in the country to minimize the delays in the diagnosis of cancers. In 2021, two CEDCs were established in Jaffna and Matara provinces and the rest will be completed within the next two years.



Figure 1: Opening of Matara Cancer Early Detection Centre

Development of procurement supply management plan for pharmaceuticals and equipment

The initial discussion was made with relevant stakeholders to prepare a procurement supply management plan for pharmaceuticals and equipment. This will be implemented with the partnership of expertise in the field.

Infrastructure Development

Infrastructure development - distribution of equipment

The diagnosis and treatment unit has facilitated the provision of equipment to improve diagnosis and treatment facilities in cancer treatment hospitals. The immunocytochemistry facility was upgraded at NCIM, and two cytotoxic isolators were supplied to TH Matara and PGH Badulla in 2021. The unit procured and distributed chemotherapy chairs, adjustable electrical beds, multipara monitors, infusion and syringe pumps for cancer treatment centres to improve cancer day care treatment facilities in hospitals. Initial discussions for developing a comprehensive national guideline on "Cytotoxic waste material management" were conducted.



Figure 2: Discussion with Surgeons of DGH Vavuniya on establishment of breast care clinic.

Capacity Building

Breast cancer care training for public health staff

To increase awareness on breast cancers among public health staff, three-day training of trainers' programmes were conducted in Western, Southern and Northern Provinces adhering to covid 19 prevention guidelines.

Pen drives containing videos on breast self-examination and clinical breast examination were distributed to all MOHs and Healthy Lifestyle Clinics to increase awareness on breast cancer and train Public Health staff.





Figure 3: Comprehensive Breast care training PHNS of Southern province



Figure Comprehensive Breast care training for MOH office Hambantota

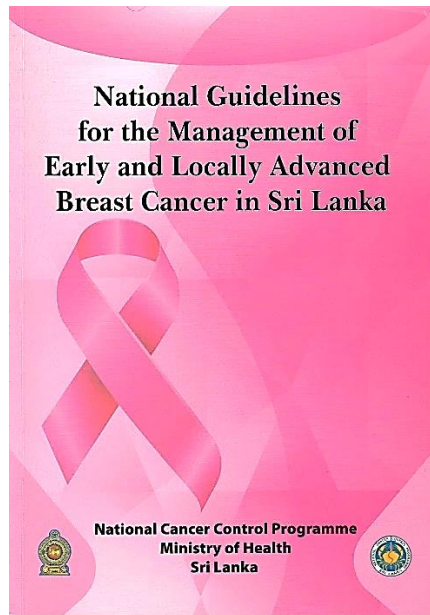


Figure 4: Comprehensive Breast care training for PHMs of Kilinochchi District

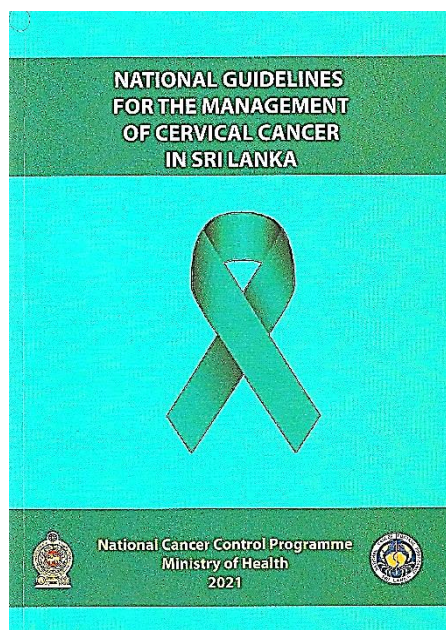
Developing Guidelines

Management guidelines for "Breast and cervical cancer" were developed with the partnership of oncologists', once-surgeons, and gynaecological oncologists. Both guidelines were published online and hard copies were distributed for Cancer treatment centres island-wide.

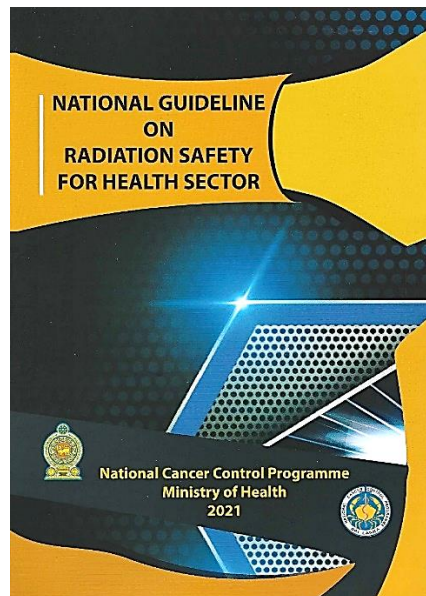
National Guidelines for the "Management of early and locally advanced breast cancers in Sri Lanka"



National Guidelines for the "Management of Cervical cancers in Sri Lanka."



National guideline on "Radiation safety for health sector" was prepared in partnership with Sri Lanka Atomic Energy Board and the World Health Organization. The guide was distributed to all radiotherapy treatment units in hospitals island-wide.



A TOR for radiation protection officers is prepared based on the radiation safety guideline and will be circulated for all hospitals in 2022.

We have initiated developing guidelines for the "Tumour Review Board for diagnosis, treatment, and rehabilitation of cancer patients". This activity will be done with the partnership of Oncologists, Onco-Surgeons, Radiologists and all relevant stakeholders.



Monitoring and Evaluation

Supervision of Centres of Excellence, Cancer Early Detection Centres and Breast care clinics were done The Technical Advisory Committee meetings were conducted quarterly with the participation of all stakeholders.



Palliative Care Unit

Palliative Care Unit:

- Work within and support the relevant national committees and technical working groups to develop and regularly update national policies, strategies, guidelines, protocols and frameworks for implementation of palliative care services in Sri Lanka
- Conduct capacity building of individuals/institutions in the public, private and civil society organizations on palliative care
- Work in partnership with public, private, civil society organizations, and development partners at local, national and international level to improve palliative care services
- Monitor and evaluate palliative care services with Strategic Information Management Unit

The objective of the Palliative Care Unit is to be responsible for planning, coordination, monitoring and evaluation of cancer palliative care services in Sri Lanka with the collaboration of professional organizations and development partners

Strengthening Palliative Care Services

Cadre approval for Medical Officer Palliative Medicine

The National Strategic Framework for Palliative Care Development 2019-2023 (Ministry of Health, 2019) and National Strategic Plan Cancer Prevention and Control (2020-2024) has identified Medical Officer-Palliative Medicine as a key member of the multidisciplinary team. They are a vital component in the palliative care consult services (PCCS) at the tertiary and secondary care hospitals. The Department of Management Services of the Ministry of Finance granted the approval for 19 posts of Medical Officer -Palliative Medicine for cancer treatment hospitals under the Ministry of Health in 2021.

Establish a subcommittee palliative care for Medical Supplies Division drug formulary revision

A subcommittee for palliative care was appointed by MSD for drug formulary revision. The aim of this committee was to provide technical inputs to the Medical Supplies Division to include palliative care items (drugs and equipment) needed in the revision of the Medical Supplies Division formulary. A tentative list of items for palliative care to be included in the MSD formulary revision was identified in the stakeholder meetings held with relevant experts.



Commencing palliative care services in hospitals

Advocacy zoom meeting, chaired by the DDG – NCD on strengthening of palliative Care Consult Services in COE at provincial level was held on 05.04.2021 (Circular 10-34/2020 was issued in 2020). Hospital teams (administrators, consultants and other health staff in palliative care etc.) from Apeksha Hospital Maharagama, PGH Rathnapura, PGH Kurunegala, TH

Batticaloa, PGH Badulla, NH Kandy, TH Karapitiya, PGH Polonnaruwa and TH Anuradhapura participated in the meeting.

The current status was discussed and the challenges were identified e.g.: lack of human resource, capacity building, Infrastructure development and linking with primary care. The recommendations were to initiate palliative care services at hospitals using available resources, provide support to strengthen the services and monitor the progress.

Incorporation of Palliative Medicine into medical undergraduate curriculum

A zoom discussion was held with the representatives of all the medical faculties to review the present status of incorporation of palliative medicine into the undergraduate medical curriculum on 27th of August 2021. Currently, teaching of palliative medicine is done in different extents in different faculties. It was recommended that teaching should be done with the multi-disciplinary team approach and each faculty has to identify a specific teaching programme for palliative medicine and identify a supervising department.

