



# ANNUAL REPORT 2020



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



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NCCPTeam



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



June 2021

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Ministry of Health  
No. 555/5D, Elvitigala Mawatha,  
Narahenpita, Colombo 05.  
Tel: +94 11 2368627  
<https://www.nccp.health.gov.lk/>

Printed by;  
E.C.A. Enterprises  
No. 67/2, Puwakwatta,  
Batakettara.

## Appreciation

National Advisory Committee on Cancer Prevention and Control  
All Technical Advisory Committees  
Directors and Oncology Teams of Islandwide Cancer Treatment Centers  
All Public Health Teams  
Sri Lanka College of Oncologists  
Sri Lanka Association of Surgical Oncologists  
Sri Lanka College of Radiologists  
College of Pathologists of Sri Lanka  
College of Haematologists of Sri Lanka  
College of Chemical Pathologists of Sri Lanka  
College of Surgeons of Sri Lanka  
College of Anaesthesiologists and Intensivists of Sri Lanka  
Ceylon College of Physicians  
Sri Lanka College of Obstetricians and Gynecologists  
College of Community Physicians of Sri Lanka  
College of General Practitioners of Sri Lanka  
Sri Lanka Association of the Oral and Maxillofacial Surgeons  
Sri Lanka Medical Physicists Association  
Government Radiological Technologists' Association  
All Healthcare providers contributing to cancer care  
All Non-Governmental Organizations

**World Health Organization**  
**United Nations Population Fund**

# Message from the Deputy Director General, Non-Communicable Diseases



First and foremost, let me congratulate the Director and the team of the National Cancer Control Programme (NCCP) on their hard work on publishing the first Annual Report of the NCCP for the year 2020.

Cancer is a leading cause of death globally as well as in Sri Lanka and the World Health Organization estimates that 14% of all deaths in the country are due to Cancer. It is well known that most of the cancer cases as well as cancer deaths are linked to modifiable risk factors and thus can be prevented. Excess body weight (obesity), alcohol and tobacco use, poor dietary habits, and physical inactivity is responsible for almost one-fifth of cancer cases and cancer deaths. With the rising cancer risk factors, the National Cancer Control Programme has a great challenge to implement ways to reduce incidences and improve the lives of people living with cancer.

The National Cancer Control Programme also plays a vital role in the uplifting of cancer prevention, early detection, treatment and palliative care services in this country through their strong administrative role at the national level. The NCCP activities include provision of comprehensive and equity of preventive and curative services across all levels of health services, workforce development, research, data collection and analysis for action and monitoring and evaluation of services.

I am pleased to review the highlights of activities carried out by the National Cancer Control Programme in the year 2020 despite the challenges brought in by the COVID -19 pandemic. I am happy to see that the NCCP have not shy away from its role of spearheading strategies for prevention and control of cancer in Sri Lanka even in this challenging times.

Finally, I take this opportunity to wish the National Cancer Control Programme all the very best and guarantee my fullest support in their quest to achieving the National Targets.

**Dr Champika Wickramasinghe**

MBBS, MSc, MD (Community Medicine)

**Deputy Director General, Non-Communicable Diseases**

**Non-Communicable Disease Bureau**

**Ministry of Health**

# Our Year in a Review



It gives me great pleasure to present the year 2020 Annual Report of the National Cancer Control Programme. Not only the National Cancer Control programme and all its stakeholders, but the entire country have undoubtedly faced the greatest challenge of our lifetimes due to COVID-19 pandemic. However, despite serious challenges, the NCCP team gave their fullest support and strong partnership to ensure that we deliver our critical mandate on prevention and control of cancers adhering to strict COVID-19 preventive measures. Further, I wish to express my sincere gratitude to Dr Champika Wickramasinghe, Deputy Director General, Non-Communicable Diseases for her continued guidance and encouragement.

Our vision is the country with a low incidence of preventable cancers and high survival rates with good quality of life and minimal disabilities and suffering from effects of cancers. The National Cancer Control Programme has achieved significant milestones during the year 2020. All these activities have been implemented with partnership from different stakeholder with the direction of the National Strategic Plan on Cancer Prevention and Control.

The Annual Report of the National Cancer Control Programme is a reliable reference document that summarizes all the activities conducted by the NCCP. This is the first Annual Report of the National Cancer Control Programme that highlights the activities and the different partnerships from different stakeholders.

