

# ANNUAL REPORT

# 2022



**NATIONAL CANCER CONTROL PROGRAMME**  
**MINISTRY OF HEALTH**





# ANNUAL REPORT

## 2022



**National Cancer Control Programme**  
**Ministry of Health**  
**Sri Lanka**

July 2023

National Cancer Control Programme,

Ministry of Health,

Public Health Complex,

No. 555/5,

Elvitigala Mawatha,

Narahenpita,

Colombo 5.

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<https://www.nccp.health.gov.lk/>

# Message from the Deputy Director General Non-Communicable Diseases



I wish to issue the message to the Annual Report of National Cancer Control Programme - Year 2022. National Cancer Control Programme (NCCP) of Ministry of Health act as the national focal point of cancer control, coordinating the activities related to the prevention, early detection, diagnosis and treatment, survivorship and palliative care services at national level.

Annual Report - Year 2022 summarizes the main activities conducted by the NCCP despite the economic hardships and fuel shortages in the country. 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 outcomes of Results Framework of the strategic plan.

Cancer control activities need to be further integrated with the other main NCD control activities at national level to grass root level. Current initiatives including universal health coverage and primary care strengthening activities need to be further strengthened to optimum cancer control through holistic approach.

The leadership of Dr. Eshani Fernando, Director of NCCP and dedicated hard work of consultants in charge of the technical units are also highly appreciated. The contribution of NCCP team for their continued work despite many limitations are highly regarded.

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



## Message from Director National Cancer Control Programme



I am happy to send a message to the Annual Report – 2022 of National Cancer Control Programme. According to the National Strategic Plan on Prevention and Control of Cancers in Sri Lanka Year 2020- 2024 annual action plan was prioritized, planned and implemented nationally and provincially despite economic crisis and financial hardships

National Advisory Committee on Prevention & Control of Cancers chaired by the Secretary Health gave the national leadership in planning, implementing, monitoring and evaluating cancer control programme throughout the country. National Steering Committee on Palliative Care and Technical Advisory Committees on (i) Primary Prevention & Early Detection of Cancers, (ii) Oral Cancer Prevention & Control, (iii) Diagnostic & Treatment (iv) Cancer Registration & Research and newly established (v) Childhood and adolescent cancer care guided in conducting activities of the National Cancer Control Programme. The administrative guidance given by the Secretary, Additional Secretaries, Director General of Health Services and Deputy Director Generals (DDGs) are highly appreciated. We appreciate the leadership of Provincial Directors of Health Services (PDHS) and Regional Directors of Health Services for planning, implementing and evaluating cancer control activities at each provincial and district level to coordinate the cancer control activities in par with national strategic plan.

In addition, partnership of other Directorates of the Ministry of Health, both curative and preventive health care institutions and their teams at all levels of care are acknowledged. The partnership of Development Partners: World Health Organization, World Bank, International Atomic Energy Agency, International Agency for Cancer Research (IARC) Regional Hub for Cancer Registration in Mumbai India.....etc. are acknowledged.

Finally the dedicated leadership of unit heads and hard work of whole staff is highly appreciated for achieving the objectives of NCCP.

As the closing remark, I appreciate your critical assessment of the work carried out by the NCCP and feedback of this document with the intention of improving cancer control activities in the country.

Dr. Eshani Fernando  
BDS, MSc, MD (Community Dentistry)  
**Director, National Cancer Control Programme**





## Acknowledgement

Generating Annual Report of National Cancer Control Programme is identified as an annual activity 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. Also I would like to thank Dr. Eshani Fernando, present Director of National Cancer Control Programme for her leadership in generating this publication.

The activities conducted under NSP in year 2022 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. Hasarali, 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 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**

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## Contributors for writing

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# NCCCP



## Our Vision

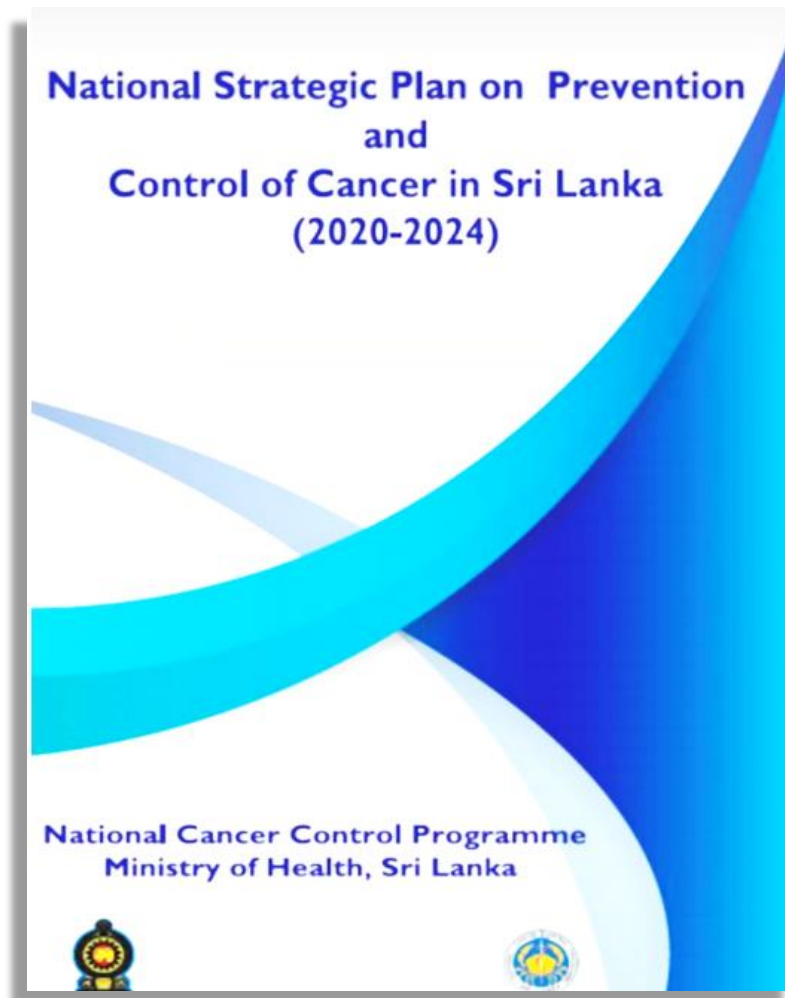
**A country with a low incidence of preventable cancers and high survival rates with good quality of life and minimal disabilities /suffering from effects of cancers**



## 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 that 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, conducting surveillance of cancers, and facilitating research related to them



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.

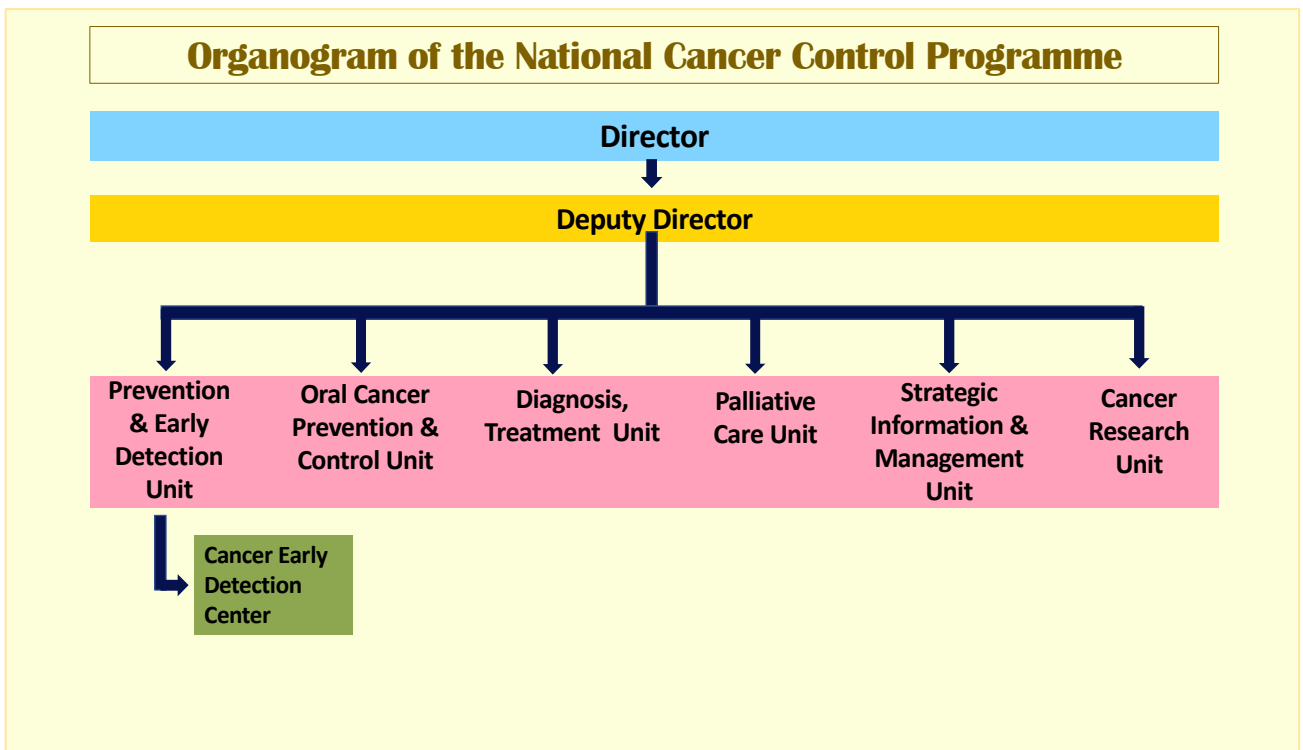
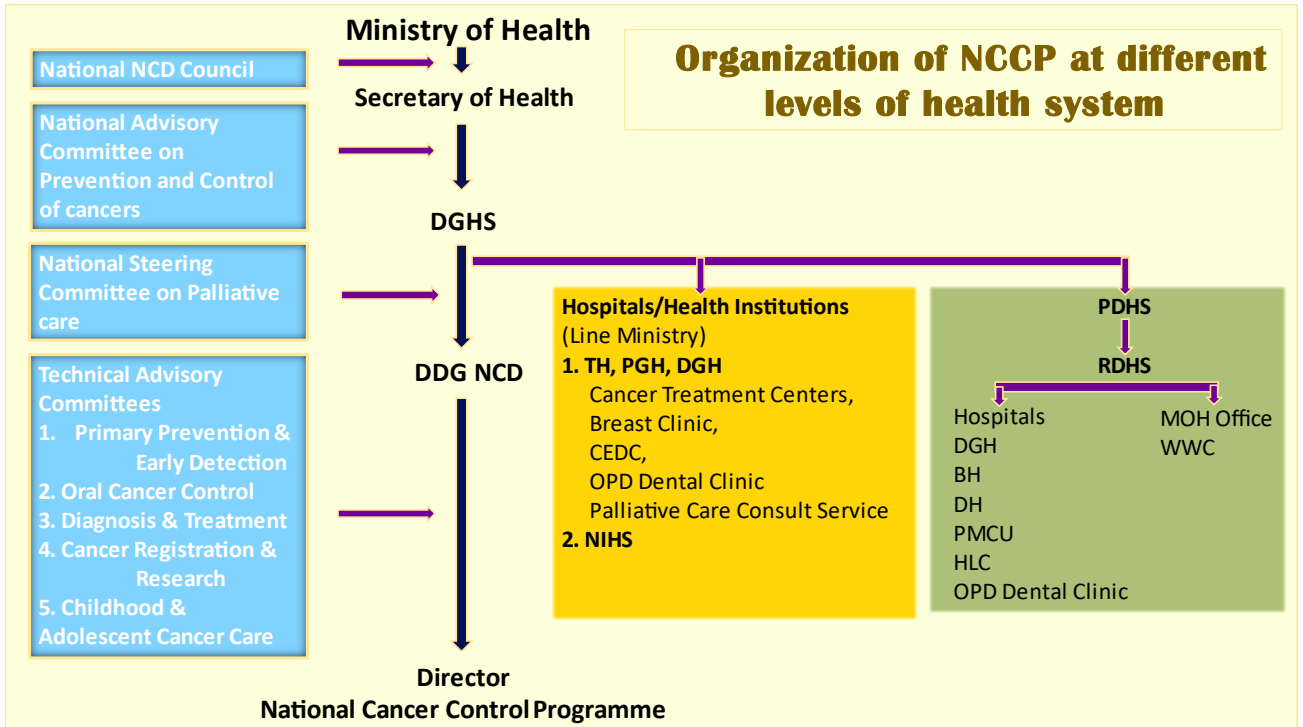


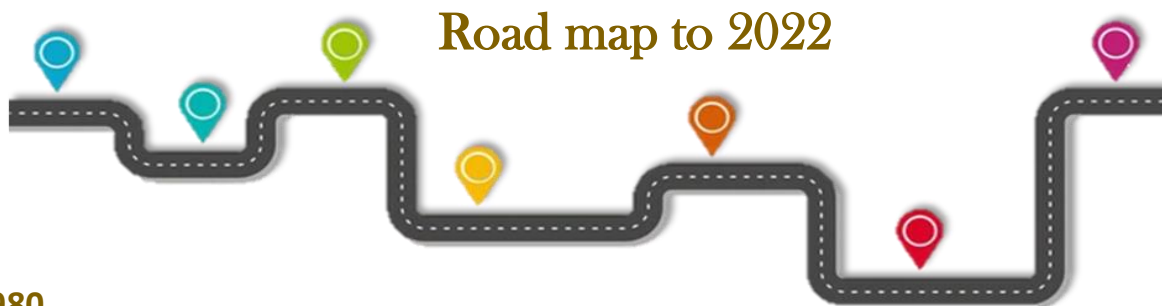
# National Cancer Control Planning and Governance

The National Advisory Committee on Prevention and Control of Cancers is the main platform within the Ministry of Health where high-level decision-making regarding cancer control is done. The Technical Advisory Committees (TAC) with the 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 specialities.