- **National Steering Committee on Palliative Care**

National Steering Committee on Palliative Care coordinate and provide oversight for the implementation and monitoring of the national strategic framework on palliative care and the National Strategic Plan on Prevention and Control of Cancer in Sri Lanka 2020-2024. It is chaired by Director General of Health Services and the rest of the members of the committee are experts who are working in the palliative care. The National Steering Committee provides recommendations to the National Advisory Committee on Prevention and Control of Cancer with the aim of improving palliative care services in the country. In 2021, two meetings were conducted and the key areas addressed at the committee are given below:

- Availability of skilled multi-disciplinary human resources
- Availability of drugs and technology
- Strengthening of Palliative Care Services in Hospitals
- Empower informal caregivers
-

Capacity Building

Capacity building for Primary Health Care Professional During COVID 19 Pandemic

- *“No one left behind during the pandemic”* Three-day virtual training programme for Primary Health Care professionals

Three-day virtual training programme “No one left behind during the pandemic” was for Primary Health Care professionals on different aspects of cancer care and palliative care during COVID 19 pandemic. Many experts from different fields such as Oncology, Oncological surgery, General Medicine, Anaesthesia, Neurology, Respiratory Diseases and Palliative Care and Public Health contributed as resource persons. The main areas discussed included palliative emergencies, paediatric palliative care, palliative care in respiratory diseases, pharmacology of palliative pain management, palliative care in Neurological diseases, bed bound patient, common psychological symptoms in palliative patients, how to prepare Palliative patients for a peaceful death and basics of wound healing and caring for cancer wounds.



- **Refresher Training on Palliative Care for Primary Health Care Workers**

National Strategic Framework for Palliative Care Development 2019-2023 identifies the shared care model for palliative care services. Therefore, capacity building of primary care health staff is an essential task to establish comprehensive delivery of palliative care services in Sri Lanka.

As a result, two, one-day training programmes were conducted for Primary Health Care workers with the aim of introducing the basic concepts and refreshing their knowledge on palliative care. A total of 114 primary health workers from different categories were trained during the programme. The programme was held under strict COVID 19 guidelines.

The general concepts of palliative care, palliative care for cancer patients in Primary Health Care setting, palliative care for non- cancer patients in Primary Health Care setting, end-of-life care, and psychological care in palliative care with a practical session on mindfulness were conducted for all participants in both programmes. The experts from relevant fields (e.g., Consultant Oncologists, Consultant Physician, Consultant Psychiatrists, Consultant

Community Physicians etc) participated as resource persons. The experience sharing and question and answer sessions were conducted at the end of each programme.

One day refresher training programme on palliative care for general practitioners (Primary Health Care doctors)



One day refresher training Programme on Palliative Care for Primary Health Care Workers in Military Health Services (30.07.21)



Three-day Residential Training of Trainers workshop on Palliative Care



In the government sector, specialist palliative care is available in the 24 cancer treatment centres distributed in the country. The healthcare workers providing palliative care services are pivotal roles in improving the quality of lives of patients with palliative care needs. To facilitate this, two, residential workshops were held for 80 healthcare workers (Medical Officers, Nursing Officers, Public Health Nursing Sisters, Social Workers, Pharmacists and Physiotherapists) from Palliative Care Consult Services and cancer treatment centres.

Initially one three-day training programme was planned for 80 participants from palliative care teams in cancer hospitals island wide. However, due to the COVID -19 health safety guidelines issued by the Ministry of Health Sri Lanka, with approval from WHO, it was conducted as two, three-day programmes with 40 participants from hospital palliative care teams. (03.08.21-06.08.21 and 11.08.21-13.08.21).

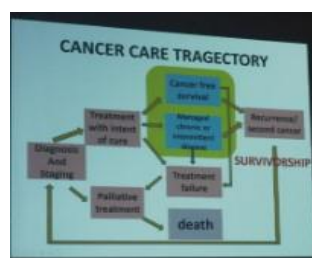
Each programme was conducted using lectures, group discussions and discussing case scenarios. The experts from relevant fields (e.g., Consultant Oncologists, Consultant Physician, Consultant Anaesthetist, Consultant Psychiatrists, Consultant Community Physicians etc) participated as resource persons. The experience sharing and question and answer sessions were conducted at the end of each programme. Participant feedback was received to evaluate the planning, organization, content, delivery, of the programme as well as to gather information on the future training needs.

The topics covered during the three-day programme were:

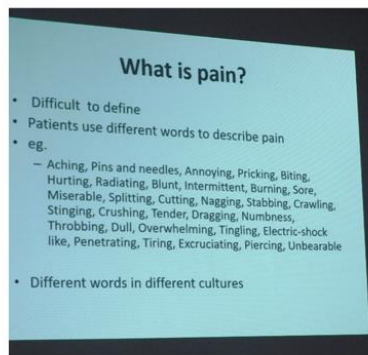
Introduction to Palliative Care ,Cancer patient and needs of palliative care ,Patient assessment and symptom management, Paediatric palliative care, Pain assessment and treatment, Wound care and bed sore management, Palliative emergencies, End-of-life care, Ethical issues and communication in palliative care, Palliative care for non-cancer patients, Selfcare and burnout, Psychological, social and spiritual suffering, Mindfulness - practical session and TOT module for Informal Caregiver Training on Home Based Care (included seven sessions:

overview of palliative care, caregiver and selfcare, nursing care at home ,effective communication, ,social, mental issues, spiritual wellbeing and end of life care)

Training of trainer's programme held on 03.08.21-06.08.21



Training of trainer's programme held on 11.08.21-13.08.21

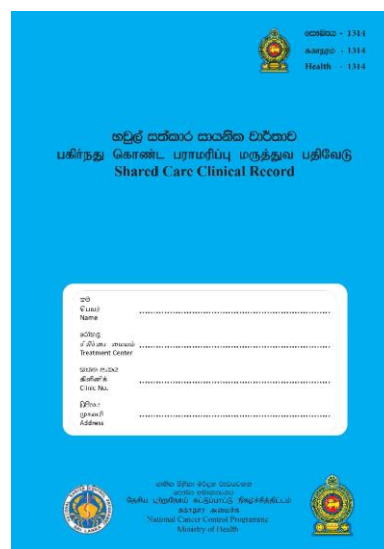


Publications & Recommendations

Integration of palliative care into the Primary Health Care system

- **Shared Care Clinic Record (H -1314)**

National Strategic Framework for Palliative Care Development 2019-2023 (Ministry of Health 2019) identifies the need of establishment integrated palliative care services as an essential component of comprehensive healthcare across all levels of healthcare services: tertiary, secondary, primary and community. The Shared Care Clinical Record was developed to document management details of cancer palliative patients at all levels of care. Relevant notes are expected to enter by relevant service providers at different levels of care.



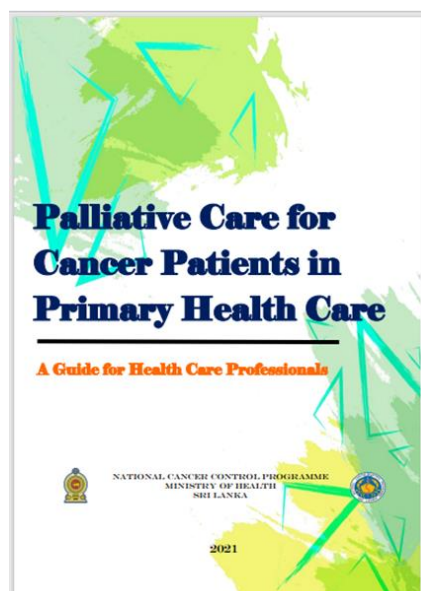
- **Palliative Care Guide for Primary Health Care Workers**

A comprehensive guide was developed with the contribution of a multidisciplinary group of specialists who are experts in the field of palliative care : Consultant Oncologists, Consultant Physicians, Consultant Primary Health Care Physicians, Consultant Oncosurgeons, Consultant Psychiatrists, Consultant Anaesthesiologists , Consultant Community Physicians, palliative medicine medical officers, counsellors, sociologists, public health nursing sisters, nursing officers different topics were identified to cover the entire spectrum of palliative care holistically .That following chapters are included in the publication guide ;

- Introduction on palliative care
- Effective communication for palliative care
- Patients' assessment

- Symptom management
- Psychosocial wellbeing
- Palliative care emergencies
- Nursing issues in palliative care
- End of life care
- Loss, grief and bereavement
- Care of the caregiver & family – assessment & education
- Palliative care for paediatric cancer patients
- Palliative care services in the community
- Ethical issues in palliative care
- Self care