Publication of this Annual Report would not have been possible without the continuous support from all stakeholders, especially teams of the cancer treatment centres, development partners, NGOs, and community-based organizations. The National Cancer Control Programme sincerely appreciates the commitment of those who contributed to achieving the national goals. I would also like to take this opportunity to thank all the contributors of this document and the dedicated work of the team of the palliative care unit together with the staff of all reporting units of the NCCP. The information available in this document will be valuable to further strengthen the national response to cancer prevention and control. We have learned many lessons in the past year, that we will embrace to be stronger and better prepared for the future.

**Dr Janaki Vidanapathirana**  
MBBS, MSc, MD (Community Medicine)  
**Director**  
**National Cancer Control Programme**

# Acknowledgements

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*Senior Management Team of National Cancer Control Programme*

The National Cancer Control Programme aims to provide a comprehensive programme of cancer prevention & 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 through continuous surveillance and the current health care infrastructure in the country.



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# National Cancer Control Programme

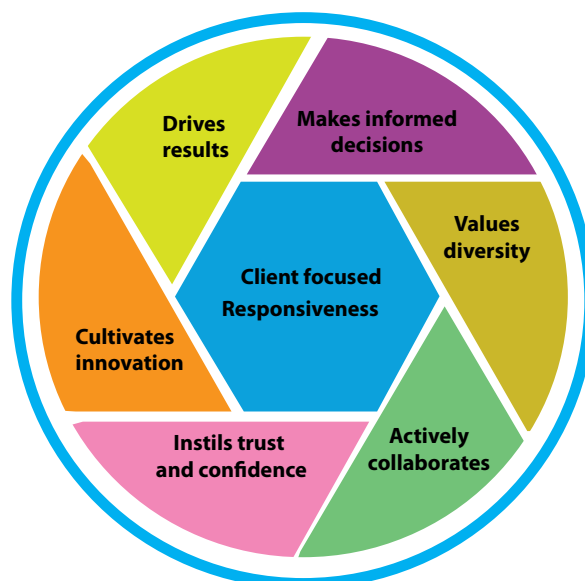
## *Our Vision*

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

## *Our Mission*

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

## Our Behaviours





National Cancer Control Programme is the national focal point for prevention and control of cancers in the country. It is also responsible for policy, advocacy, monitoring and evaluation of prevention and control of cancers and conducting surveillance of cancers and facilitating research related to cancer.

## Introduction

Around 31,000 new cancer cases are diagnosed annually in Sri Lanka. The rapidly increasing elderly populations and socioeconomic changes which have led to adoption of unhealthy lifestyles has led to the increase in cancer incidence in Sri Lanka and it is estimated that nearly 23.4% of premature deaths in the country are due to cancer.

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.

Cancer prevention, early detection, treatment, and palliative care are the key areas undertaken by the National Cancer Control Programme.

## Epidemiology of Cancers in Sri Lanka

Cancer incidence data in Sri Lanka can be obtained through the National Cancer Registry Programme which is coordinated by the NCCP. Cancer registration in Sri Lanka was initiated by NCCP with the cancer incidence data of year 1985 and final reports were published up to year 2019.