- **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**







## 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
- ✚ Introduce Palliative Care services in a structured manner

## 2012

- ✚ A surveillance system for Oral cancer and Oral Potentially Malignant Disorders (OPMD) for Oral and Maxillo Facial units and Dental clinics in hospitals was introduced.
- ✚ National Steering Committee for Palliative Care Services was established
- ✚ 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
- ✚ 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
- ✚ National Strategic Framework for Palliative Care Development in Sri Lanka (2019-2023) was launched
- ✚ 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 was launched
- ✚ National Strategic Plan on Childhood & Adolescent Cancer Care in Sri Lanka 2021-2025 was launched
- ✚ Social Behaviour Change Communication Strategy to support the prevention and control of common cancers in Sri Lanka was launched

## 2022

- ✚ Establishment of Cancer Early Detection Centres in Matara and Ratnapura districts.
- ✚ Launching of Hospital-based Cancer Registries
- ✚ A guide for health care professionals 'Palliative Care for Cancer patients in Primary Health Care was published.
- ✚ The pilot project 'Integration of palliative care services to district level' was initiated in the Kandy district.
- ✚ A communication guide on Palliative Care for Health Care workers was developed

# Former Directors of the 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



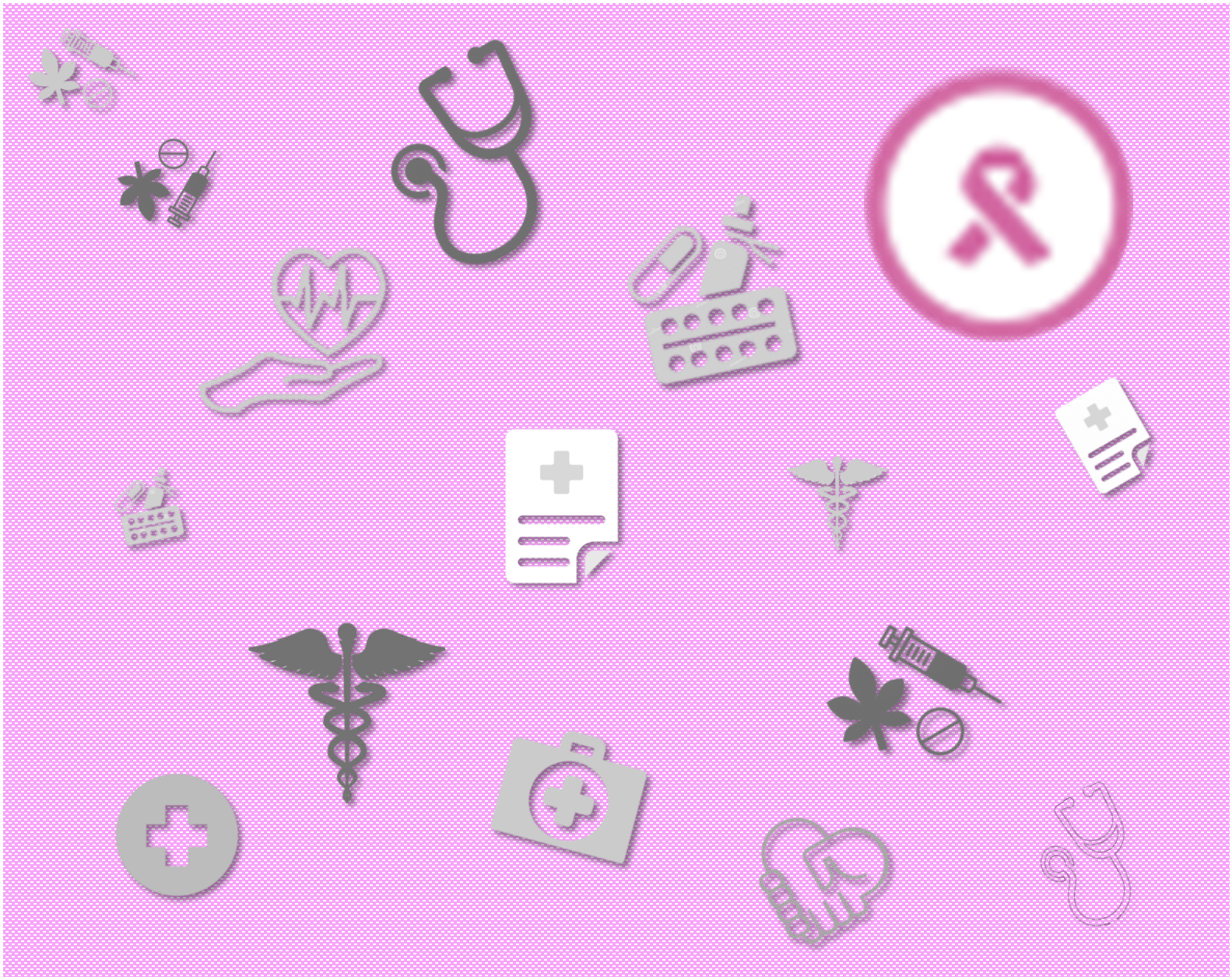
**Dr. Eshani Fernando**  
BDS, MSc, MD (Com Dent)  
Acting Director  
National Cancer Control Programme  
2014 - 2015



**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, and 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 levels 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 promoting and improving cancer prevention and early detection services with close liaison with all development partners and bilateral and multilateral donors in Sri Lanka.



## Introduction

Based on the National Strategic Plan (2020 - 2024), Cancer Prevention and Early Detection Unit carried out activities to combat cancer through a well-planned action plan for 2022. In spite of the unexpected challenges due to the economic catastrophe in the country, the unit was able to achieve its pre-planned targets. However, addressing the need of the hour in the country, a few activities had to be postponed for optimal utilization of funds.

## Programme Strengthening

### **Technical Advisory Committee for Cancer Prevention and Early Detection**

For the year 2022, the National Cancer Control Programme (NCCP) conducted three Technical Advisory Committee (TAC) meetings on cancer prevention and early detection. It must be emphasized that, in order to overcome the challenges caused by the unstable country situation, the usage of virtual platforms was high for these meetings.

The initial TAC meeting was conducted on 09<sup>th</sup> March 2022 as a hybrid meeting with the participation of 20 members. Dr Susie Perera, Deputy Director General, Non-Communicable Diseases, chaired this meeting. During the meeting, discussions were carried out on a few burning issues with regard to cancer prevention and early detection activities e.g., optimization of mammography services etc.

The second TAC meeting was held on 10<sup>th</sup> June 2022 as a hybrid meeting attended by 16 members. During the meeting, it was brought forward that a circular has been prepared for the functions of the Cancer Early Detection Centre (CEDC) and will be circulated once approval from the Director General of Health Services is gained. Furthermore, the main indication for mammography at present was highlighted for diagnostic purposes and not for screening.

The third TAC meeting was held on 9<sup>th</sup> September 2022 at the auditorium, Anti-Malaria Campaign attended by 19 participants. There were four invitees from the insurance fraternity to discuss the possibility of expanding the insurance coverage for cancer screening early detection. There was a positive response from the insurance sector, and it was decided to conduct an awareness programme on cancer screening and early detection specific to the insurance companies.

The TAC meetings played a major role in taking important decisions with regard to technical matters which were taken into consideration at the National Advisory Committee meeting.



## Capacity Building on Cancer Prevention & Early detection

### District-level TOT programmes on cancer prevention and early detection

After several meetings with the staff at the district level, NCCP has realized the need for a uniform training programme for primary care staff and has printed a training manual on cancer prevention and control. Therefore, NCCP has embarked on training the regional-level staff as master trainers. This programme was aimed at training CCPs, MO NCDs, MO MCHs, RDSs, and selected MOOH at the district level.

The programmes were carried out at

- Gampaha on 15<sup>th</sup> March 2022
- Kegalle on 23<sup>rd</sup> March 2022
- Colombo on 18<sup>th</sup> May 2022
- Kalutara on 12<sup>th</sup> October 2022
- Kandy 21<sup>st</sup> October 2022



TOT programme at Kalutara on 12<sup>th</sup> October 2022



TOT programme at Kandy on 21st October 2022

### Capacity building of different target groups (policymakers, health care providers, armed forces) on cancer early detection and prevention

Special groups like policymakers, armed forces and private sector healthcare providers could play a major role in the prevention and control of cancers while they perform their daily functions. Therefore,

NCCP attempted to improve their capacity for prevention, screening and early detection of cancer. The following programmes were held for selected groups;

- Staff of Private Hospitals on 5<sup>th</sup> August 2022
- Navy Headquarters on 14<sup>th</sup> September 2022
- Vocational Training University on 21<sup>st</sup> September 2022



Capacity building programme for Navy Officers



Capacity building programme for the University of Vocational Technology

### **District level training programmes on Clinical Breast Examination for Healthy Life Style Centres (HLC) and Well Woman Clinic (WWC) staff**

Clinical breast examination (CBE) is proven to be effective in the early detection of breast cancer. It is important that healthcare workers gain skills in CBE. Training of WWC & HLC staff on CBE as master trainers is helpful in disseminating knowledge and developing the skills of relevant subordinates.

Five programmes were conducted in collaboration with the Diagnosis & Treatment Unit in Kilinochchi on 04<sup>th</sup> April 2022, Kurunegala on 19<sup>th</sup> October 2022, Kalutara on 19<sup>th</sup> April 2022, Hambantota on 20<sup>th</sup> October 2022 and Jaffna on 22<sup>nd</sup> December 2022.

### **An atlas on confirmed carcinogens relevant to Sri Lanka**

It is known that one of the main reasons for the increasing trend of cancers in Sri Lanka is long-term exposure to carcinogens through diet, environment and occupations. The International Agency for Research on Cancer (IARC) has published 121 such confirmed carcinogens. Yet this is not being properly disseminated among the public in Sri Lanka due to the fact that it is not reader-friendly and also it comes in English. This has led to many challenges in the prevention of cancer since there are ample misconceptions and incorrect information among the public as well as healthcare workers.

Therefore, the importance of having a standard and reader-friendly publication in the form of an 'Atlas' on confirmed carcinogens was identified by the NCCP as a strategy to prevent cancers in Sri Lanka. This project required the involvement of many experts in different fields and an array of expert meetings.

The initial technical working group comprised of experts from the fields of toxicology, chemistry, occupational and environmental health, public health, food, and nutrition. The first meeting with the participation of all the experts was held virtually on 05<sup>th</sup> June 2022. Based on the inputs received at the initial meeting, the 121 confirmed carcinogens published by IARC were grouped into four categories for the convenience of the process (Category A - Food/habits, Category B - Occupational/Chemical, Category C – Medical and Category D – General). Furthermore, four different expert panels were identified to work on the four categories of carcinogens separately.

The experts' inputs were gained through several rounds of email circulations and physical meetings. The consultative meetings were held on 18<sup>th</sup> August 2022, 1<sup>st</sup> September 2022, 2<sup>nd</sup> September 2022, 2<sup>nd</sup> November 2022 and 14<sup>th</sup> November 2022. It was important to gain further inputs on the developed 'Atlas' on human carcinogens in Sri Lanka from the different levels of health and non-health sectors. Therefore, the special event, 'An expert summit: 'Atlas' on human carcinogens in Sri Lanka' was held on 18<sup>th</sup> November 2022 with 112 participants from different sectors which included a spectrum of experts to ground level health officers. This occasion was also utilized to sensitize the gathering about the 'Atlas'

The further improved 'Atlas' is in the process of refining and the final product will be printed as a booklet to be used by the primary healthcare staff during their health education sessions.



Health tip

- Avoid the habit of frequent betel quid chewing containing areca nut
- Be aware of the different types of areca nut packets in the market and avoid them.
- Empower children about the hazards of using areca nut packets available in the market.

Areca nut containing preparations

Betel quid      Areca nut Packets eg, Mawa, Bawal

Health tip

**Community**

- Maintain good ventilation inside houses

**Occupational**

- Follow the common instructions (annex I)

Exposed occupations - construction of plywood, chipboard, insulation materials, paint and plastic materials, textile industry, carpets, furniture, wall coverings, and household cleaning products. In anatomy, histology and pathology laboratories

# Conducting Public Awareness on Cancer Prevention and Early Detection

## Development of a booklet on cancer prevention and control

Proper awareness about cancer among the public is one of the main strategies to prevent and control cancer. Therefore, NCCP developed a booklet giving information on the most common cancers in Sri Lanka. This booklet involved the active participation of the receiver where an opportunity had been given to them to assess him/herself on their knowledge regarding cancer. However, due to the economic crisis in the country printing of the booklet was postponed and will be conducted in 2023.

**Tick & Save Life**

✓ This book is for your use  
 ✓ Assess yourself by ticking in this booklet  
 ✓ Take action – If you have any of the risk factors/symptoms mentioned, consult a doctor  
 ✓ Even if no risk factors/symptoms – be on alert

### Breast cancer: Risk factors

Those who are with one or more of the following risk factors have higher chance of getting breast cancer.

Even if you don't have these, routine self-breast-examination and clinical-breast-examination is highly recommended

If you have any of these risk factors, please visit your doctor

<input type="checkbox"/> Females are at higher risk than males	<input type="checkbox"/> Age: More common after 40 years of age
<input type="checkbox"/> Family history of breast cancer	<input type="checkbox"/> Smoking
<input type="checkbox"/> Not having children	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Overweight/Obesity	<input type="checkbox"/> Hormone Replacement Therapy

There are two methods of examining the breast. Self-Breast Examination (SBE) is done by yourself on your own. The Clinical Breast Examination (CBE) is carried out by a health professional.

### Oral Cancer: Risk factors

Those who are with even one of the following risk factors have a higher chance of getting mouth cancer.