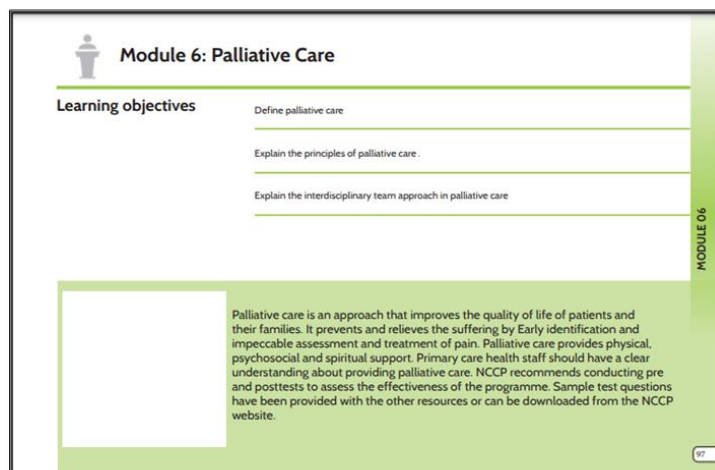
Covering with an overview of areas different aspects of management of palliative care palliative care patient management at Primary Health Care institutions, this publication will serve as guide a guide for providing provide guidance for optimal care for cancer palliative patients at Primary Health Care. Further, it will provide direction to Primary Health Care professionals on maintaining continuity of care with an emphasis on the Management Plan issued by the specialized treatment centre, while respecting the patients' values. This activity was supported by WHO and printing of the guide will be done by WHO.



Training module on palliative care for field health staff

The training module for palliative care (module 6) developed and included in the Trainer Manual on Cancer Prevention and Control for Primary Health Care Staff developed by Cancer

Prevention and Early Detection Unit, NCCP. The aim of this module is to empower field care staff with proper knowledge and confidence in providing palliative care services in the field as they have more opportunities to communicate and create awareness in the community on palliative care.

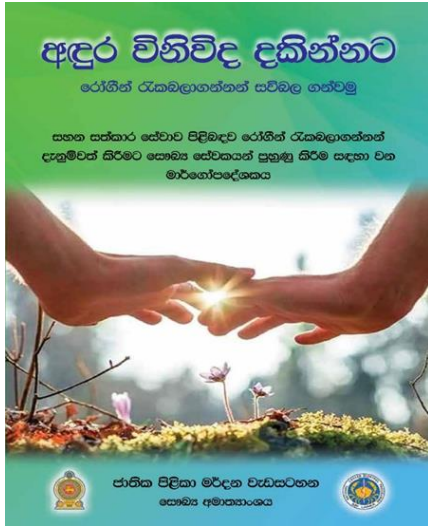


Empower family members, caregivers, and the general public for the provision of palliative care

Structured training of trainer module for a “Standardized Training of Caregivers and Community Volunteers on provision of home-based palliative care”

The role of informal caregivers is multi-faceted, with taking care of a palliative patient, often in the face of sacrifices relating to employment, finances, and their own health and social life. Moreover, they are the key to a supporting engagement and interaction with the patient and palliative care services.

A structured training of trainer (TOT) module was developed and printed by NCCP in Sinhala and Tamil languages with the support of relevant experts in palliative care. This module includes seven sessions. Each session: an introduction, Different teaching methods, group activities, case discussions, power point presentations (soft copy and power point presentations are available at www.nccp.health.gov.lk)



Thirty-one healthcare workers from palliative care teams in cancer treatment hospitals were trained on informal caregiver training during the first training programme (06.08.21) and 26 were trained during the second programme (13.08.21).

Training programme on Informal Caregiver for healthcare workers from cancer treatment hospital 1 (06.08.21)

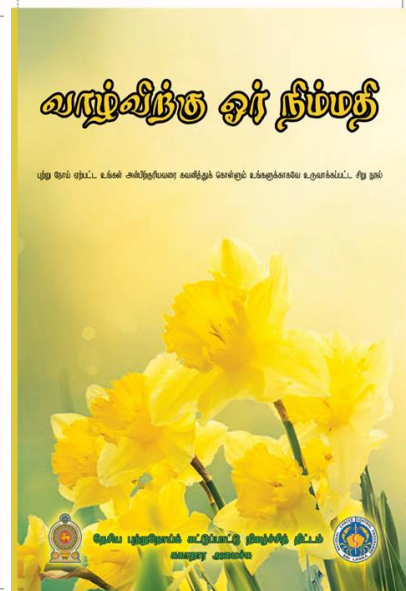
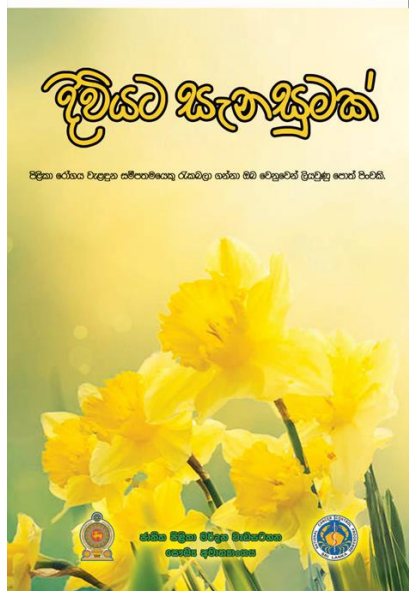


Training programme on Informal Caregiver for healthcare workers from cancer treatment hospital - 2(13.08.21)



“Diviyata Sanasumak” Awareness booklet for caregivers of adult palliative cancer patients

Reprinting of “Diviyata Sanasumak” awareness booklet for caregivers of adult palliative cancer patients was conducted due to its high demand from the cancer treatment centres. This will be useful for empowering family care givers in the community .This was published in Sinhala and Tamil languages and is available to the family caregivers through cancer treatment hospitals island wide (soft copy is available at www.nccp.health.gov.lk)



Multisectoral Partnerships

Informal Caregiver Training of Trainer Programme at Sarvodaya

The Community Based Organizations (CBOs) are a potential source of training for informal caregivers. However, the availability of caregiver trainings within CBOs is poorly understood, as are training needs. The Sarvodaya Shramadana Movement is such a CBO in Sri Lanka, which provides comprehensive development and conflict resolution programs to villages. The palliative care unit of the National Cancer Control Programme conducted two programmes in both Sinhala and Tamil medium for Sarvodaya district health coordinators on informal caregiver training using the TOT module for informal care giver developed by NCCP. The training was conducted with the aim of utilizing Sarvodaya district coordinators to develop district level plans to improve caregiver awareness and training to provide optimal care for palliative patients in the community.



Standard Operation Procedures for Hospices (SOP)

National Cancer Control Programme, with multiple stakeholders developed the Standard operation procedures (SOP) for hospice programme for Sri Lanka, with the aim of ensuring provision of standardized quality services, provide clear guidance for staff to ensure the highest possible standard of care for patients, promote and strengthen public-private partnership in view of delivering quality hospice care services for the terminally ill patients and to establish a pathway leading to an accreditation system for / hospice. The final document was approved at the Private Health Services Regulatory Council (PHSRC) monthly meeting held on 21/12/2021 and will be implemented in island wide hospices in Sri Lanka.

Creating Public Awareness

Commemoration of World Hospice and Palliative Care Day 2021

World Hospice and Palliative Care Day is an annual unified day of action to celebrate and support hospice and palliative care around the world. In 2021 the world hospice and palliative care day was celebrated on 9th of October under the theme “Leave no one behind equity in access to palliative care”. In this regards many activities were planned and conducted by the palliative care unit.

Media briefing at the Health Promotion Bureau, Ministry of Health

A media briefing was conducted with the collaboration of the Health Promotion Bureau, Ministry of Health. It was organized to aware general public through media personnel on this year’s theme “Leave no one behind equity in access to palliative care”

Virtual hybrid conference to commemorate World Hospice and Palliative Care Day 2021

NCCP organized a virtual hybrid conference to commemorate world hospice and palliative care 2021 on 11th October 2021 to share the experiences of providing palliative care at all levels: Palliative Care Consultative Services at hospitals, Community based care by PHNOs, NGOs, Hospices shared their experiences for the conference. Key note speaker was Prof. Raj Gopal – Chairperson (Pallum, India). The second edition of Manual for Palliative Care for Cancer and Non-Cancer Patients: developed by Palliative and End of Life Care Task Force, Sri Lanka Medical Association was launched at the conference.



Conducting activities to improve public awareness

Creating awareness of the general public on different aspects of palliative care using different channels

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Palliative care is a commitment for life



When World Hospice and Palliative Care Day was observed last week (9), it brought together all those directly or indirectly involved in the care of patients with life-threatening diseases.