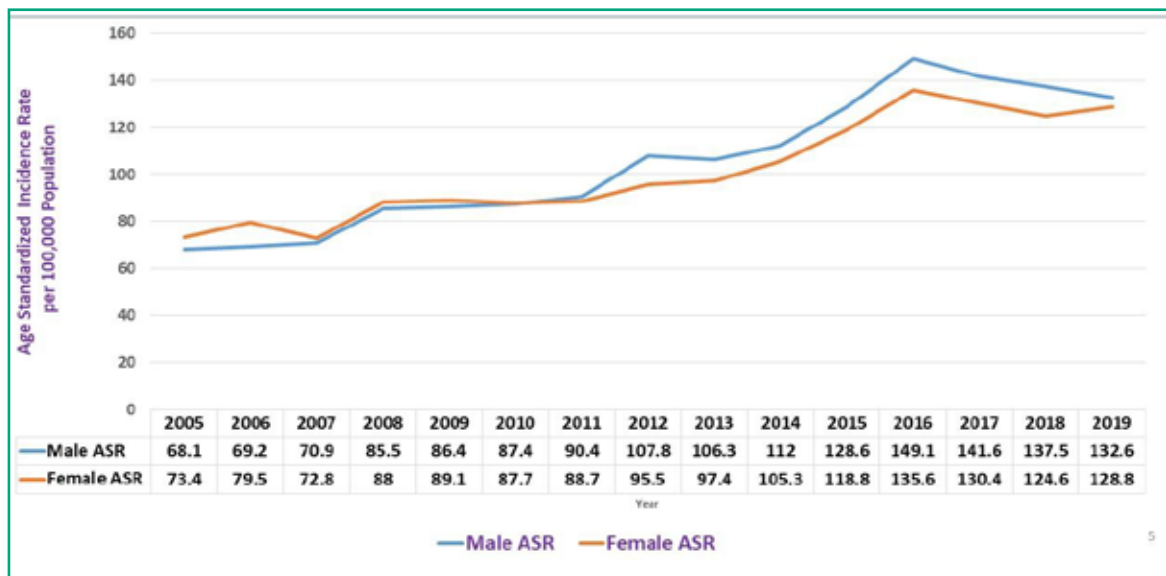


Figure1 : Age Standardized Incidence Rates of Male and Female from 2005-2019

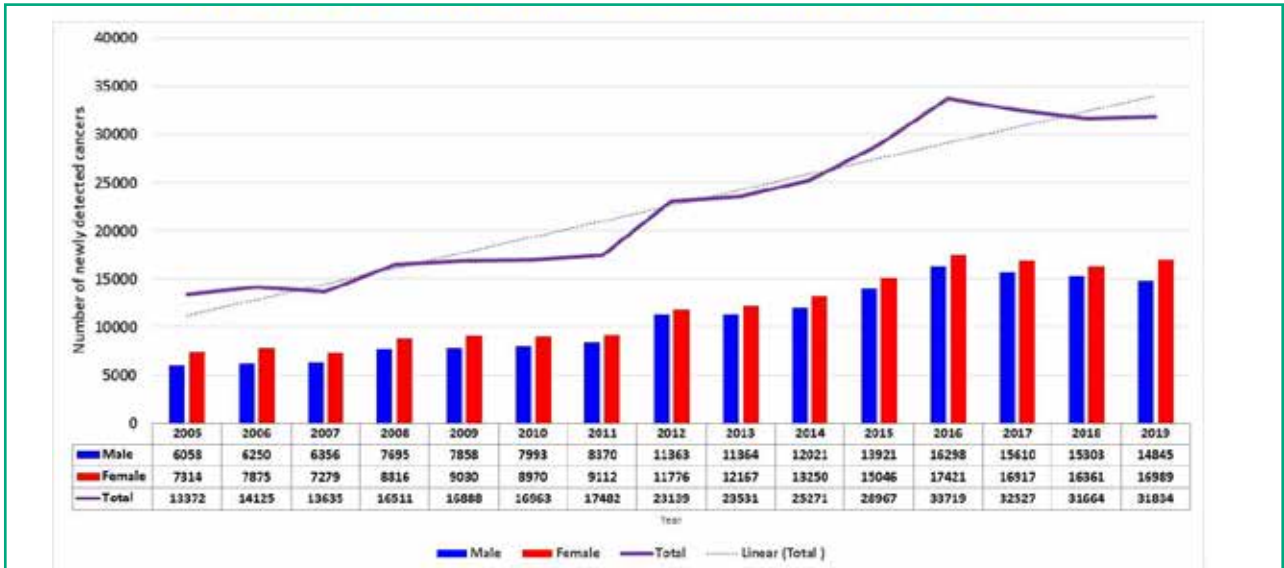


Figure 2 : No of reported Cancers Incidence 2005-2019

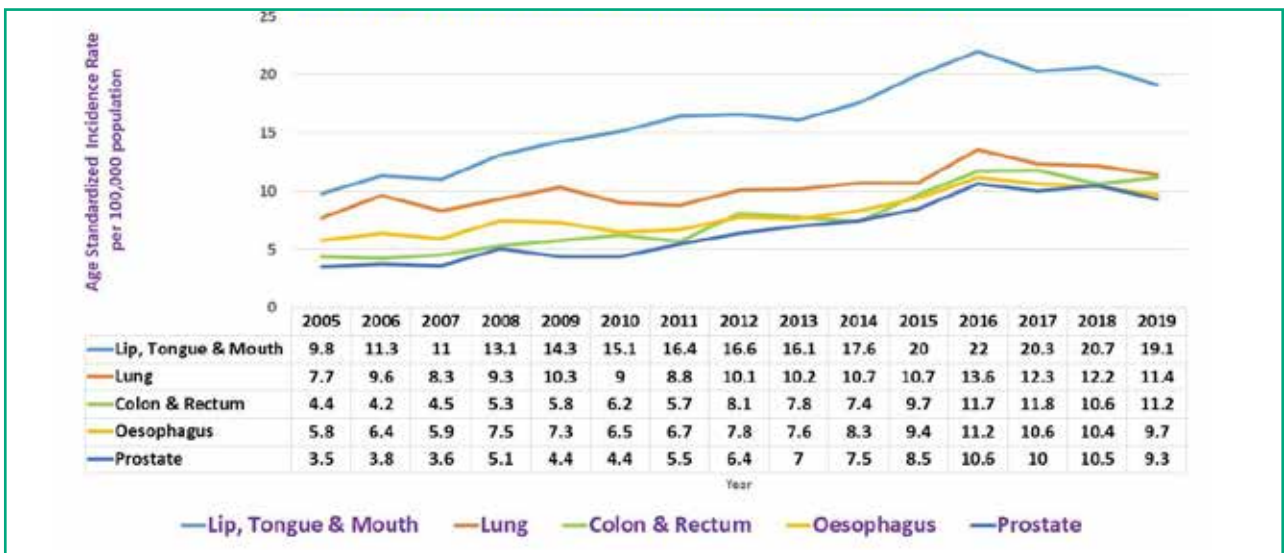