If you get even one tick below, please go to your dental doctor

<input type="checkbox"/> Betel quid chewing	<input type="checkbox"/> Areca nut chewing
<input type="checkbox"/> Smoking	<input type="checkbox"/> Chewing tobacco
<input type="checkbox"/> Snuff dipping	<input type="checkbox"/> Alcohol intake

If you have the above habits stop as soon as possible. If you are unable to do it alone get professional help. (You may seek help by calling 1948.)

### Cervical and Uterine cancer: Risk factors

Human Papilloma Virus (HPV) is the primary cause of cervical and uterine cancer. Following factors facilitate HPV infection.

If you have following factors, you are at a higher chance of acquiring HPV.

These risk factors could be prevented. Be cautious and avoid following factors

<input type="checkbox"/> Multiple sexual partners	<input type="checkbox"/> High parity
<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Poor nutrition
<input type="checkbox"/> Immunosuppression	<input type="checkbox"/> Commencement of sexual activity at an earlier age

All 35-year and 45-year-old females must go for screening at Well Woman Clinics (WWC)

### Colorectal cancer: Risk factors

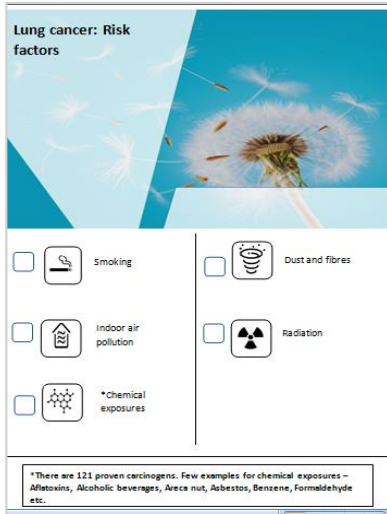
Those who are with more than one of the following risk factors have higher chance of getting this cancer. If you get more than one tick, please visit your doctor nearby or at NLC.

<input type="checkbox"/> Older age	<input type="checkbox"/> Inherited cancer syndrome
<input type="checkbox"/> Family history	<input type="checkbox"/> Heavy alcohol use
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Smoking
<input type="checkbox"/> Physical inactivity	<input type="checkbox"/> Overweight

### Oesophageal cancer: Risk Factors

<input type="checkbox"/> Smoking	<input type="checkbox"/> Gastro-oesophageal reflux disease*
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Obesity
<input type="checkbox"/> Betel Chewing	

\* These are non-specific symptoms which are seen in other illnesses as well



### Common...

Risk Factors	Warning Signs
<ul style="list-style-type: none"> <li>- Older age</li> <li>- A family history of cancer</li> <li>- A past history of cancer</li> <li>- Tobacco</li> <li>- Obesity</li> <li>- Alcohol</li> <li>- Some types of viral infections like human papilloma</li> </ul>	<ul style="list-style-type: none"> <li>- A node or thickening of the breast or any other place in the body</li> <li>- A red or white patch in the mouth</li> <li>- A long standing Difficulty in swallowing or abdominal pain</li> <li>- Change in bowel habits or urination patterns</li> <li>- A long standing cough or Blood coming out with cough</li> <li>- Unusual change in bleeding or any other secretion from the cervix in females</li> <li>- A sudden change in a wart or any other nodule in the body</li> </ul>

### Simple things you do... save life

The following clinics are geared to serve you.

- ✓ **Healthy Life Centres (HLC)** - Anyone above 35 years of age can access this service. These centres are available in the primary health care institutions.
- ✓ **Well Woman Clinic (WWC)** - All women aged 35 years and 45 years can access this clinic which is conducted by the MOH staff in your area.
- ✓ **Cancer Early Detection Centre (CEDC)**
  - Narakheepita - 011-3159227
  - Jaffna -
  - Mataira -
  - Battaramulla
- ✓ **Breast Clinic (BC)** - A special clinic to screen for breast cancer. It is located in District hospitals.
- ✓ **Outpatient Department (OPD)** - All government hospitals have a separate unit where you can walk in and the needed referrals will be done.
- ✓ **General Practitioners (GP)** - This service is available to you at an expense.

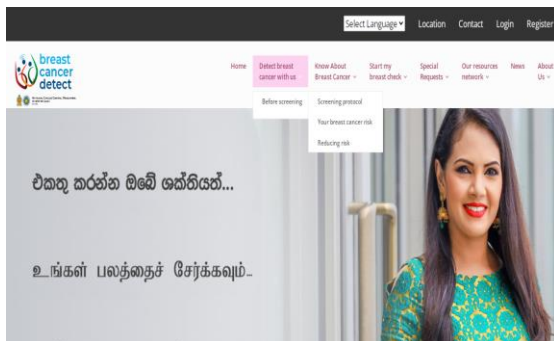
## Awareness raising programmes - Four workshops on timely topics relevant to cancer to update knowledge among NCCP staff

Since the scope of the NCCP is expanding rapidly over the years, it is of utmost importance for the staff of NCCP to be well geared to cater for the demand. Therefore, attempts were made to develop their soft skills and improve their knowledge of timely topics.

1. The first workshop was held on 8<sup>th</sup> April 2022 about Food and Agrochemicals by Mr Senarath Kiribaththuduwage, Director of Hayley’s Agriculture Holdings Limited.
2. Identifying the importance of mental well-being, a lecture discussion was held on, “Maintaining mental well-being in the current context” on 10<sup>th</sup> August 2022 by Dr Medhani Hewagama, Consultant Psychiatrist.
3. A third session was held on 15<sup>th</sup> September 2022 on “Healthy relationships at work” by Mrs. Sunethra Dissanayake, Nursing Officer, Mithuru Piyasa, Colombo South Teaching Hospital.
4. The final lecture discussion was on, “Music Therapy” which was held on 10<sup>th</sup> November 2022 by Dr. Samitha Sirithunga, Consultant Community Physician at the Non-Communicable Diseases Unit of the Ministry of Health.

## Digital marketing of breast cancer early detection service

As recommended by baseline studies and Strategy for Behavior Change Communication (SBCC – 2021) in the National Strategic Plan (2020 – 2024), the Cancer Prevention and Early Detection Unit of the NCCP, developed an interactive website to strengthen its efforts made on early detection of breast cancer. This website makes clients aware about the disease while registering them for breast cancer related services provided by CEDCs. It facilitates women to practice Self Breast Examination (SBE) and book online appointments from CEDCs. This website was developed by 3DH Designs (Pvt) Ltd. It is hosted by the Ministry of Health and the domain is registered at the Information & Communication Technology Agency (ICTA). It has completed a reviewing process by the Sri Lanka Computer Emergency Readiness Team – Coordination Centre (SL – CERT CC). This initiative was portrayed as the brand “breast cancer detect” with an attractive logo. Renowned songstress Ms. Shashika Nisansala became the brand ambassador for the project. Consultancy and collaboration for digital marketing of the website is from the Department of Marketing, Faculty of Management, Open University of Sri Lanka (OUSL). An insightful training was conducted by Sri Lanka Institute of Marketing (SLIM) on digital marketing for the staff of NCCP. Dr. W. D. Thilakarathna, Registrar in Medical Administration, coordinated activities of this project with the NCCP team.



Launching of  
'breast cancer  
detects' website

## Activities for World Cancer Day and World Breast Cancer awareness month

World Cancer Day is commemorated worldwide on the 4<sup>th</sup> of February. As the focal point to prevent and control cancers in Sri Lanka, the Prevention and Early Detection Unit conducted the following activities.

- A circular was issued 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, and Heads of departments of the Ministry of Health. The aim of the circular was to create awareness among the public and healthcare workers on the current local and international burden of cancer. The need to conduct various activities to strengthen cancer prevention and control to commemorate World Cancer Day 2021 was emphasized.
- **Survey to realize the gaps in cancer care pathways** - Parallel to the commemoration of World Cancer Day 2022, NCCP conducted a survey to realize the gaps in cancer care in Sri Lanka. A questionnaire was distributed among all MOH offices in the country. The public health staff was asked to identify at least five cancer patients and complete the questionnaire. NCCP received 300 completed questionnaires representing 21 districts of the country.

The results showed that 80% (n=240) of the respondents were females and most common cancer site was the breast (33.0% n=100). Only 22 (7.3%) patients were diagnosed through screening and the majority (80% n=240) were diagnosed after investigating for a symptom. Almost 80% (79.3%, n=238) claimed that their diagnosis was first declared by a doctor. The percentage who got the treatment from western medicine is 97% (n=291). However, 43.7% (n=131) patients believed that they were late to sought medical advice and 87% (n=114) of them claimed that 'lack of awareness about the symptoms' as the main reason for the delay. In addition, 10.7% (n=32) of the sample have reported that there was a delay in diagnosing the condition. Almost 5% (4.7% n= 14) believed that initiating the treatment was delayed. However, 70% of the participants have reported that they received very good quality service from the healthcare staff. Majority (95.7% n=287) had a diagnosis card with them. Almost 30% (29.9) of the respondents claimed that the adequacy of cancer prevention services in Sri Lanka was average or below the average. One third of the patients reported that early detection services were average or below average. However, 90.3% of the participants believed that the adequacy of cancer treatment services in Sri Lanka is good and 71.7% of participants believed that palliative care services provided in Sri Lanka were adequate. Almost 10% (9.9% n= 29) cancer patients have reported that they were discriminated against when they received the services and 41% of them (n=12) believed that it was due to not having known healthcare persons for them or not being referred by specific officers. However, the majority were satisfied with the clarity of their follow-up and treatment plan (60%) and pain management.



- A social media campaign was carried out mainly through the Facebook platform since it reaches out to a majority of the public effectively.
- A media briefing was held to deliver the messages to the public.

### **Special programmes carried out on cancer prevention and control for the breast cancer awareness month**

Being the breast cancer awareness month, NCCP carried out several special programmes in October 2022. This enabled me to reach out to the public in an effective manner.

- Awareness programmes  
These were carried out in Diri Lalana Women's Society, Staff of Public Health Complex, Sri Lanka Institute of Hotel Management and Tourism, Softlogic Finance, Habib Bank, MAS Legato, Land Development co-operation, Sidro SL (Virtual programme), President's Media Division, Brandix, BDO partners and Lions Club. Furthermore, outreach screening programmes were carried out at Air force Headquarters, Airtel Pvt. Ltd. and Lady Ridgeway Hospital



Capacity building programme for Navy Officers



Capacity building programme for the Sri Lanka Institute of Tourism and Hotel Management



Outreach programme at Lady Ridgeway Hospital

- Media briefings
  - V FM: Breast Cancer; Dr. Dulanjani Galappaththy – October 2022
  - BBC News: Breast Cancer; Dr. Saddharma Weerakoon – October 2022
  - Shraddha TV: Cancer control & Prevention; Dr. Hasarali Fernando – October 2022
  - DOC 1990: Cancer Control & Prevention; Dr. Nirma Alpittiarachchi – November 2022



BBC News: Breast Cancer  
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Shraddha TV: Cancer Control and Prevention;  
Dr. Hasarali Fernando



V FM: Breast Cancer  
Dr. Dulanjani Galappaththy

- Publishing of Paper articles
  - Silumina: Breast cancer; Dr. Saddharma Weerakoon & Dr. Hasarali Fernando
  - Sunday Observer: Breast cancer; Dr. Hasarali Fernando, 30th October 2022
  - Morning Health: Breast cancer; Dr. Dulanji Galappaththi & Dr. Hasarali Fernando, 21st October 2022
  - Daily Mirror: Breast cancer; Dr. Suraj Perera, Dr. Hasarali Fernando & NO Thanuja, October 2022



## Other Activities

### Conducting 10 stakeholder meetings with relevant authorities on cancer prevention and early detection

Effective prevention and control of cancer need multi-sector involvement. Therefore, the need to discuss the role of each stakeholder in one platform was identified. Ten meetings were conducted with the following stakeholders;

- Private hospitals: March 2022
- Media personals and artists: September 2022
- School Health Office: September 2022
- Officials in Office for Reparation in Sri Lanka: September 2022
- Insurance companies: October 2022
- President Media Division: November 2022
- Meeting with school prefects: December 2022
- Health Ministry Officials: December 2022

- Old Pupil Association: December 2022
- Atomic Energy Board and Atomic Energy Regulatory Council: December 2022



Meeting with insurance companies: October 2022



Meeting with School Health Office: September 2022



Meeting with Office for Reparation in Sri Lanka: September 2022

Meeting with media persons and artists: September 2022

## Colposcopy and mammography utilization improvement

After analyzing the utilization levels of colposcopy and mammography it was brought to notice that there is a severe underutilization. Therefore, this matter was taken into the discussion at the TAC and a few meetings were conducted with the hospitals where the performance was low. Based on the inputs received during these meetings it was decided to develop a proper M&E plan to streamline the utilization of colposcopy and mammography services.

### Medical Students Clerkship Programmes (SJP)

The medical undergraduates of the Faculty of Medical Sciences University of Sri Jaywardenepura were given one day session of lectures and practical exposure at the CEDC on cancer prevention and early detection activities. This was a golden opportunity to empower budding healthcare providers on cancer prevention and control.

### School Medical camps: Ananda College, Good Shepherd Convent

NCCP conducted two special medical camps on request by the schools. These health camps targeted the teachers of the school. Also, this opportunity was utilized to carry out awareness sessions on cancer.