As this is a subject which is still not well understood by our readers, and is sometimes not accessed due to myths and wrong beliefs, the Sunday Observer spoke to Consultant community Physician, Palliative Care Unit, National Cancer Control Program (NCCP) Ministry of Health, Dr Inoka Nilawera to explain what it meant, for whom this care was specifically targeted to and why it was introduced in the first place.

Excerpts

Q: Palliative Care is still not properly understood by most people even those who need it. As a physician dealing with the subject, tell us what is palliative care?

A: Palliative care is caring of patients with life limiting illnesses, relieving their suffering and supporting them and their families. It provides comfort rather than care with a multi-disciplinary team approach which aims at not adding days to life but adding a comfortable life to the days.

Q: What is the best way to define it in layman's language?

A: Let me quote 'The World Health Organization (WHO)'s definition which sums up the gist of what this health specialty means. The WHO defines palliative care as, 'An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and

Dr Inoka Nilawera
Consultant Community Physician, Palliative Care Unit, National Cancer Control Program (NCCP) Ministry of Health

What's the role of the caregiver in palliative care?



DEFINITION

Palliative care is an approach that improves the quality of life of patients (adults & children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2016).

SERVICES

Services	Availability
Inpatient hospice services	At tertiary hospitals
Outpatient hospice services	At tertiary hospitals
Home based palliative care services	At tertiary hospitals
Community based palliative care services	At tertiary hospitals
Voluntary hospice services	At tertiary hospitals
Religious hospice services	At tertiary hospitals
Non-religious hospice services	At tertiary hospitals
Religious hospice services	At tertiary hospitals
Non-religious hospice services	At tertiary hospitals

How to seek for a caregiver

- Through social media
- Through community health workers
- Through religious organizations
- Through family members
- Through friends and neighbors
- Through professional organizations
- Through government agencies
- Through volunteer organizations
- Through religious organizations
- Through family members
- Through friends and neighbors
- Through professional organizations
- Through government agencies
- Through volunteer organizations

Role of caregiver

- Provide emotional support
- Provide physical support
- Provide spiritual support
- Provide social support
- Provide financial support
- Provide legal support
- Provide medical support
- Provide psychological support
- Provide spiritual support
- Provide social support
- Provide financial support
- Provide legal support
- Provide medical support
- Provide psychological support
- Provide spiritual support

Beyond bad news in palliative care



Dr Inoka Nilawera
Consultant Community Physician, Palliative Care Unit, National Cancer Control Program (NCCP) Ministry of Health

Role of the caregiver

- Provide emotional support
- Provide physical support
- Provide spiritual support
- Provide social support
- Provide financial support
- Provide legal support
- Provide medical support
- Provide psychological support
- Provide spiritual support
- Provide social support
- Provide financial support
- Provide legal support
- Provide medical support
- Provide psychological support
- Provide spiritual support

Communication with the doctor

- Ask for help
- Ask for information
- Ask for advice
- Ask for support
- Ask for help
- Ask for information
- Ask for advice
- Ask for support

Other problems to communicate

- Financial problems
- Legal problems
- Medical problems
- Psychological problems
- Spiritual problems
- Social problems
- Financial problems
- Legal problems
- Medical problems
- Psychological problems
- Spiritual problems
- Social problems

Good communication with an oral

- Ask for help
- Ask for information
- Ask for advice
- Ask for support
- Ask for help
- Ask for information
- Ask for advice
- Ask for support

When a child needs palliative care

- Ask for help
- Ask for information
- Ask for advice
- Ask for support
- Ask for help
- Ask for information
- Ask for advice
- Ask for support

World Hospice & Palliative Care Day 2021

Leave No One Behind: Equity in Access to Palliative Care

This year World Hospice & Palliative Care Day falls on 9th October and the theme "Leave No One Behind: Equity in Access to Palliative Care" pledges to bring attention to the unmet need of palliative care and strive to leave no one behind when it comes to equitable access to palliative care services as it is the right of every patient.

Palliative care is an approach that improves the quality of life of patients (adults & children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2016).

- Each year, an estimated 40 million people are in need of palliative care and 78% of them lives in middle and lower income countries.
- Worldwide, only about 14% of people who need palliative care currently receive it
- The need for palliative care in Sri Lanka also continues to grow owing to the rising prevalence of non-communicable diseases and aging of population. In Sri Lanka about 75% deaths are occurred due to chronic non-communicable diseases.

Palliative Care

- Palliative care begins at the point of diagnosis, of patients with life limiting illness continues throughout the rest of the "Patient Journey" and extends beyond death into bereavement care.
- Bereavement care is the care extended to the surviving family members of the deceased to help them in the mourning following the loss of their loved one.

Distribution of level of care

Only few palliative care patients may need specialist care during the disease trajectory and majority of patients' total palliative care can be offered at the community.

Specialist care

- Specialist
- Primary health care
- Community

Availability of Palliative Care Services

- Hospital Palliative Care Consultation Services (PCCS)** This is multidisciplinary dedicated palliative care service provide in tertiary and secondary level hospitals
- Palliative Care in Primary Care** - in Primary Medical Care Institutions (Divisional Hospitals and Primary Medical Care Units) and General Practitioners
- Hospice care services**
- Home based care** - by trained government community healthcare team including Public Health Nursing Officers or volunteers

Multidisciplinary team in Palliative Care

- Specialist
- Medical Officer
- Nursing Officer
- Physiotherapist
- Pharmacist
- Social worker
- Public Health Nursing Officer
- Primary Health Care Workers

Way forward

- To sensitise health care workers on provision of Palliative Care for patients with life limiting illnesses and their families. Empower community on care giving for Palliative patients at home.
- To identify strengths and challenges at different settings and to provide recommendations to strengthening palliative care services in all health care levels.
- To provide equitable access to Palliative Care including marginalized groups e.g. Children, elderly, disabled and hidden populations and who have been affected with COVID 19.

National Cancer Control Programme

No.885, Public Health Complex, Edipaloo Mawatha, Colombo 06, Tel: +94 11268627, E-mail: nccp@yashodara.lk, www.nccp.lk

Monitoring & Evaluation

With the SIM Unit, NCCP, district review meetings were conducted in several districts with the hospital directors, Regional Directors of Health Services and relevant staff with the aim to strengthen palliative care services at district level

World Health Organization Regional workshop to improve palliative care in the context of COVID-19 pandemic in the SEA Region

A two-day workshop on “Improving palliative care in the context of COVID-19” was organised by the World Health Organization, Sri Lanka was held on 8 – 9 April 2021. The aim of the programme was to strengthen integration of palliative care services within the context of Primary Health Care services in the South East Asia Region during the COVID -19 pandemic.

During the programme, a situation analysis was conducted to identify bottlenecks and opportunities to enhance pathways for integration of palliative care within the Primary Health Care, identified measures to improve access to essential medicines, assistive devices and improving health workforce capacity building programmes for palliative care and key inputs for developing a regional strategy for strengthening palliative care services were outlined. At the end of the programme an action plan for improving palliative care services in Sri Lanka amidst the pandemic was developed and presented. The Deputy Director General Non - Communicable Diseases, Director National Cancer Control Programme, consultants providing palliative care services at national level and district level, hospital administrators participated for the programme.





Strategic Information Management Unit

Strategic Information Management (SIM) Unit of the NCCP is responsible for the overall coordination of Strategic Objective 6 of the National Strategic Plan of Prevention & Control of cancers 2020-2024.

(Strategic Objective 6: Strengthen cancer information systems and surveillance to provide accurate and timely data to monitor progress and evaluate outcomes of cancer prevention and control actions)

Main areas of work of SIM Unit are;

- Surveillance of cancers - National Cancer Registry & Population based cancer registries in selected districts, hospital-based cancer registries, Pathology laboratory-based cancer registries
- Development of Monitoring and Evaluation frameworks, coordination of monitoring & evaluation of prevention & control of cancers at provincial & district level
- Health information management including updating of web site
- Handling of cross-cutting specialties.

In addition, cancer research unit is not established yet as an independent technical unit, activities related to cancer research are also coordinated.