Figure 3 : Age Standardized Incidence Rates of Leading Cancers among Males in Sri Lanka 2005-2019

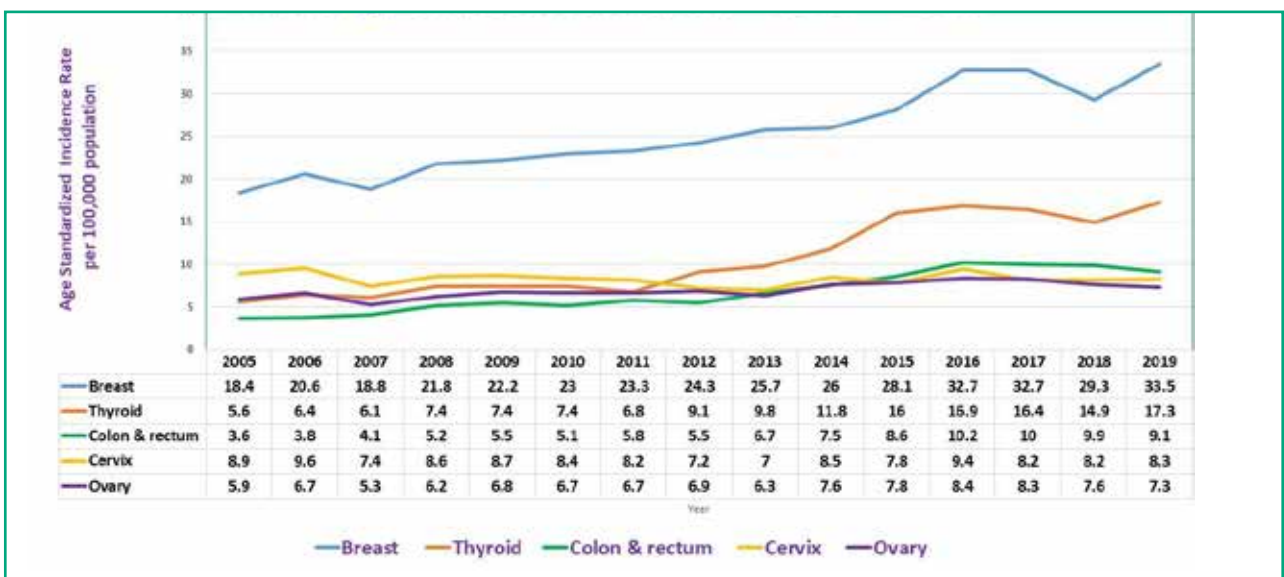


Figure 4: Age Standardized Incidence Rates of Leading Cancers among Females in Sri Lanka 2005-2019