Medical camp at Good Shepherd Convent Colombo



Educational exhibition:  
Rathnavalie Balika  
Vidyalaya, Gampaha

## Cancer Early Detection Centre

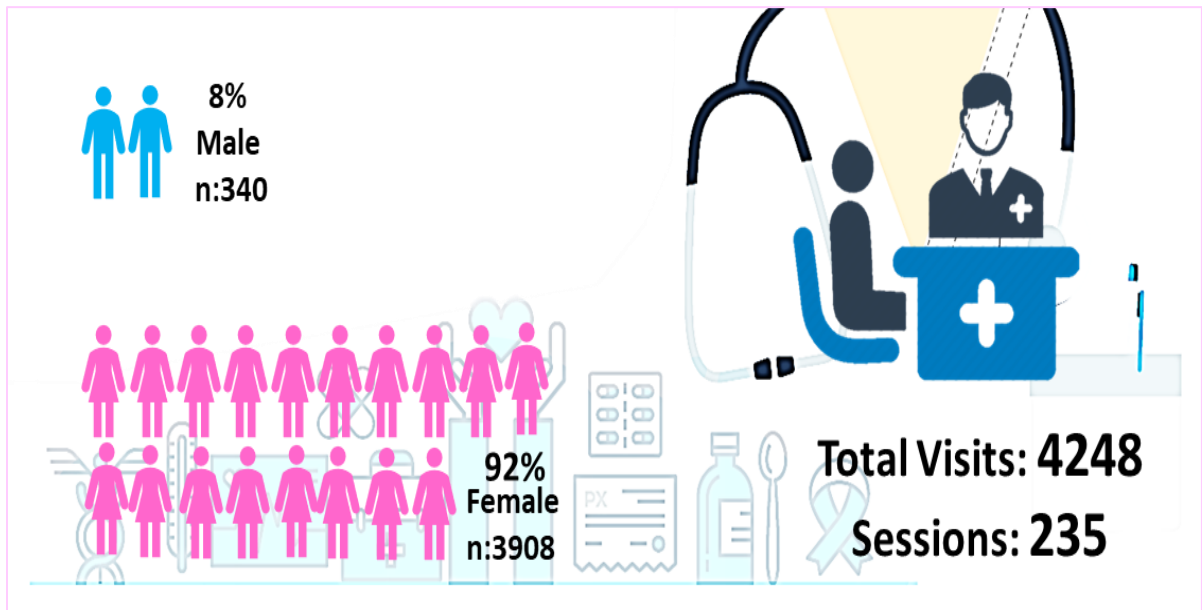


Cancer Early Detection Centre (CEDC) of the National Cancer Control Programme located at Narahenpita, Colombo; provide early detection services for breast, cervical and oral cavity cancers to the public, with the inclusion of clinical-breast examination, ultrasound scanning, Pap and HPV DNA testing.

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.

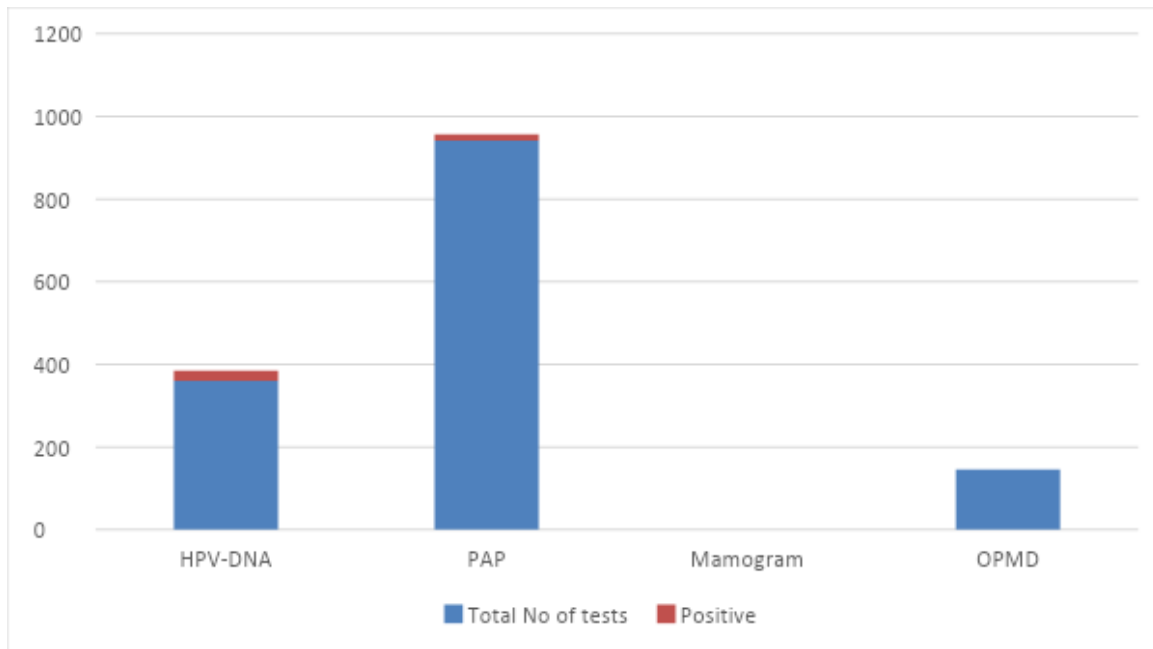
Apart from the doctors and nurses working at CEDC, a visiting radiographer and medical laboratory technicians attached to the National Hospital, Sri Lanka and the Family Health Bureau respectively are also involved in the provision of services. Around 30 clients can receive the services per day at CEDC.

Approximately 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 to the Cancer Early Detection Centre in 2022**





**Figure 02: Summary of activities conducted by the Cancer Early Detection Centre in 2022**

*\*Note: All PAP reports were not received by 19<sup>th</sup> January 2023*

Out of 608 patients referred from the CEDC with breast anomalies, 29 breast cancer patients were diagnosed in 2022.

Rotary International World President Jennifer Jones visited the CEDC at Narahenpita on the 15th of December during her visit to Sri Lanka.



In 2022, three other CEDCs were established at TH Rathnapura, TH Jaffna and DGH Matara (This centre is not situated within the hospital).

Rathnapura (Sept – Nov) = 240

Jaffna (Sept-Dec) = 216

Matara (March – Dec) = 435



# 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.

The following is a brief description of the activities of the oral cancer prevention and control unit in 2022. It must be noted that most activities could not be carried out as expected due to the prevailing situation in the country.

## Capacity Building Programmes

### 1.1 Capacity building programmes for dental and medical practitioners at district levels

Hands-on capacity-building programmes using clinic patients were conducted to enhance clinical skills for the early detection of Oral Potentially Malignant Disorders (OPMD) and Oral Cancer (OC) among dental and medical practitioners. Programmes were conducted by local Oral and Maxillo-Facial (OMF) surgeons and the Consultant in Community Dentistry at NCCP. Issues related to early detection and referral pathways were also addressed with the participation of the Regional Dental Surgeon (RDS).

The following capacity-building programmes for dental surgeons and medical officers were conducted at district levels through NCCP funding (7 programmes in total and about 200 dental surgeons and medical officers participated).

- Three programmes were conducted in the Colombo district on 1/11/2022, 8/11/2022, and 15/11/2022 at National Dental Teaching Hospital.
- Three programmes were conducted in the Galle district on 16/11/2022, 17/11/2022 and 18/11/2022 at RDHS office Galle.
- One programme was conducted at DGH Kalutara on 09/11/2022 at BH Panadura.



Capacity building of dental surgeons at National Dental Hospital



Capacity building of medical officers at BH Panadura



Capacity building of dental surgeons and medical officers at RDHS office Galle

## **1.2 training of Trainers (TOT) for medical officers**

With the collaboration of other units of NCCP, TOT programmes were conducted for medical officers on “Prevention, early diagnosis and control of OPMD/oral cancer” in the following districts. Gampaha (15.04.2022), Kegalle (23.04.2022) Colombo (18.05.2022) and Kalutara (12/10/2022).



TOT programme for medical officers at Kalutara MOH on prevention, early diagnosis and control of OPMD/oral cancer

## **1.3 Capacity building of Ayurveda practitioners**

Recognizing the importance of obtaining the services of all categories of health staff for oral cancer prevention and control activities, an online capacity-building programme was conducted for Ayurvedic practitioners. More than 100 practitioners participated.

## **1.4 Capacity building of medical faculty students**

Considering the importance of the role played by medical officers in oral cancer/OPMD prevention and control activities, three sessions were conducted for third-year medical faculty students at the Faculty of Sri Jayewardenepura. The programme consisted of a lecture and a clinical session focusing on oral examination which was conducted at the Cancer Early Detection Centre of NCCP.

## Strengthen information system for OPMD/oral cancer management

### 2.1 E-based oral cancer surveillance system for oral cancer

A series of hands-on training programmes were conducted on the analysis of oral cancer data using CanReg software for 33 dental surgeons of OMF Units on 22/03/2022, 28/03/2022 and 06/04/2022. All participants were instructed to bring oral cancer data of their respective units for analysis. Moreover, a template was designed for newly diagnosed oral cancer patients presenting to OMF units and sent to OMF clinics.



Hands-on capacity building programme on analysis of oral cancer data using CanReg software for dental surgeons at OMF Units

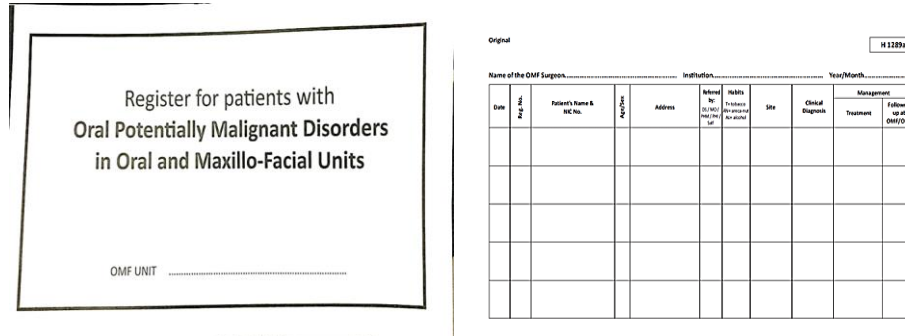
### 2.2 E-based surveillance system for OPMD

To improve the quality and timeliness of oral cancer/OPMD cancer data generated from Primary Medical Care Units (PMCU) and Dental Outpatient Departments (OPD), an additional module on oral cancer/OPMD has been developed for the Health Information Management System (HIMS). After a successful pilot testing in four hospitals in Ratnapura district (PMCU Kiriella, PMCU Theppanawa, PMCU Rakwana and PMCU Kiribathgala), it is expected to expand the system to other hospitals in Ratnapura district in 2023.

### 2.4 Development of registers

The existing “Register for patients with Oral Potentially Malignant Disorders in Oral and Maxillo – Facial Units” was revised to capture additional information that is useful to monitor cancer control activities. A duplicate sheet was included and new columns were inserted for entering

the habit patterns of the patient, and the location where the patient is followed up (OMF/OPD). The new register was distributed to all OMF units in the country.



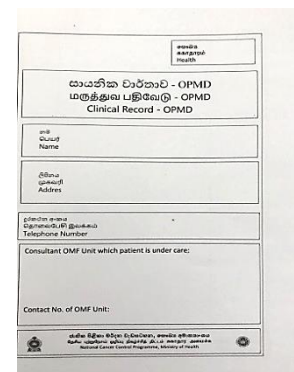
### 2.3 Clinical Record of OPMD

To improve the monitoring and follow-up of OPMD patients, it was decided to issue a “Clinical Record” (booklet) for newly diagnosed OPMD patients. This was developed with the consensus of the College of OMF surgeons. The pretesting has been completed at NDHSL, BH Panadura and Colombo South Teaching Hospital. Planned to print in 2023.

## 3.0 Media-related activities related to oral cancer

### 3.1 World Head and Neck Cancer Day - 2022

World Head and Neck Cancer Day (27.07.2022) was celebrated under the theme of 2022 was **“Check your mouth: prevent oral cancer”**. A circular was issued to all health institutions to carry out activities at the regional level. A media seminar was conducted with the collaboration of the Health Promotion Bureau to sensitize media personnel on the above-mentioned theme. In addition, television/radio programmes (Sirasa TV, V FM) and paper articles were conducted on the prevention, early detection and management outlines of OPMD and oral cancer.







Programme on Sirasa TV on prevention, early detection and management of OPMD/Oral Cancer



A paper article on prevention, early detection and management of OPMD/oral cancer

## 4.0 Strengthen public awareness on OPMD/ oral cancer

Several OPMD/ cancer awareness programmes have been conducted with the collaboration of the Screening and Early Detection Unit of NCCP for different population categories to increase their awareness of OPMD/oral cancer control.

- An awareness programme for medical staff of the Welisara Navy Hospital on 14/09/2022.
- An awareness programme at the University of Vocational Training, Ratmalana on 21/09/2022
- An awareness programme for office employees Softlogic PLC Limited on 19/10/2022.
- An awareness programme for 25 school prefects on 12/12/2022.