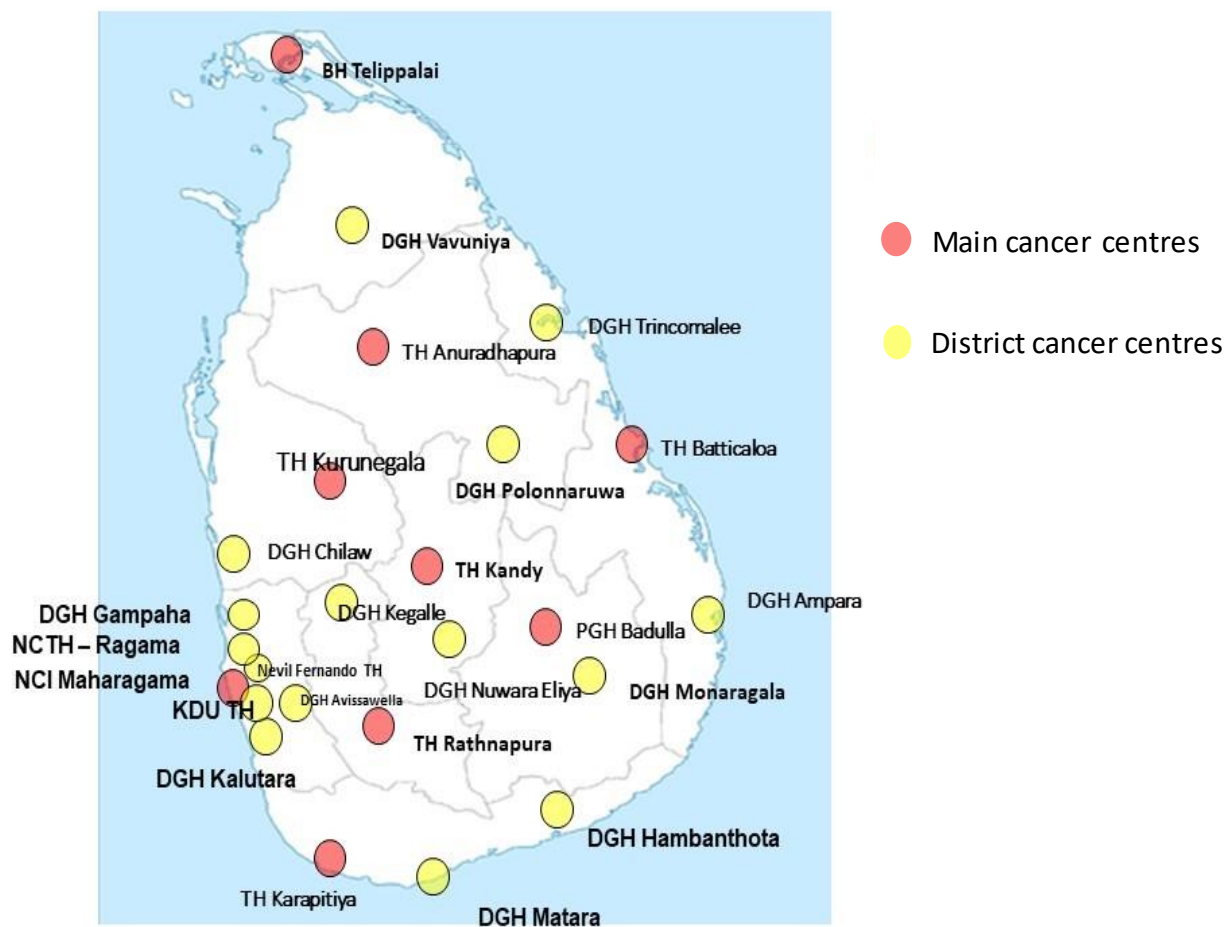
This unit is responsible for the strengthening of cancer information systems and surveillance to provide accurate and timely data to monitor progress and evaluate outcomes of cancer prevention and control actions

Surveillance of Cancers

One of the main functions of the Strategic Information Management (SIM) unit of the National Cancer Control Programme is coordination of surveillance of cancers in Sri Lanka with the active participation of hospital network including cancer treatment centres, pathology laboratories, Oral and Maxillo Facial (OMF) units and medical record departments of government and private sector hospitals. In addition, works with Registrar General's Department for cancer mortality information including direct cancer mortality surveillance at Colombo district through the death registrars. Since cancer surveillance is the key function of the unit, up to 2020 this unit was called as Cancer registry unit /cancer surveillance unit.

The summary details related to new patient registration at cancer treatment centres is the latest information available in relation to cancer surveillance.

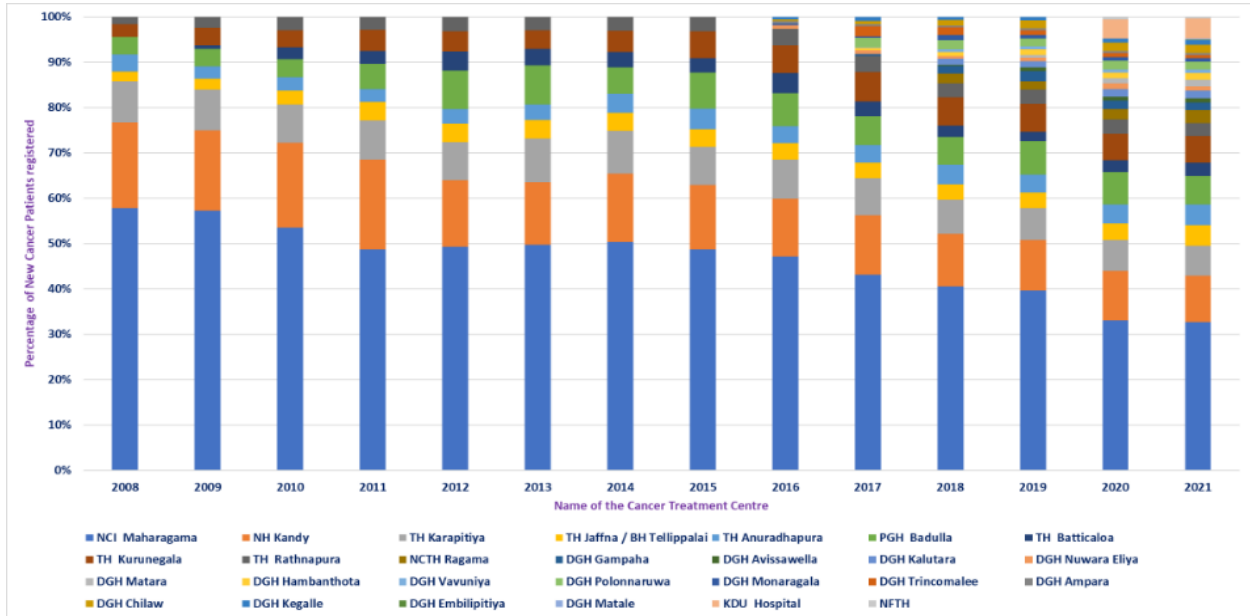
Distribution of Government Cancer Centres



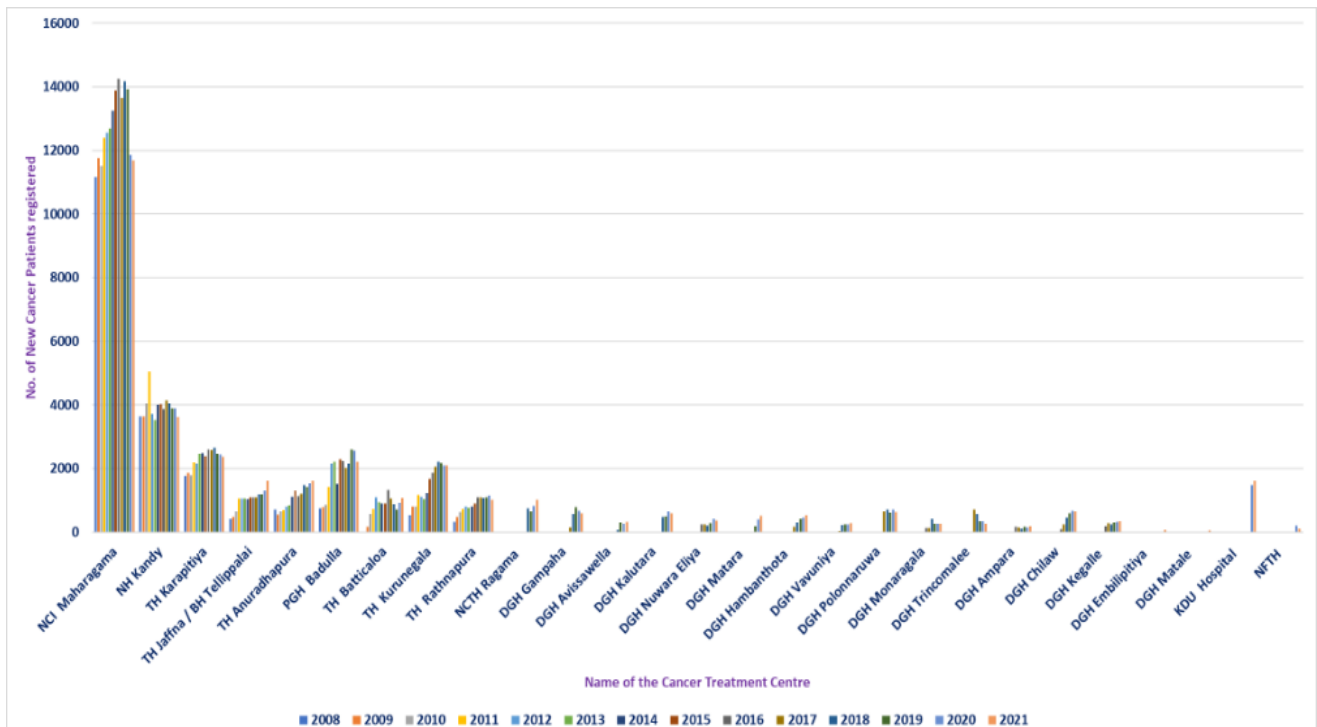
New Patient Registration at Each Cancer Treatment Unit 2008- 2021