Awareness programme for students at University of Vocational Training on OPMD/oral cancer



Awareness programme for the staff at Softlogic head office on OPMD/oral cancer

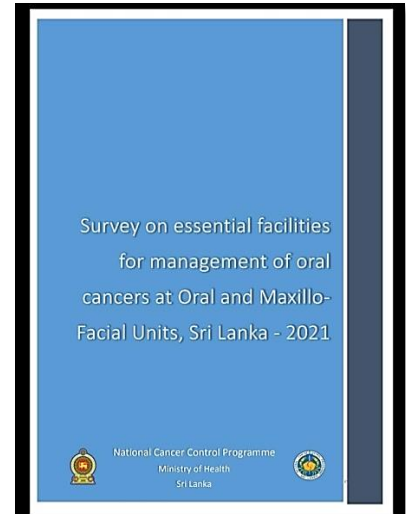


Awareness programme for school prefects on OPMD/oral cancer

## 5.0 Monitoring and evaluation of oral cancer prevention and control activities

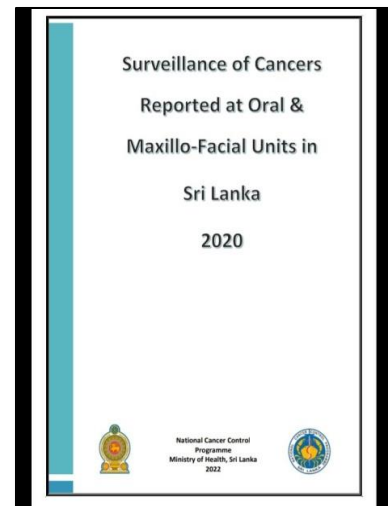
### 5.1 Facility survey on essential facilities for the management of oral cancers at OMF units, Sri Lanka 2021

Continuous upgrading of facilities in hospitals for the management of oral cancer is essential to meet the rising oral cancer burden. A survey was conducted to identify the facilities available for the management of oral cancer at OMF units in Sri Lanka. Thirty-two OMF units in 29 hospitals were included in the survey. Seven key dimensions were assessed to identify the existing facilities in OMF units. Data were collected regarding the OMF unit performance of 2020 using a pre-tested self-administered questionnaire. Identified deficiencies in facilities and other supporting services at OMF units were presented in the report with the recommended list of facilities required for 2025. *The report is available at: [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)*



### 5.2 Audit on data quality and surveillance of cancers reported from OMF units

According to the cancer registry 2019, lip, tongue and mouth cancers were the top-ranked cancers among males in Sri Lanka accounting for 15% out of all male cancers. Since the majority of these cancers get reported from OMF units, an audit and separate analysis were done for oral cancer data reported in 2020 from OMF units to identify shortcomings of reporting and areas of high incidence and to take necessary steps to control oral cancer at the district level. Based on the results, it is noted that a high district variation in cancers was reported and it is essential to focus on additional cancer prevention and control activities in districts having high cancer incidence. Moreover, since there is a lack of completeness of data reported from OMF units, it is important to take necessary measures to improve data quality in future. *The report is available at: [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)*



### 5.3 National reviews of oral cancer prevention and control activities

Two reviews were conducted on 31/03/2022 (physical) and 3<sup>rd</sup> / 10<sup>th</sup> of October 2022 (online). All RDSs presented the district performances for the year using the given format. The key issues notified were given below.

- Limited screening activities and outreach programmes due to COVID in the year 2021
- Difficulties in providing equitable oral health services in some districts due to the maldistribution of dental surgeons and inadequate funds for mobile services
- Inadequate support from the estate sector to carry out estate screening programmes



National review which was conducted on 31/03/2022 for RDS

The RDSs were instructed to conduct the below-mentioned activities in 2022:

- Give priority to the provision of dental services to HLC clinics (for population-based oral cancer screening)
- Organize district-wise in-service programmes for dental and medical practitioners for detection / early diagnosis of OPMD/oral cancer
- Resume outreach and screening programmes for high-risk groups in a planned-out manner
- Adhere to the circular issued by NCCP to organize estate screening programmes in future.

The summary of oral cancer prevention and control activities in 2021 is given below.

Basic data		
Total no. of dental clinics providing routine services; including Adolescent Dental Clinics and Community Dental Clinics*		737
Total no. of Dental Surgeons*		1048
Total no. of institutions with OMF clinics (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		32
Total no. of OMF surgeons (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		38
Total number of Oral Pathology Units		03
Total number of Oral Pathologists		04
Clinical services		
Total no. of visits to dental clinics*		2,092,265
No. of OPMDs detected reported at OPD dental clinics*		3,630
Percentage of type of OPMD detected	Leukoplakia	31%
	Erythroplakia	08%

	Oral sub-mucous fibrosis	34%
	Oral lichen-planus	21%
	Other	06%
No. of suspected oral malignancies detected at dental clinics		423
No. of OPMDs reported from OMF units*		4436
No. of confirmed oral malignancies reported from OMF units		1668
No. of oral malignancies reported from Oral Pathology units		675
<b>Awareness, capacity building and active screening - excluding line-Ministry intuitions</b>		
No. of oral cancer awareness programmes conducted for the public (other than screening)		90
No. participated		5379
No. of oral cancer in-service programmes conducted		36
No. participated		1695
No. of active OC cancer screening programmes		144
No. participated		10400
No. of OPMD patients detected		225
Percentage of type of OPMD detected	Leukoplakia	34%
	Erythroplakia	7%
	Oral sub-mucous fibrosis	46%
	Oral lichen-planus	08%
	Other	05%
No. of suspected oral malignancies patients detected		12

\* From Research and Surveillance Unit, Institute of Oral Health, Maharagama

## 6.0 Strengthen risk group screening

### 6.1 Revision of the estate sector screening programme

A decision has been taken to train non-health volunteers from the estate sector to promote the self-mouth examination, coordinate screening programmes and monitor local follow-up of detected OPMD/Oral cancer patients. Training programmes for volunteers have already been initiated in Galle, Matara and Ratnapura districts according to the standard module developed by the NCCP. Discussions were made with the Plantation Human Development Trust (PHDT) regarding the job description and monitoring/evaluation mechanism of the said volunteers.

### 6.2 Opportunistic screening at the cancer early detection centre

Opportunistic screening for OPMD and oral cancer was continuously carried out throughout the year in the cancer early detection centre. Suspected cases were referred to the nearest OMF clinic and habit intervention is done for every patient at the clinical centre. In the year 2022, 140 patients have been examined and 21 OPMD cases have been identified.

## 7.0 Governance and service development

### 7.1 Technical advisory meetings for oral cancer prevention and control

Three Technical Advisory Committee meetings on oral cancer prevention and control (TAC-OC) were conducted. Issues related to the following areas were discussed:

- Strengthen risk-group screening for OPMD/oral cancer
- Development of capacities of medical officers, dental surgeons and primary health staff for oral cancer and OPMD prevention and control
- Improve information system for OPMD/oral cancer management
- Requirement for regulations on commercially prepared chewable areca-nut products

### 7.2 Revision of OPMD guideline

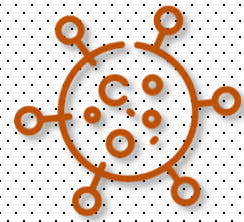
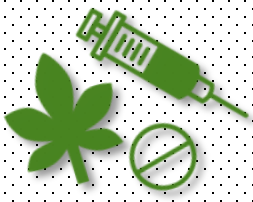
Steps have been taken to revise the third edition of the OPMD guideline due to the following reasons.

- Changes related to OPMD detection and management
- Changes in disease patterns of OPMD in Sri Lanka
- Changes in screening and management criteria of OPMD
- The role of dental and medical practitioners in the management of OPMD

The document was finalized after multiple consultative meetings with the stakeholders and awaiting 2000 printed copies to distribute - a copy to each dental clinic and Healthy Lifestyle Center.



Consultative meeting for revision of OPMD guideline



# Diagnosis & Treatment Unit



## The Diagnosis and 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

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, 24 breast care clinics were established in secondary and tertiary hospitals in years 2021 and 2022. The expansion of breast clinics in base hospitals and above hospitals is in progress.

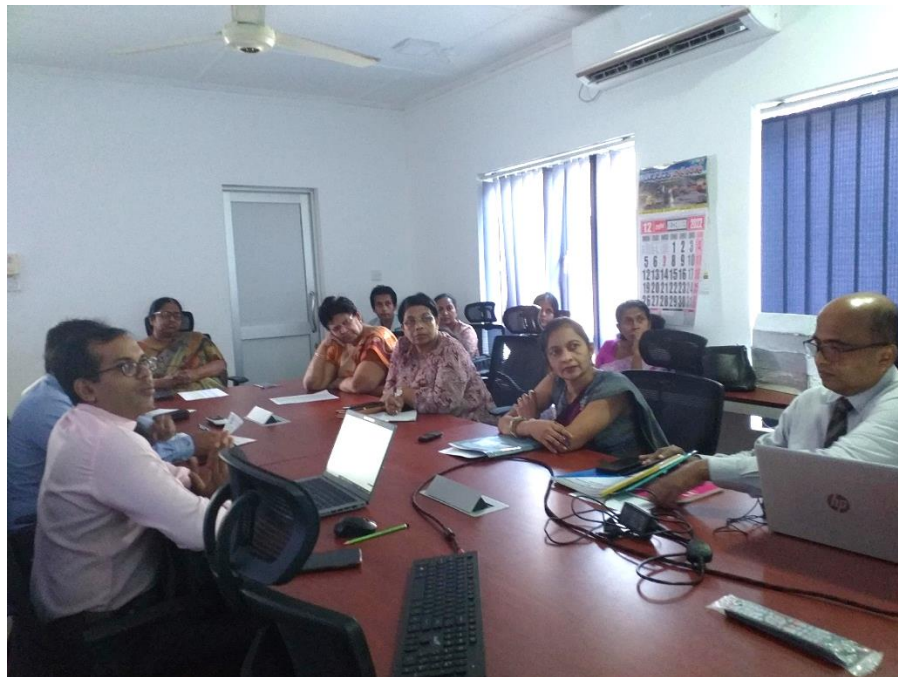


### **Establishment of Cancer Early Detection Centers**

Considering the recommendations of the National Advisory Committee, it was unanimously decided to establish Cancer Early Detection Center (CEDC) per province in the country to minimize the delays in the diagnosis of cancers. In 2022, one CEDC was established in Sabaragamuwa provinces (TH Rathnapura) and the rest will be completed within the next two years.

### **Development of National Essential Medicine List for Common Adult Cancers**

The initial discussion was made with relevant stakeholders to prepare a national essential oncology drug and reagent list with the collaboration of WHO. This was a joint programme and the preparation of drug and reagent list will be done with the participation of members from the College of Pathologists, Pharmacologists, Oncologists and NMRA and MSD professionals under the guidance of DGHS, DDG NCD and the relevant field experts.



## **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, DGH Matara and PGH Badulla. The D & T unit procured and distributed, multipara monitors, infusion and syringe pumps for cancer treatment centers (TH Anuradhapura, CNTH, TH Kurunegala, DGH Avissawella) to improve cancer day care treatment facilities in hospitals. Several meetings were held for the procurement of LINAC machines and Brachytherapy machines for the cancer treatment centres where needed.

### **Radiation Safety activities**

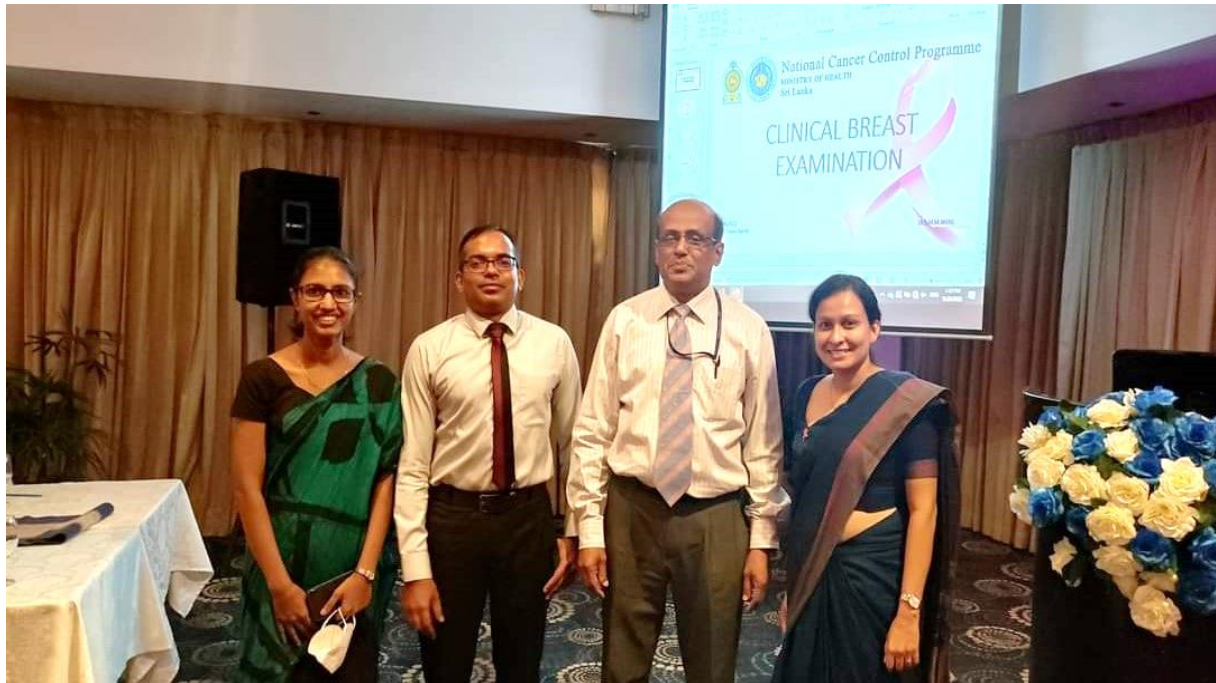
Two international projects (SRL 9012, SLR 6000) with the partnership of Sri Lanka Atomic Energy Board (SLAEB) and the International Atomic Energy Authority (IAEA) for the promotion of radiation safety activities in the Health sector especially in the cancer treatment centres. This project is conducting training programmes, providing radiation safety equipment and providing many technical inputs for the safety of officers engaged in radiation activities in the health sector.

## **Capacity Building**

### **Breast cancer care training for public health staff**

To increase awareness of breast cancer among public health staff, two-day training programmes were conducted in the Central province and the Northern province. Training consisted of lectures by consultants on various aspects of breast cancer care which included changes in normal breast, screening for breast cancer, available services in Sri Lanka and the referral pathway, different treatment modalities for breast cancer, palliative care, counselling and dealing with psychological aspects of breast cancer patients. Practical sessions were also conducted to provide hands-on skills in clinical breast examination and self-breast examination. Suggestions were taken at the end of the programme, to improve the early detection rate of breast cancer.

Audio and visual educational materials including guideline books on self and clinical breast examination were distributed to all participants to increase awareness of breast cancer and to train Public Health and curative health staff.



**Figure 1: Comprehensive Breast care training PHNS/SPHM of Central Province**



Figure 2: Comprehensive Breast care training for PHNS/SPHM/PHMs of Northern province

**Awareness programmes**

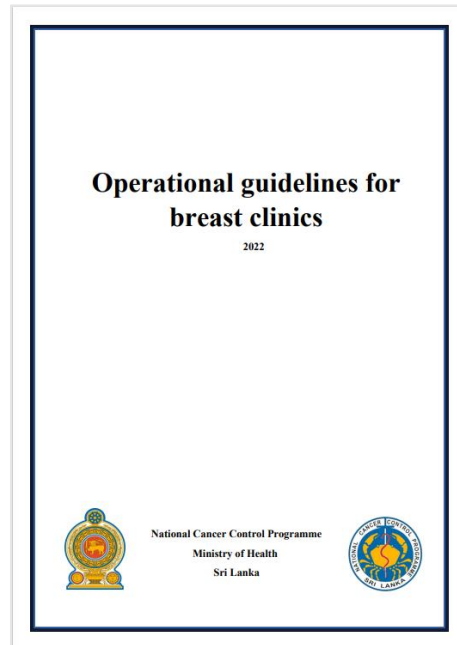
Breast cancer awareness and training programmes were also conducted for government and non-governmental organization staff officers.



Figure 3: Breast care training for public health staff in RDHS Hambanthota and private sector staff

## Developing Guidelines

Operational guideline for breast clinics was developed with the partnership of Sri Lanka College of Surgeons, Sri Lanka Association of Breast Surgeons, Sri Lanka College of Pathologists and Sri Lanka College of Oncologists and in the process of getting approval from the Director General of Health Services. It will be circulated to all breast clinics in 2023.



## Operational guidelines for breast clinics

## Monitoring and evaluation

Two-day residential programme was conducted to review the progress and functions of breast clinics island wide and conducted refresher training for health staff in breast clinics in government health institutions in Sri Lanka.



**Figure 4: National breast clinic review and refresher training for health staff in breast clinics in government health institutions in Sri Lanka**





# 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



## Governance and service development

### 1. Conduct National Steering Committee Palliative Care meeting

Two meetings were conducted. 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 districts
- Community empowerment



### 2. Development of a guideline for delivering an uninterrupted supply of morphine for the management of pain in palliative patients at home

To ensure a continuous supply of morphine for palliative patients at home, it was recommended by the National Steering Committee in Palliative Care to develop a mechanism on this regard. NCCP developed the guide with inputs from relevant stakeholders. The final draft was presented to the committee. Waiting for formal approval from the Drug and Therapeutic Committee of MoH.

### 3. Establish a standardized mechanism to provide home oxygen for patients with hypoxia (using oxygen concentrators) General circular 01-04/2023

At the request of the Sri Lanka College of Pulmonologists, the National Steering Committee in Palliative Care recommended establishing a standardized mechanism for providing home oxygen

for needy patients, by loaning out the underutilized oxygen concentrators purchased/donated during the COVID-19 pandemic.

A guideline was developed by National Cancer Control Programme with inputs from the relevant professional colleges and other relevant stakeholders. The final document is approved by the National Steering Committee on Palliative Care chaired by the Director General of Health Services. The general circular was issued.

#### **4. Strengthening palliative care services at the regional level**

##### **4.1 Kandy district- introducing shared care model**

Other than the routine palliative care offered at the cancer treatment units, an integrated palliative care service linking different levels of care for palliative patients is still lacking at the district level.

With the aim of integrating palliative care services into the existing health system (using a shared care model), the strengthening of services in the district has been commenced under the leadership of the Regional Director of Health services in Kandy District.

- **Advocacy workshop**

The advocacy workshop was conducted at Dr. Thilak Abeysekera Kidney Disease Treatment and Concessionary Centre Kandy on 26.04.22. Director NCCP and representatives, RDHS Kandy District and district team, Consultant Oncologists with a health care team at NH Kandy, Consultants from other tertiary and secondary care hospitals in Kandy districts, representatives from MOH team, primary health care institutions, non-health sector, NGOs, Community-Based Organizations, volunteer groups participated in this workshop.



- **Capacity building for healthcare workers at different levels in the Kandy district**

Capacity building programmes for multidisciplinary groups of healthcare workers were conducted under the leadership of the Regional Director of Health Services Kandy District with the support of professional groups, and relevant stakeholders.



#### **4.2 Strengthening Palliative Care Consult Services - distribution of equipment for cancer treatment centres**

NCCP provided funds to TH Batticaloa to procure necessary equipment for Palliative Care Consult Services in 2022. NCCP facilitated World Health Organization to provide equipment (ICU beds, Subcutaneous infusion pumps, IV syringe pumps, Portable sphygmomanometers, Air mattresses, desktops) for palliative care services in selected cancer treatment centres in Sri Lanka.

### **Capacity Building**

#### **1. Training on palliative care for primary health care workers in the Colombo Municipal Council area**

Three training programmes were conducted for primary health care workers in the Colombo Municipal Council area with the aim of introducing the basic concepts and refreshing their knowledge of palliative care. A total of 131 primary health workers from different categories were trained. General concepts of palliative care, palliative care for cancer patients and non-cancer patients in primary health care settings, end-of-life care, and psychological care in palliative care with a practical session on mindfulness were conducted by .. experts from relevant fields (e.g. Consultant Oncologists, Consultant Physician, Consultant Psychiatrists, Consultant Community Physicians etc). Hands on training sessions on palliative nursing care at home were conducted at the end of each programme.



## 2. Capacity building programmes for Health Care Workers in Kalutara district

Two training programmes were conducted for health care workers in Kalutara district on 19.10.22 and 09.11.22.

The first programme was focused on concepts of providing palliative care services using a shared care model within the district. Experts from relevant fields participated as resource persons (e.g. Consultant Oncologist in Teaching Hospital Kalutara, Consultant Community Physicians, Medical Officer Non-Communicable Diseases, Regional Supervising Public Health Nursing Officer. Fiftysix health care professionals (Medical Officers, Nursing Officers, Public Health Nursing Officers etc) working in primary healthcare institutions in Kalutara district (including the NIHS area ) and General Hospital Kalutara were trained.



Second programme was focused on community empowerment on palliative care through primary health care. Forty-four health care professionals (Medical Officers, Public health Nursing Officers, Nursing Officers etc) working at primary health care settings in Kalutara district (including NIHS area) were trained.



### 3. Capacity building programme for private health sector medical practitioners

A capacity building programme was conducted for medical officers working in private hospitals with the aim of introducing the basic concepts and refreshing knowledge on palliative care. A total of 26 MOs were trained. General concepts of palliative care, palliative care for cancer patients, palliative care for non- cancer patients, end-of-life care, and psychological care in palliative care with a practical session on mindfulness were conducted by experts in relevant fields.





#### **4. Training of Trainer programmes (TOT) on informal caregiving (home based palliative care)**

Two TOT programmes were conducted using the TOT module (Adura Vinivida Dakinnata) developed by NCCP in 2021.

1. First programme was conducted for nongovernmental home-based care provider organizations on 25.03.22. Thirty-eight participants were trained.







The second programme was conducted for social service officers in Social Service Department, Western Province on 06.04.22. Thirty officers were trained.



### **Activities to Commemorate World Hospice and Palliative Care Day 2022**

World Hospice and Palliative Care Day was commemorated on **08<sup>th</sup> October 2022** under the theme of ***“Healing Hearts and Communities”***.

National Cancer Control Programme, utilized the World Hospice and Palliative Care Day 2022 to draw attention of healthcare stakeholders towards the strengthening of palliative care services by issuing the General circular 01-54/2022.

## Publications and Training Modules

### 1. Development of communication guide in palliative care for palliative care service providers

This guide is developed by NCCP with the support of a multidisciplinary group of experts in the fields of palliative care and communication. e.g. Communication Specialists, Consultant Oncologists, Consultant Physicians, Consultant Psychiatrists, Consultant Community Physicians, Medical Administrators, Medical Officers who have experience in palliative care and field care services, Sociologists Public Health Nursing Sisters etc. Printing will be done by WHO in 2023.

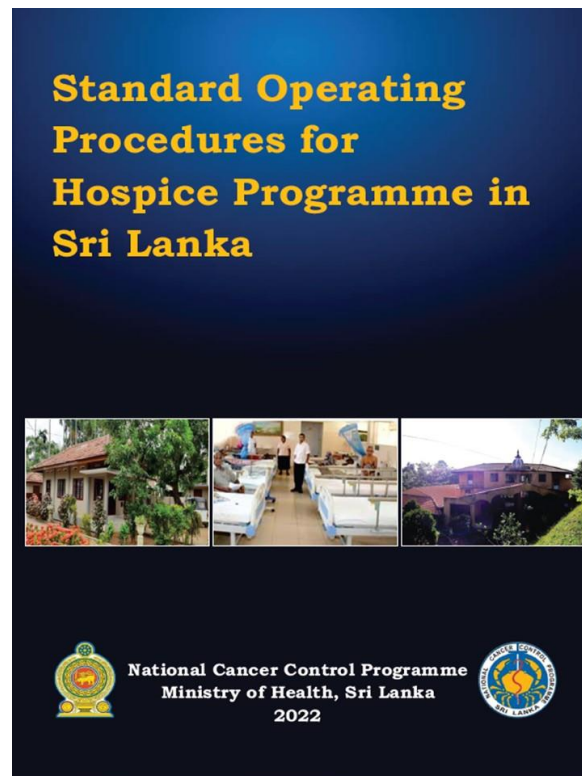
Chapters in the guide are as follows

- Palliative care and communication
- Importance of communication in the management of mental health problems
- Assisting to resolve physical problems of palliative patients
- Breaking bad news: sensitive and serious information
- Communication to empower patients to live with the disease
- Communication with children
- Communication during the end of the life and bereavement period
- Communication for caregivers
- Communication skills for counselling



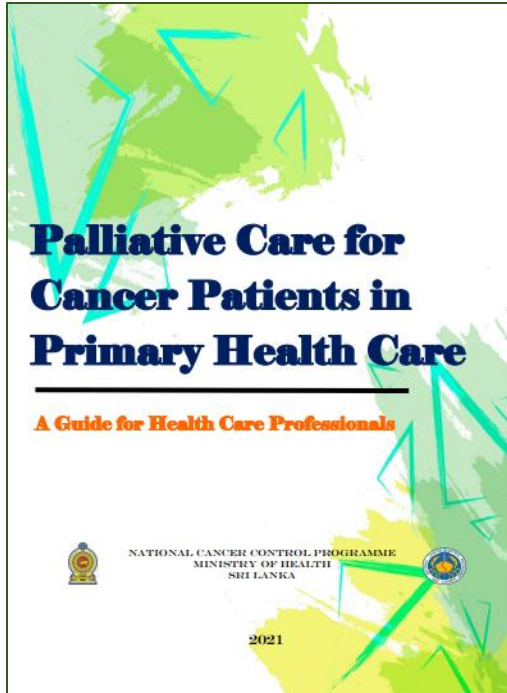
## **2. Standard Operation Procedures for Hospices (SOP)**

This was developed with consensus of relevant stakeholders to ensure provision of standardized quality services through a hospice programme in Sri Lanka. This will 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.



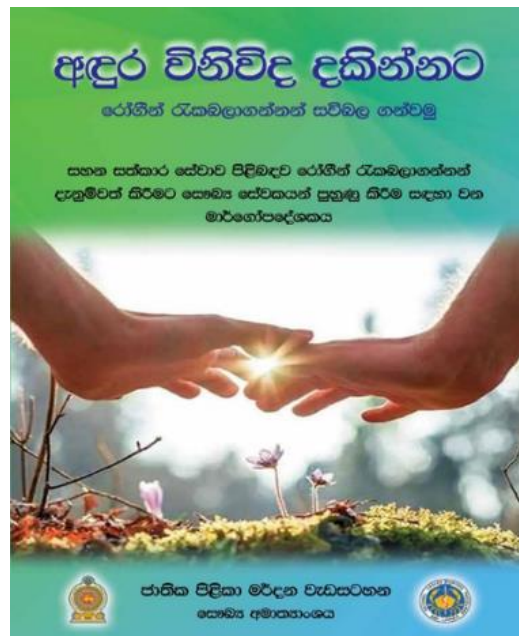
## **2. Palliative Care for Cancer Patients at Primary Health Care : A Guide for Health Care Professionals**

This guide was developed with the participation of experts from relevant fields, to ensure providing direction to primary health care professionals on maintaining continuity of care with an emphasis on the Management Plan issued by the specialized treatment centre, It provides an overview of different aspects of holistic care approach of palliative patient management at primary health care institutions. (Soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))



**“Aduva Vinivida Dakinannata”**

To empower the informal caregivers on home based palliative care, a structured training of trainer module for a standardized training of caregivers and community volunteers on provision of home-based palliative care (Aduva Vinivida Dakinannata) was developed by NCCP in 2021. Second printing (Sinhala) was done in 2022. (soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))