Cancer Centre	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
NCI Maharagama	11163	11756	11513	12403	12550	12689	13247	13890	14248	13651	14171	13928	11864	11686
NH Kandy	3648	3634	4046	5042	3717	3516	4000	4023	3877	4150	4042	3882	3889	3619
TH Karapitiya	1764	1866	1793	2193	2158	2455	2479	2394	2595	2585	2652	2473	2442	2372
TH Jaffna / BH Tellippalai	412	479	659	1055	1048	1061	1032	1100	1099	1103	1186	1198	1304	1615
TH Anuradhapura	712	551	641	698	803	850	1114	1300	1131	1214	1483	1429	1542	1621
PGH Badulla	753	794	858	1430	2152	2203	1527	2285	2225	2015	2151	2591	2552	2220
TH Batticaloa		169	565	727	1094	932	897	900	1325	1048	876	699	924	1076
TH Kurunegala	538	804	806	1174	1122	1042	1238	1680	1863	2062	2206	2177	2091	2103
TH Rathnapura	319	485	636	735	808	767	807	902	1094	1103	1076	1098	1152	1016
NCTH Ragama											747	648	819	1020
DGH Gampaha										153	580	776	673	602
DGH Avissawella											76	294	274	313
DGH Kalutara											480	492	647	595
DGH Nuwara Eliya									238	236	203	286	414	353
DGH Matara												180	405	507
DGH Hambanthota										177	312	427	460	534
DGH Vavuniya										26	223	253	240	276
DGH Polonnaruwa										648	699	615	714	622
DGH Monaragala									125	136	413	262	266	256
DGH Trincomalee										702	568	350	333	260
DGH Ampara									164	140	111	161	156	180
DGH Chilaw									91	239	455	591	673	648
DGH Kegalle									183	276	243	297	332	337
DGH Embilipitiya														68
DGH Matale														49
KDU Hospital													1489	1614
NFTH													208	106
Total	19309	20538	21517	25457	25452	25515	26341	28474	30258	31664	34953	35107	35863	35668

Percentage of New Patient Registration at Each Cancer Treatment Unit 2008- 2021



New Patient Registration at Each Cancer Treatment Unit 2008-2021



The key activities conducted in year 2021, in relation to cancer surveillance are listed below.

1.1 Conducting Meetings of Technical Advisory Committee (TAC) on Cancer Registration & Research

The Technical Advisory Committee on cancer registration and research was established with the approval of Secretary -Health and first meeting was conducted on 10th March 2020. The Deputy Director General (Public Health Services I) acts as the chairperson of the committee and Consultant Community Physician attached to the Strategic Information Management Unit acts as the Secretary for the Technical Advisory Committee. The recommendations of the Technical Advisory Committee are communicated to the ‘National Advisory Committee on Prevention & Control of Cancers’.

Terms of Reference (TOR) of the Technical Advisory Committee is mentioned below.

1. Provide technical advice on planning, implementation, monitoring & evaluation of the “National policy & strategic framework on cancer prevention & control - Sri Lanka”.
2. Identify strategies to strengthen the cancer surveillance in Sri Lanka with the introduction of health information technology solutions.

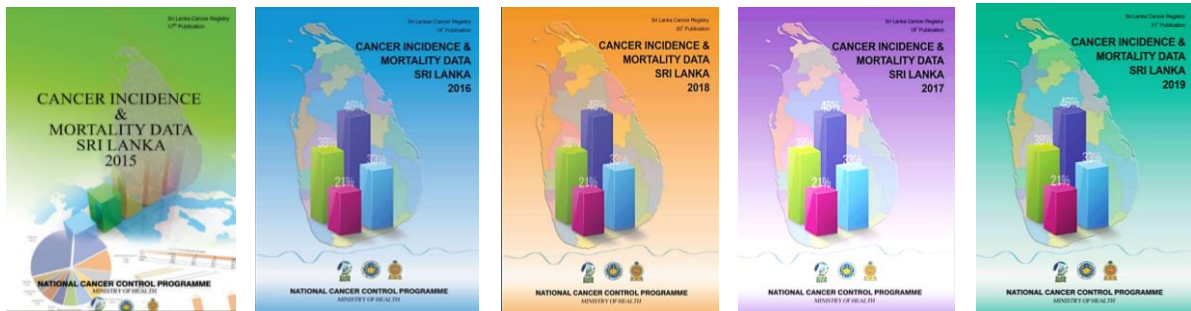
3. Identify strategies to promote, facilitate cancer research and disseminate the research findings
4. Review the progress and address challenges / issues which arise during the process of strengthening cancer registration and cancer research in Sri Lanka.

Three meetings were conducted in year 2021 on 10.03.2021, 10.06.2021 and 15.10.2021.

1.2 Publications of National Cancer Incidence Data 2015 -2019

WHO Biennium 2020/ 2021 funds were mobilized for collecting cancer incidence data from cancer treatment centres and entering data into CanReg 5 database. This task was outsourced to MTS Solutions (Pvt) Ltd.

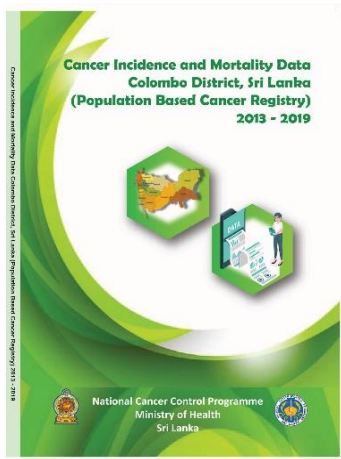
After obtaining relevant data, NCCP team verified and analysed cancer incidence data to generate following publications.



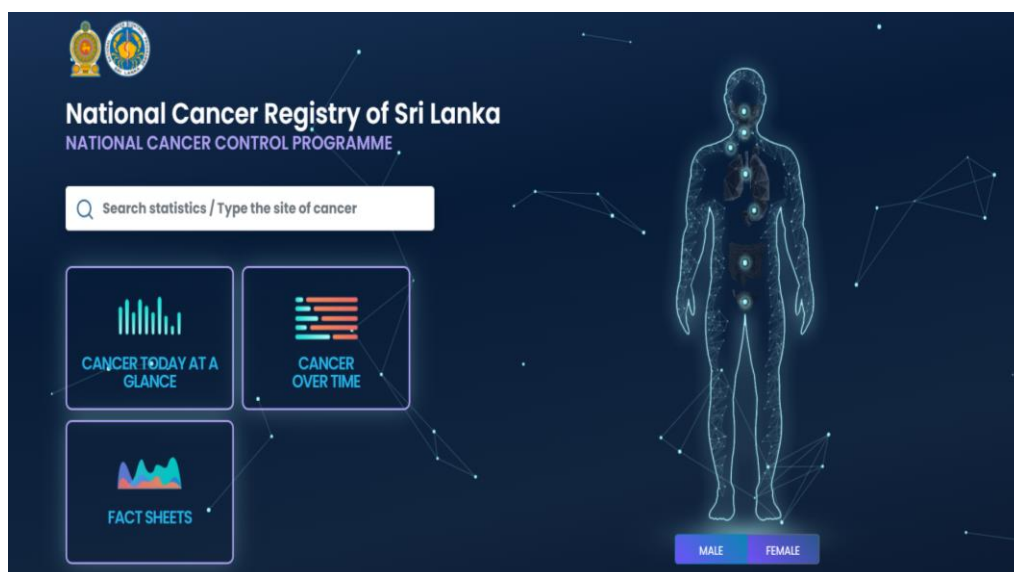


1.3 Publication of Population Based Cancer Registry data of Colombo district 2013-2019

Population Based Cancer Registry of Colombo District was commenced with cancer incidence data of year 2012 and first report based on 2012 data was launched in year 2020. Report of Population Based Cancer Registry of Colombo District was launched in year 2021.