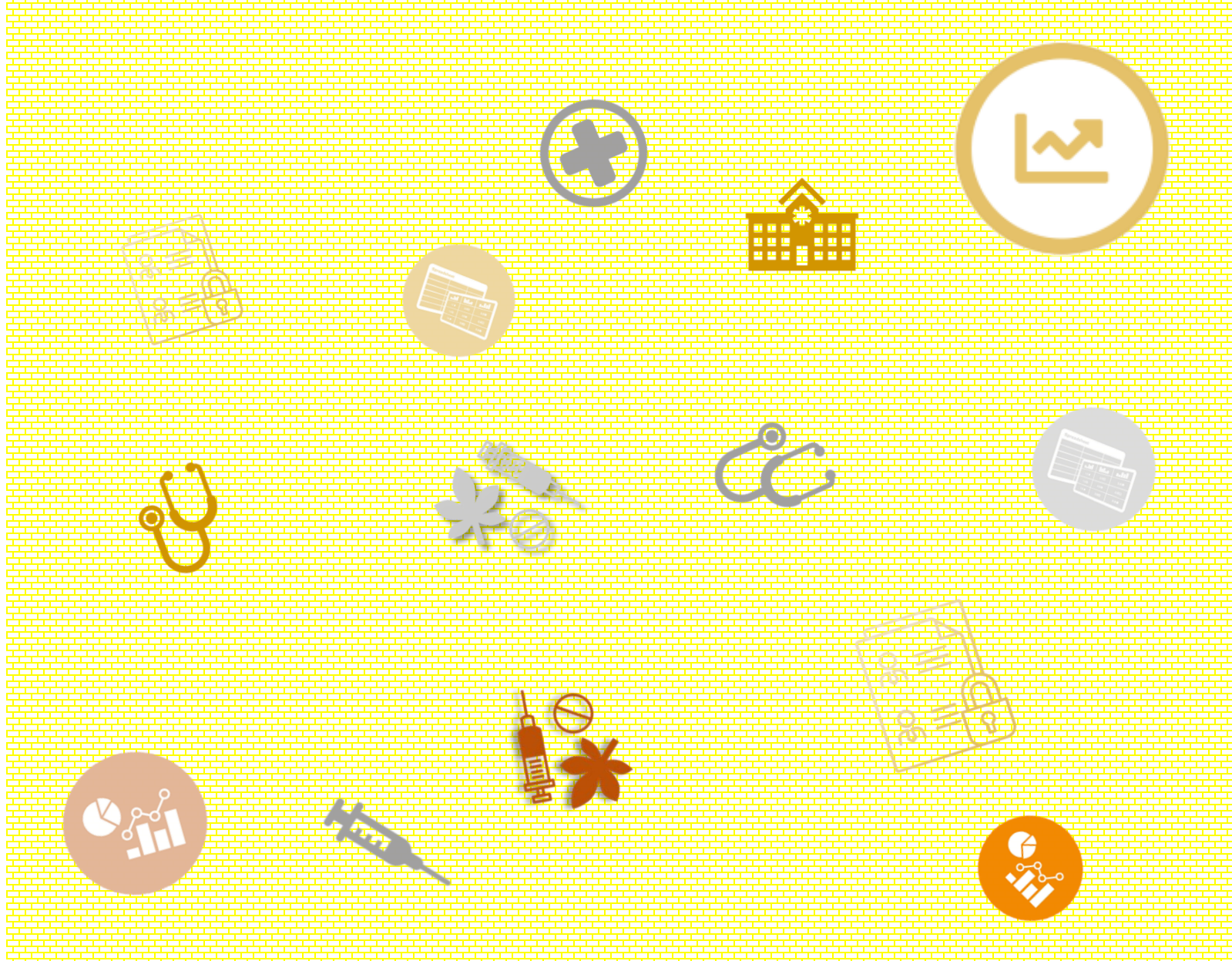
## Monitoring and Evaluation

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

## Strengthen awareness on Palliative Care

Several palliative care awareness programmes have been conducted with the collaboration of other relevant units of NCCP for selected categories to increase their awareness on palliative care

- An awareness programme for medical staff of the Welisara Navy hospital on 14/09/2022.
- An awareness programme at the University of Vocational Training, Ratmalana on 21/09/2022



# Strategic Information Management Unit

The 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 Cancer 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)

The main areas of work of the SIM Unit are;

- Coordination of surveillance of cancers at the national level - 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 levels in liaising with other technical units of the NCCP
- Coordination of health information management at the NCCP level including updating the website of NCCP
- Coordination with other technical units for cross-cutting issues ( eg. Global Initiative of Childhood Cancers - 'GICC')

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

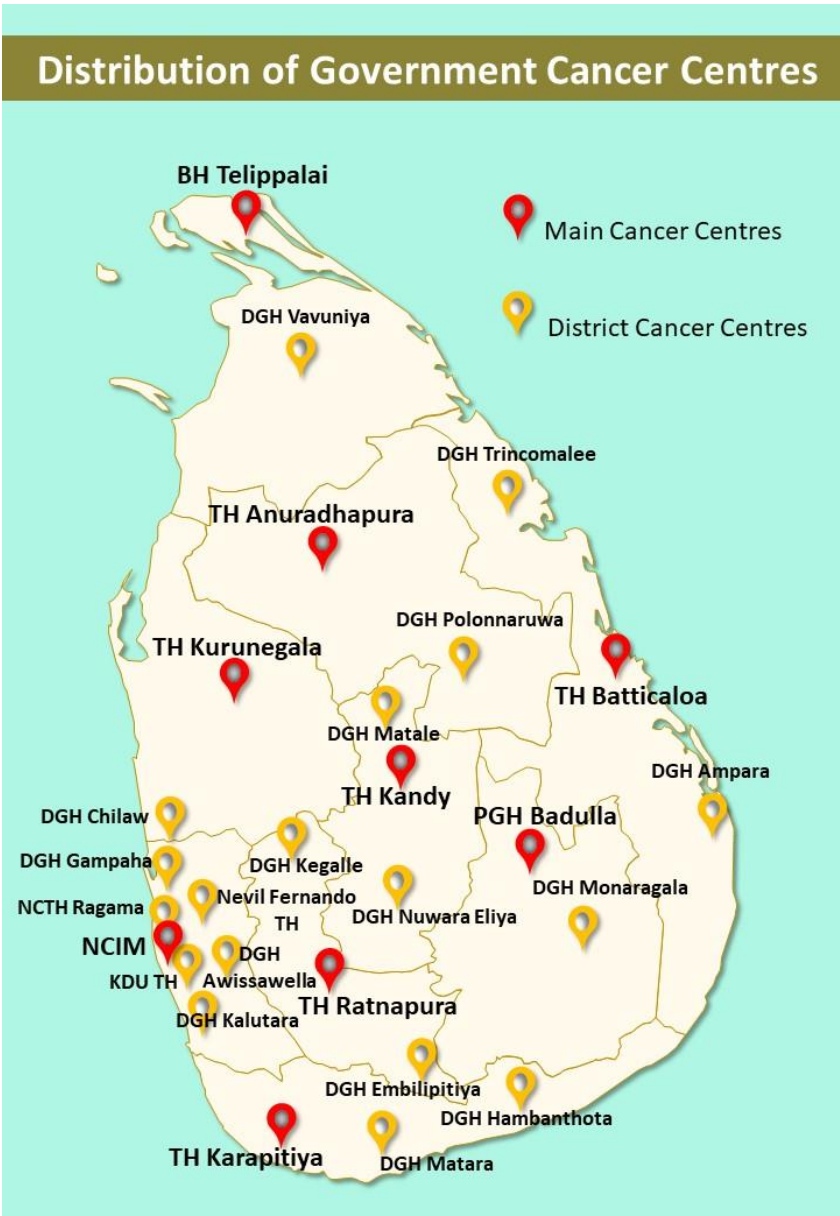
This unit is responsible for the strengthening of cancer information systems and surveillance to provide accurate and timely data to monitor progress and evaluate outcomes of cancer prevention and control actions



## Coordination of Surveillance of Cancers

One of the main functions of the Strategic Information Management (SIM) unit of the National Cancer Control Programme is the coordination of surveillance of cancers in Sri Lanka with the active participation of the 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, NCCP coordinates with the Registrar General’s Department & District Secretariat of Colombo for cancer mortality information in the Colombo district through the divisional 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 are the latest information available in relation to cancer surveillance





## New Patient Registration at the Government Cancer Treatment Centres in Sri Lanka 2008 - 2022

Cancer Centre	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NCI Maharagama	11163	11756	11513	12403	12550	12689	13247	13890	14248	13651	14171	13928	11864	11686	13113
NH Kandy	3648	3634	4046	5042	3717	3516	4000	4023	3877	4150	4042	3882	3889	3619	4386
TH Karapitiya	1764	1866	1793	2193	2158	2455	2479	2394	2595	2585	2652	2473	2442	2372	2548
TH Jaffna / BH Tellippalai	412	479	659	1055	1048	1061	1032	1100	1099	1103	1186	1198	1304	1615	1257
TH Anuradhapura	712	551	641	698	803	850	1114	1300	1131	1214	1483	1429	1542	1621	1632
PGH Badulla	753	794	858	1430	2152	2203	1527	2285	2225	2015	2151	2591	2552	2220	2365
TH Batticaloa		169	565	727	1094	932	897	900	1325	1048	876	699	924	1076	1235
TH Kurunegala	538	804	806	1174	1122	1042	1238	1680	1863	2062	2206	2177	2091	2103	2277
TH Rathnapura	319	485	636	735	808	767	807	902	1094	1103	1076	1098	1152	1016	970
NCTH Ragama											747	648	819	1020	1408
DGH Gampaha										153	580	776	673	602	846
DGH Avissawella											76	294	274	313	334
DGH Kalutara											480	492	647	595	678
DGH Nuwara Eliya									238	236	203	286	414	353	463
DGH Matara												180	405	507	580
DGH Hambanthota										177	312	427	460	534	679
DGH Vavuniya										26	223	253	240	276	202
DGH Polonnaruwa										648	699	615	714	622	525
DGH Monaragala									125	136	413	262	266	256	172
DGH Trincomalee										702	568	350	333	260	313
DGH Ampara									164	140	111	161	156	180	158
DGH Chilaw									91	239	455	591	673	648	612
DGH Kegalle									183	276	243	297	332	337	293
DGH Embilipitiya														68	93
DGH Matale														49	304
KDU Hospital													1489	1614	1179
NFTH													208	106	150
<b>Total</b>	<b>19309</b>	<b>20538</b>	<b>21517</b>	<b>25457</b>	<b>25452</b>	<b>25515</b>	<b>26341</b>	<b>28474</b>	<b>30258</b>	<b>31664</b>	<b>34953</b>	<b>35107</b>	<b>35863</b>	<b>35668</b>	<b>38772</b>

The key activities conducted in the year 2022, in relation to cancer surveillance are listed below.

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

The Technical Advisory Committee on cancer registration and research was established with the approval of the Secretary, Health and the first meeting was conducted on 10th March 2020. The recommendations of the Technical Advisory Committee are communicated to the 'National Advisory Committee on Prevention & Control of Cancers for formal approval.

Terms of Reference (TOR) of the Technical Advisory Committee are 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 cancer surveillance in Sri Lanka with the introduction of health information technology solutions.
3. Identify strategies to promote, and 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 2022 on 04.03.2022, 09.06.2022 and 16.09.2022.

## **1.2 Processing of cancer incidence data 2020**

Since national cancer incidence data was published up to the year 2019 during the year 2021, it was prioritized to process cancer incidence data of the year 2020 in the year 2022. All the cancer treatment centres were requested to send newly reported cancers in the years 2020 and 2021 as a priority to process cancer incidence data for the year 2020. After obtaining relevant data, the NCCP team verified and analysed cancer incidence data to generate the following publications.

## **1.3 Conducting in-service training of cancer registry staff**

### **Cancer Treatment Centres**

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 appoint designated officers for cancer registration at each cancer treatment centre to coordinate the establishment of the Hospital Based Cancer Registry initiative at the cancer treatment centres.

Consultative meetings were conducted with the Directorate of Health Information for developing a Cancer Registry module for the ongoing project on Hospital Health Information Management System (HHIMS) to be introduced at the secondary and tertiary care hospitals. A meeting was conducted with ICTA and Teaching Hospital Karapitiya where HHIMS is being introduced.

## **1.4 Distribution of reference books named ‘WHO Classification of Tumours’ (WHO Blue Book Series) to the Pathology Laboratories**

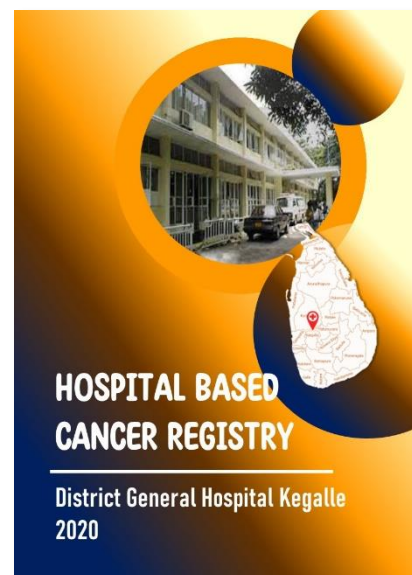
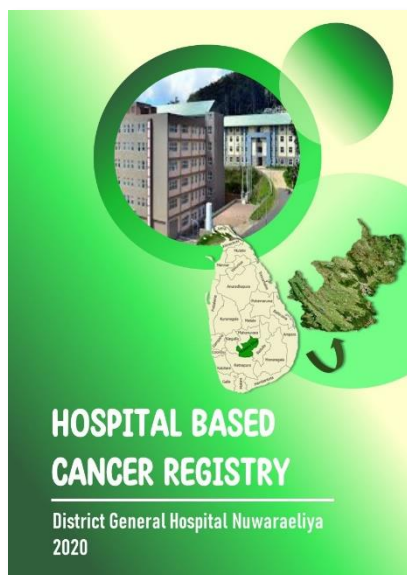
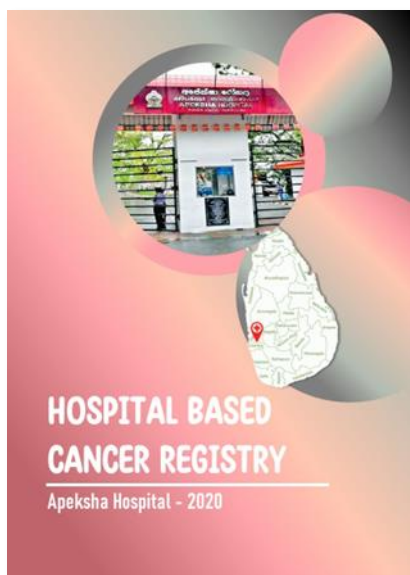
The series of books named ‘WHO Classification of Tumours’ are authoritative and concise reference books for the histological and molecular classification of tumours. The series are currently in its fifth edition. Each volume is prepared by a group of internationally recognized experts. These reference books are indispensable resources for pathologists and cancer specialists worldwide for advanced diagnostic purposes and teaching purposes, Based on the initial requests of the College of Pathologists, College of Haematologists, Association of Oral Pathologists and the follow up requests of each hospital or Faculty of Medicine, National Cancer Control Programme (NCCP) through the Director General of Health Services formally requested the WHO country office to procure the reference books named ‘WHO Classification of Tumours’. The reference books were distributed to the main Pathology laboratories of Ministry of Health Hospitals & Pathology departments of Faculties of Medicine & Dentistry

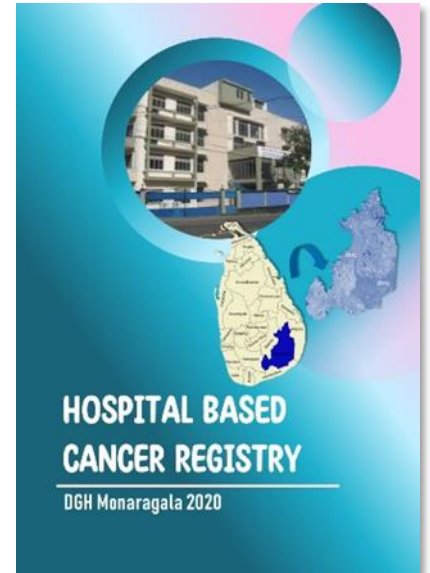
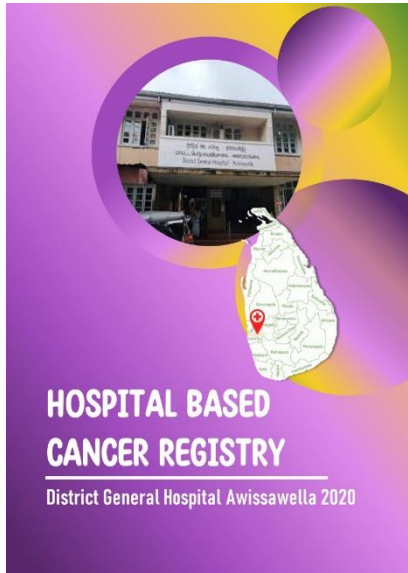


### 1.5 Development of Hospital Based Cancer Registry

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).

Hospital Based cancer Registries were developed for Apeksha Hospital, DGH Nuwara Eliya, DGH Kegalle, DGH Avissawella, DGH Hambanthota, and DGH Monaragala.





## 1.6 Monitoring of Cancer Surveillance Activities

### 1.6.1 Monitoring of Cancer Surveillance at cancer treatment centres in the Year 2022

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.

Visited each cancer centre and quality checked the data entered into the Canreg5 database. Each member is trained to enter good quality data. Pre intern medical officers were trained for the Centres which do not provide data timely data, for a short period of time to complete 2020 data of cancer centres.



### **1.6.2 Monitoring of Cancer Surveillance at Pathology Laboratories**

During the year 2022, pathology laboratory-based cancer surveillance was closely monitored to improve the coverage and timeliness of reporting.

### **1.6.3 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 **2659** cancer related deaths were reported in the year 2022 through the cancer mortality surveillance.

## Monitoring & Evaluation of Prevention & Control of Cancers

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

The National Advisory Committee Meeting on Prevention and Control of Cancers is the main statutory body for the planning, implementation, monitoring and evaluation of National Policy and Strategic Framework on Prevention and Control of Cancers. Four meetings were conducted in the year 2022 on;

18<sup>th</sup> March 2022

17<sup>th</sup> June 2022

16<sup>th</sup> September 2022

16<sup>th</sup> December 2022



### 2.2 Conducting District Cancer Control Reviews

District reviews of cancer control activities were conducted in collaboration with the Provincial Director of Health Services, Regional Director of Health Services and Cancer treatment centres. In addition, the Family Health Bureau (National focal point for the Well Women Clinic Programme) & Directorate of Non-Communicable Diseases (National focal point for Healthy Life Style Centres for Non-Communicables) participated in the review. District reviews were conducted in Colombo District, Colombo Municipal council area, Kalutara District and Gampaha District in the year 2022.



## Health Information Management

### 3.1 NCCP Website

The website of National Cancer Control Programme can be accessible through <https://www.nccp.health.gov.lk/en>





## Cancer Research

### 4.1 Monthly Cancer Research Seminar



Monthly Cancer Research Seminars were 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 for the month of February, June and August in the year 2022.

### 4.2 Cancer Research Priorities

Research Priorities of Public Health Importance for Prevention & Control of Cancers in Sri Lanka Year 2022 was updated and published at the National Cancer Control Programme.

**Research Priorities on Prevention & Control of Cancers – YEAR 2022**

Research priority list on Prevention and Control of Cancers will be updated soon. Previous list is available via below link: <https://www.nccp.health.gov.lk/en/research>

Please send your suggestions to further update above list through [nccpsi@yahoo.com](mailto:nccpsi@yahoo.com)

National Cancer Control Programme

# Research Priorities of Public Health Importance for Prevention & Control of Cancers in Sri Lanka

Year 2022



## Primary Prevention & Early Detection of Cancer

1	Effectiveness of Healthy Lifestyle Centre (HLC) intervention for primary prevention of cancers
2	Qualitative research on sociocultural determinants of the occurrence of cancers and related myths
3	Awareness of cancer risk factors among high risk groups
4	Effectiveness of regulations related to risk factor control in prevention & control of cancers. (Tobacco smoking, Smokeless tobacco, areca nut and commercially prepared tobacco and areca nut products)
5	Use of safety measures for prevention of occupation related cancers
6	Acceptance of the Cancer Early Detection Centre initiative as a method of early detection of cancers
7	Study on the contribution of the private sector for early detection of cancers



## Breast Cancer

1	Needs assessment, patient perspectives and effectiveness of breast clinics
2	Effectiveness & outcome of clinical breast examination at Well Women Clinic & Healthy Life Style Centres
3	Utilization pattern of mammography services at government and private sector hospitals



## Cervical Cancer

1	Readiness to achieve targets of global initiative on elimination of cervical cancer as a public health problem
2	Care pathways of patients with cervical pre-cancer and cancer
3	Feasibility of introducing follow up pre-cancer registry for cervical cancer patients
4	Factors for not attending to cervical cancer screening at the age of 35 years and 45 years
5	Prevalence of cervical precancer and cancer among vulnerable groups – STD Clinic attendees, Commercial Sex workers .... etc
6	Utilization of colposcopy services for cervical precancer care



## Oral Cancer

1	Gaps in early detection programme of OPMD/oral cancers
2	Contribution of HPV infections for development of oro pharyngeal cancers
3	Costing studies of early detection of oral cancer and oral cancer care
4	Quality of life of oral cancer survivors
5	Care pathways and delays of oral cancer care
6	Effectiveness options available for management of OPMD
7	Barriers and enabling factors for commencement of OPMD/Oral cancer registries at OMF Units
8	Malignant transformation rate among patients with OPMD in Sri Lanka
9	Effectiveness of adjunct methods in detection of OPMD in Sri Lanka
10	Survival rates of Oral cancers in Sri Lanka



## Paediatric Cancer

1	Survival rates on WHO GICC Index Cancers – Acute Lymphocytic Leukaemia, Burkitt Lymphoma, Retinoblastoma, Wilm’s Tumour, Low Grade Glioma
2	Long term survivorship issues of childhood cancer survivors
3	Study of care pathways and delays of childhood cancer care
4	Adverse effects following childhood cancer care
5	Audit on childhood cancer deaths in Sri Lanka
6	Costing studies on childhood cancer care (Out of pocket expenditure & Institutional cost)
7	Awareness & educational needs of primary care medical officers on early identification of childhood cancers
8	Effects of current economic crisis for management of childhood cancers



## Other Common Cancers

1	Gaps on awareness on symptoms and signs of common cancers among primary health care team
2	Care pathways of Colo rectal cancers and delays of early diagnosis of colon cancers
3	Survival rates of common cancers – Colo rectal cancers, thyroid cancers, oesophageal cancers



## Diagnosis & Treatment of Cancers

1	Utilization pattern of MRI, CT for diagnosis of cancers
2	Knowledge and practices of radiation protection in diagnostic imaging
3	Health seeking behaviour of patients with different cancers including breast, cervix, and oral cancer..... etc
4	Adverse effects of radiotherapy among patients receiving care from Cobolt & Linac machines
5	Health seeking behaviour of patients with different cancers – Community based study



## Survivorship & Palliative Care of Cancers

1	Assessment of palliative care consult services at secondary and tertiary care
2	An assessment of existing hospice care services for palliative care - available resources, barriers and opportunities
3	Experiences of provision of palliative care services at primary care level
4	Assessment of palliative care service provision of Public Health Nursing Officers.
5	Educational needs on palliative care among primary care medical officers
6	Assessment of care giver needs of primary care givers of palliative care patients at home setting
7	Barriers and strengths of maintain continuous supply of Morphine for cancer pain management

## Childhood Cancer

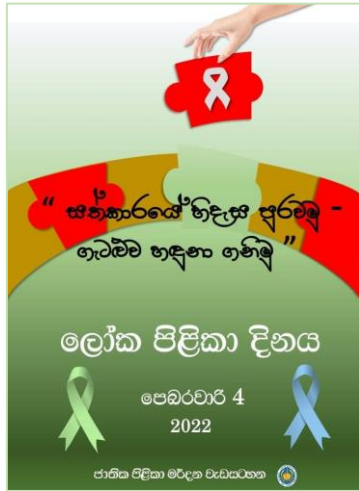
Paediatric Cancer awareness walk was held from British School Colombo to Shalika Grounds on 25<sup>th</sup> September 2022. It was organized with the collaboration of Lions Club, Indora Cancer Trust, Sri Lanka College of Oncologists, Sri Lanka College of Paediatricians, Sri Lanka Girl Guides Association and Sri Lanka Scout Association.



Published paper articles and media briefed on Childhood cancer.



# Utilization of cancer surveillance data for Prevention and Control of Cancers



## Financial Performance -2022

The total expenditure of NCCP activities in the year 2022 is mentioned in the following table.

	<b>Expenditure in the year 2022 (Rs.)</b>
GOSL	7 771 334.01
WHO	5 920 393.24
WORLD BANK	6 922 500.00
<b>TOTAL</b>	<b>20 614 227.25</b>

# Team Members Transferred out of NCCP



**Dr. Muzrif Munas**  
Consultant Community Physician  
Diagnosis and Treatment Unit  
2020-2023



**Dr. Shashiprabha Navarathne**  
Palliative Care Unit  
2020-2022



**Dr. Suranga Malawige**  
Diagnosis & Treatment Unit  
2020-2022



**Dr. Manori Devagiri**  
Strategic Information and Management Unit  
2021-2022



**Dr. Kalpani Wijewardana**  
Screening Unit  
2017-2022





**Dr. Thanuja Wickramathunga**  
Screening Unit  
2018-2022



**Dr. Ruchira Ekanayaka**  
Palliative Care Unit  
2017-2022



**Dr. Tevini Vitharana**  
Diagnosis and Treatment Unit  
2018-2022



**Dr. Achini Jayathilake**  
Oral Cancer Prevention and Control Unit  
2019-2022



**Dr. Kamani Ruhunage**  
Oral Cancer Prevention and Control Unit  
2019-2022



**Mrs. Malani Basnayaka**  
SGPNO  
2010-2022



**Mrs. Chamila Pieris**  
Public Health Nursing Sister  
2010-2022



**Mrs. Buddhika Sanjeewani**  
Public Health Nursing Sister  
2021-2022



**Mrs. Thanuja Ranasinghe**  
Nursing Officer



**Mrs. Sunethra Kasthuri**  
Nursing Officer



**Mrs. Pubudika Udani**  
Nursing Officer



**Mrs. Ruwani Wickremasinghe**  
DO



**Mrs. Balakrishnan Nadan Kaushalya**

# Staff of the National Cancer Control Programme 2022

Dr. Eshani Fernando

Dr. Udaya Usgodaarachchi

Dr. Suraj Perera

Dr. Irosha Nilaweera

Dr. Muzrif Munas

Dr. Upuli Perera

Dr. Hasarali Fernando

Dr A I A Ziyad

Dr Saddharma Weerakoon

Dr Sashiprabha Nawaratne

Dr D.M.S.Manori

Dr Nirma Alpitiarachchi

Dr Amila Suranga

Dr Kalpani Wijewardana

Dr Nirmala Jayanthi

Dr Ruchira Sarangi Ekanayake

Dr Thanuja Wickramatunga

Dr Chathurika Jayamani Kariyawasam

Dr Tevini Vitharana

Dr Thusitha Kahaduwa

Dr Dulanjani Galappaththi

Dr Thisari Dilshika

Dr Percy Silvester

Dr Dumindu Wijewardana

Dr Dulanjali Luxamana

Dr Kalumi Leelaratne

Dr Achini Jayathilake

Dr Asanga Abeynayake

Dr Kamani Geethika Ruhunage

Dr Tharani Rajendra

Dr. Anuradha Indeewari

Dr Novandi Samarasinghe

Malani Basnayaka

Chamila Nilakshi Peiris

Buddhika Sanjeevani

Thanuja Ranasinghe

Sunethra Manel Kasthuri

Pubudika Udani Amarasinghe

Chammi Dinusha Balasuriya

Sachini Shashikala

Lakmini Udayangani Kumari

Ruwani Nimalika Wickramasinghe

Wijethunga Koralalage Don Chalani Geethika

Saranga Tilini Ekanayake

Kottahachchige Nimesha Prasadi

Wijekoon Bandaralage Amila Bandra

Gamini Ekanayake Boyagoda

Saman Kumara Mahalekam

Thushari Dammika

Ashoka Dilrukshi Ariyadasa

Saman Anuruddha

Nalinda Sanjeewa Kumara

Sisira Kumara

Deepa Mohotti Arachchi

Nayomi Nilanka Weerasinghe

Nayomi Wathsala Sapumohotti

Ajith Kumara Wanaguru