1.4 Data Visualization Platform (Cancer Registry Dash board)



1.5 Conducting in service training of cancer registry staff

1. Cancer registry staff at cancer treatment centres

Two workshops on cancer registration extending for two days were organized for Medical Officers, Nursing Officers & Development Officers. Due to the Covid epidemic, two workshops were arranged for 25 participants each (Programme 1 – 10th & 11th of August 2021, Programme 2 – 18th & 19th August 2021). For the first workshop a total of 21 participants joined for the two-day programme. Since Covid 19 control measures prevented movement of personnel from other districts and restrictions of social gathering, the second workshop was not able to conduct as scheduled.

Resource personnel for the workshop were from the cancer surveillance staff of National Cancer Control Programme. A training module was developed as a computer-based training, including basics of cancer registration, population-based cancer registry, staging of common cancers, basics of coding, data entry etc. The workshop was conducted at the Distance Learning Centre of Sri Lanka Institute of Development Administration (SLIDA), since each participant need a computer. The report of the training programme is attached.

2. Cancer registry staff at Oral Maxillo Facial (OMF) Units

Three one day workshops were conducted for the dental surgeons at the OMF unit on cancer registration in collaboration with Oral cancer prevention and control unit.



1.6 Development of Hospital Based Cancer Registry

National Strategic Plan on Prevention and Control of Cancers in Sri Lanka for 2020-2024 under the Strategic Objective 6 has identified, Establishing Hospital Based Cancer Registries (HBCR) in all cancer treatment centres (Strategic Objective 6.4). Therefore, it was requested to appoint designated officers for cancer registration at each cancer treatment centre to coordinate establishment of Hospital Based Cancer Registry initiative at the cancer treatment centres. Consultative meetings were conducted with Directorate of Health Information for developing a Cancer Registry module to the ongoing project on Hospital Health Information Management System (HHIMS) to be introduced at the secondary and tertiary care hospitals. It was proposed to pilot the Cancer Registry module at Teaching Hospital Karapitiya where HHIMS is being introduced.

1.7 Monitoring of Cancer Surveillance activities

1.7.1 Monitoring of Cancer surveillance at cancer treatment centres in year 2021

National Cancer Surveillance Form and CanReg 5 software was introduced to each cancer treatment centre for cancer surveillance. It was expected that newly detected cancers would be entered to the CanReg 5 software. Some cancer centres were able to maintain up to date cancer registry data base at the hospital level. However the majority of cancer centres could not maintain a cancer registry data base due to unavailability of designated officers for cancer registration.

1.7.2 Monitoring of Cancer Surveillance at Pathology laboratories

During the year of 2021, pathology laboratory-based cancer surveillance was closely monitored to improve the coverage and timeliness of reporting. The summary of pathology laboratory-based cancer surveillance for year 2020 is mentioned below.

Table: Summary of pathology laboratory-based cancer surveillance for year 2020.

Type of pathology laboratory	No of laboratories send the monthly returns	Total no. of cancers reported
Histopathology	67	23141
Haematology	42	1385
Oral Pathology	3	727
Total	112	25,253

1.7.3 Monitoring of Cancer Surveillance at Oral & Maxillo-Facial Units

Cancer surveillance at OMF units were monitored by the Oral Cancer Prevention and Control Unit of The National Cancer Control Programme. The Strategic Information Management Unit provided technical support for cancer surveillance since the CanReg 5 software was introduced to OMF unit for cancer surveillance to be commenced from year 2022.

1.7.4 Monitoring of Cancer Mortality Surveillance in Colombo district

The cancer mortality surveillance of Colombo district was monitored by the SIM unit and monthly return from each divisional death registrar was received. A total of 2858 cancer related deaths were reported in year 2021 through the cancer mortality surveillance.

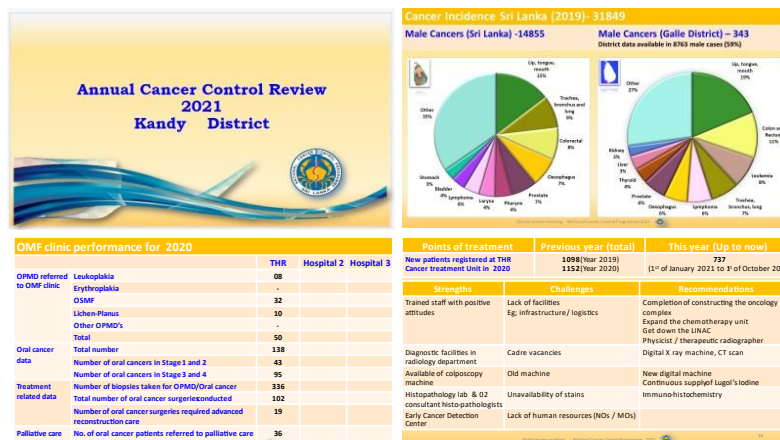


Monitoring & Evaluation of Prevention & Control of Cancers

2.1 Conducting National Advisory Committee Meeting on Prevention & Control of Cancers



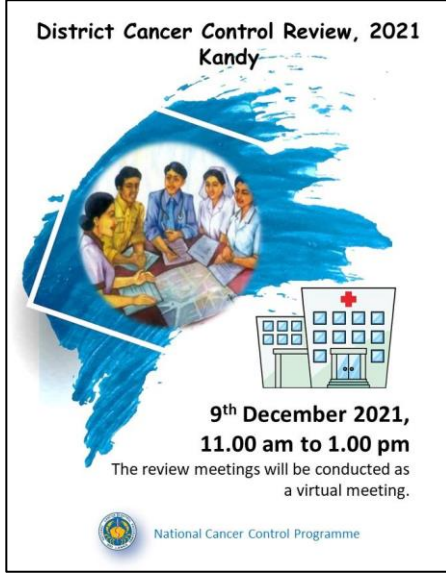
2.2 Developing Formats for monitoring Prevention & Control of Cancers at district level



2.3 Conducting District Cancer Control Reviews

The district reviews of cancer control activities were conducted in collaboration with Provincial Director of Health Services, Regional Director of Health Services and Cancer treatment centres. In addition, Family Health Bureau (National focal point for Well Women Clinic Programme) & Directorate of Non-Communicable Diseases (National focal point for Healthy Life Style Centres for Non-Communicable diseases) participated for the review.

District reviews were conducted in Rathnapura, Batticaloa, Anuradhapura, Galle and Kandy districts. /



Health Information Management

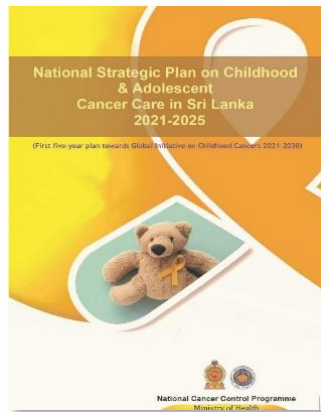
3.1 NCCP Website

Childhood Cancer

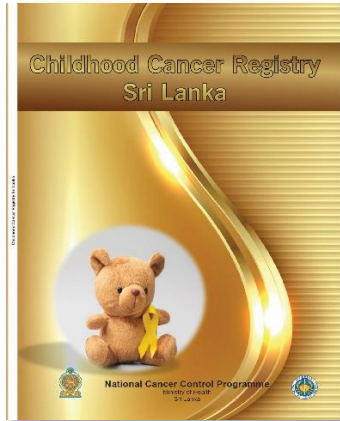
Under the WHO Initiative on Childhood Cancers, Sri Lanka was identified as an index country for childhood and adolescent cancer care development. Through this initiative following activities are coordinated by the SIM Unit on behalf of NCCP.

- Development of National Strategic Framework for Paediatric & Adolescent Cancer Care 2021-2025
- Commencing Hospital Based Paediatric Cancer Registry at Apeksha Hospital

4.1 Developing National Strategic Framework for Childhood & Adolescent Cancer Care 2021-2025



4.2 Commencing Hospital Based Paediatric Cancer Registry at Apeksha Hospital



4.3 Facilitating multidisciplinary team meeting for childhood cancer care



Cancer Research

5.1 Monthly Cancer Research Seminar

Cancer Research Seminar Series - 2021

Jointly organized by
Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

“Curative intent radiotherapy for squamous cell carcinoma of the head and neck : Outcomes and challenges”

by
Dr. Tiromi Rupasinghe
Senior Registrar in Clinical Oncology

Date : 22nd March (Monday) 2021
Time : 2.30 p.m. – 3.30 p.m.

Zoom Link : <https://zoom.us/j/93190330452?pwd=cTREaDVqcmg1cTlEVWdjbFhpZ3ZRUtO9>

Cancer Research Seminar Series – April 2021

Jointly organized by
Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

“Validation of a Symptom Index for Ovarian Cancer : Unmasking a Silent Killer”

by
Dr. K.A. Madhawi P. Gunathilaka
Senior Registrar in Community Medicine

Date : 28th April (Wednesday) 2021
Time : 2.30 p.m. – 3.30 p.m.

Zoom Link :
<https://zoom.us/j/97108943581?pwd=MDVuQ0wyS29MVGhHL0I4WGhuVnINQT09>

Cancer Research Seminar Series – May 2021

Jointly organized by
Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

The Impact of ‘Lockdown’ on Oncology Services



Dr. Buddhinie Karunaratne
Consultant Oncologist – DGH Hambanthota

Date : 24th May (Monday) 2021
Time : 2.30 p.m. – 3.30 p.m.

Zoom Link : <https://us02web.zoom.us/j/88418634015?pwd=d3lodmt3MDU5aUhkZml0ZmtVVFhZz09>

Meeting ID: 884 1863 4015
Passcode: 381999

Cancer Research Seminar Series – June 2021
 Jointly organized by
 Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
 &
 Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

'Cost analysis of management of OPMD and oral cancer in Sri Lanka- Cross sectional hospital-based studies'



Dr. Hemantha Amarasinghe
 Consultant in Community Dentistry
 Oral Health Unit
 Family Health Bureau
 Ministry of Health- Sri Lanka

Date : 21st June (Monday) 2021
 Time : 2.30 p.m. – 3.30 p.m.

Zoom Link
<https://us02web.zoom.us/j/81291471347?pwd=TVZ0MHAtMkxXpuM0hIOVBaciRrYip1dz09>

Meeting ID: 812 9147 1347
 Passcode: 569979

Cancer Research Seminar Series – July 2021
 Jointly organized by
 Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
 &
 Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

'Nephroblastoma: Real world evidence informing Clinical Practice'



Dr. Prabani Maddumarachchi MBBS MD
 Senior Registrar in Paediatric Oncology
 Newcastle upon Tyne Hospitals
 United Kingdom


Date : 19th July (Monday) 2021
 Time : 2.30 p.m. – 3.30 p.m.

<https://us02web.zoom.us/j/88014616253?pwd=djBVUVh2ZDNwdDRrajdQcDltMmRaUT09>

Meeting ID: 880 1461 6253
 Passcode: 948512

**Cancer Research Seminar Series
 August 2021**
 Jointly organized by
 Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
 &
 Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

"The role of evidence based benchmarks and economic modelling in planning future cancer services"



By
Dr. Sathira Kasun Perera
MBBS, MSc(Com.Med), MSc (Health Economics & Policy), PhD

**Tuesday,
 17th August, 2021
 1.30 p.m. – 2.30 p.m.**

Zoom Link :
<https://us02web.zoom.us/j/88295297454?pwd=WTCwZW99xdHRCV1j6R25JMlFSUxFRdz09>


Meeting ID: 882 9529 7454
 Passcode: 535574


**Cancer Research Seminar Series
 September 2021**
 Jointly organized by
 Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
 &
 Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

"Exploring the psychosocial morbidity of women undergoing chemotherapy for breast cancer: Experiences of Northern Sri Lankan women"

**Wednesday,
 22nd September 2021
 2.30 p.m. – 3.30 p.m.
 (via zoom)**

Dr. Chrishanthi Rajasooriyar
MBBS, MD, FRANZCR
 Consultant Clinical Oncologist, TH Jaffna
 & Tellippalai Trail Cancer Hospital





SCAN ME

**Cancer Research Seminar Series
December 2021**

Insight into Covid Cancer deaths in Sri Lanka

Thursday,
30th December 2021
2.00 p.m. – 3.00 p.m.
(via zoom)



Dr. Manori Devagiri
MBBS, DGH, MSc(Com Med),
MD (Com Med)

Scan me




zoom
Meeting ID: 868 3561 7269
Passcode: 032863

Jointly organized by
Strategic Information Management Unit of National Cancer Control
Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

**Cancer Research Seminar Series
September 2021**



Jointly organized by
Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists



Alterations in gastric microbial communities are associated with risk of gastric cancer in a Korean population

Monday,
25th October 2021
12.30 p.m. - 1.30 p.m.
Meeting will be held as a zoom meeting

SCAN ME

Dr. Madhawa Gunathilaka
Doctoral Researcher in National Cancer Center,
Korea
B.Sc, MPH, PHD

Meeting ID: 851 1214 2835
Passcode: 614909

5.2 Cancer Research Priorities

The list of cancer research priorities which was first published in year 2020 was updated and published at the National Cancer Control Programme web site.



Research Priorities on Prevention & Control of Cancers


The updated list of Research Priorities on Prevention and Control of Cancers is Published at the below link:
<https://www.nccp.health.gov.lk/en/research>

Please send your suggestions to further update the list.

If you are commencing another research based on the listed research priorities, kindly inform NCCP through nccpsl@yahoo.com

 National Cancer Control Programme


5.3 List of ongoing cancer research



On Going Research on Prevention & Control of Cancers

The updated list of on going research on Prevention and Control of Cancers is Published at the below link
<https://www.nccp.health.gov.lk/en/research>

If you are commencing another research based on the listed research priorities, kindly inform NCCP through nccpsl@yahoo.com

 National Cancer Control Programme

Gratitude

Dr Janaki Vidanapathirana

Director (Actg.), National Cancer Control Programme

October 2019 – December 2021



Dr Janaki Vidanapathirana assumed duties as the Acting Director, National Cancer Control Programme Ministry of Health in October 2019. During her two years in office, she had spearheaded many activities for strengthening the national response to the prevention and control of cancers in Sri Lanka. She had given leadership to initiate and complete many remarkable milestones for the prevention and control of cancers by providing equal importance to the cancer spectrum even through the COVID-19 pandemic.

She worked with the NCCP team to strengthen cancer control activities covering all seven strategic objectives of cancer control policy. She gave the leadership in developing (i) National Strategic plan on Cancer Prevention and Control 2020-2024 (ii) National Strategic Plan on childhood and adolescent cancer care 2021-2025 (iii) National Strategic Plan to reach the interim targets of cervical cancer elimination in Sri Lanka 2021 – 2030 (iv) Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka. She provided leadership in reorganizing the National Advisory Committee on cancer prevention & control with multidisciplinary membership including the new Term of Recruitment (TOR) and the establishment of four Technical Advisory Committees. Series of public awareness programmes on cancer prevention, early detection, treatment and palliative care through electronic media, social media and print media were conducted during this period. The National Cancer Registry and Population-Based Cancer Registry of Colombo district were updated up to the year 2019 under her leadership with the support of WHO Biennium 2020/2021.

While appreciating the tireless commitment, dedication and leadership she has shown to improve cancer prevention and control activities in Sri Lanka, the NCCP team would like to wish her success and all the very best for all her future endeavours.

Team Members transferred out of NCCP

Name	Designation	Period of Service at NCCP
 Dr. Janaki Vidanapathirana	Actg. Director	2019 – Dec 2021
 Dr. Priyantha Wijesingha	Actg. Deputy Director	2019 – 2021
 Dr. Buddhi Lokuketagoda	Consultant Community Physician	2020-2021
 Dr. Sachintha Dilhani	Senior Registrar – Palliative Care Unit	2017-2021
 Dr. Mekala Fernando	Senior Registrar -Diagnosis & Treatment Unit	2020-2021
 Dr. Shanika Muthuthantri	Senior Registrar – Oral Cancer Unit	2019-2021
 Dr. Jayantha Dissanayaka	Medical Officer - Diagnosis & Treatment Unit	2020- 2021

Name	Designation	Period of Service at NCCP
 Dr. Imalka Suruyapperuma	Dental Surgeon – Oral Cancer Unit	2017 -2021
 Dr. Mangala Liyanage	Medical Officer – Diagnosis & Treatment Unit	2019-2021
 Dr. Thsitha Kahaduwa	Medical officer – Palliative Care Unit	2019-2021
 Mr. Thasitha Sandaruwan	Public Health Inspector	2015 - 2021