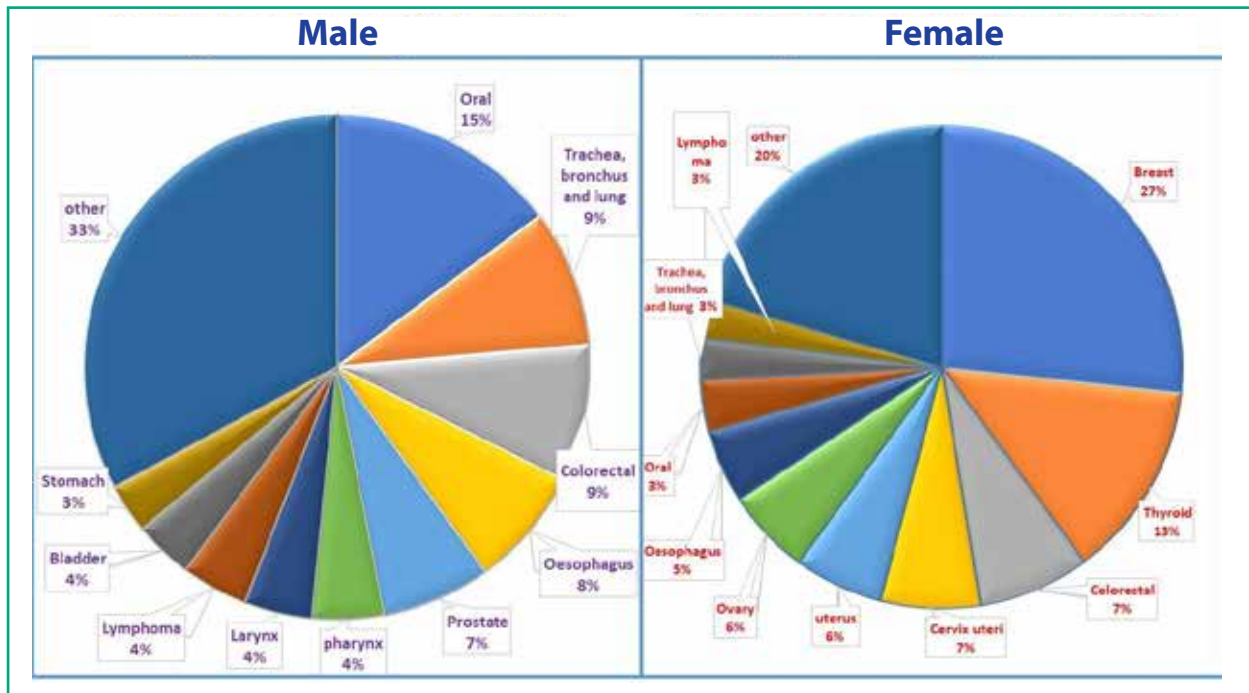


Figure 5: Leading Cancers among Males and Females in Sri Lanka 2019

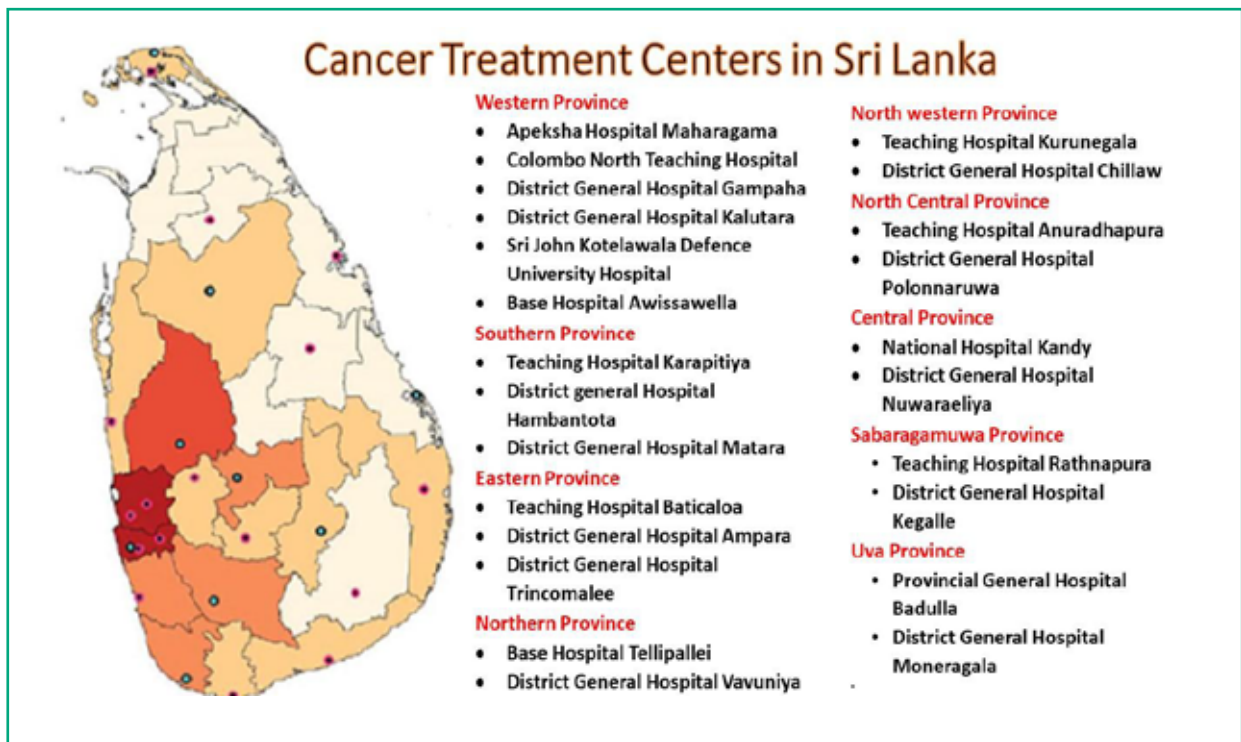


Figure 6 : Twenty four Island wide Cancer Treatment Centers in Sri Lanka

# ImPACT Review Sri Lanka

The comprehensive assessment of the National Cancer Control Programme, Sri Lanka was conducted through the integrated mission of Programme of Action for Cancer Therapy (imPACT review) based on the request of the Government of the Democratic Socialist Republic of Sri Lanka with the partnership of International Atomic Energy Agency (IAEA), the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC) within the period from July to November 2019. This in-country mission consisted of a desk review, which was carried out from 28<sup>th</sup> of October to 02<sup>nd</sup> of November, 2019. This noteworthy task was hosted by the National Cancer Control Programme, Ministry of Health with the partnership of local WHO office.

The Ministry of Health requested the 2019 imPACT Review to establish an evidence-based analysis with recommendations to assist in decision-making and planning for its proposed major enhancement of cancer care services. IAEA support was requested for assessments in areas such as:

- strengthening of treatment services, in particular radiotherapy, to fill the gaps in provinces where services are not currently provided;
- upgrading of equipment with advanced technology and related staff training; and,
- enhancing the design of cancer early detection services and raising awareness among the health professionals and the population.

The experts involved in the mission reviewed all areas of the country's cancer control planning, registration and surveillance, prevention and early detection, treatment and palliative care. Safety and security issues in cancer centres delivering nuclear medicine and radiotherapy were also discussed.

The report of the imPACT review provided the country-specific recommendations, aiming to prioritize and optimize the cancer control interventions and investments in Sri Lanka.

The imPACT review assessed the national cancer control capacities including government partners, civil society sector, professional societies and academia, and identified the needs in the areas of cancer control planning, cancer registration, prevention, early detection, diagnosis, treatment and palliative. The review further assessed the capacities and the requirements for the safe and effective implementation of radiation medicine with national regulatory infrastructure for radiation safety and security.

Various gaps in the Sri Lankan cancer prevention and control including certain unresolved Sri Lankan health issues related to the control of cancers were brought into light and possible opportunities to overcome these gaps and any collective actions to be taken were revealed through the imPACT review. At the same time, the report of the review gave a clear understanding on how the global health agendas can be used to improve the Sri Lankan health system for cancer prevention and control. The sharing of the lessons learnt in the past, and the identification and emphasis on the best practices was an important aspect that was touched upon, in this review.

One of main recommendations of the experts was focused on putting a training system in place to enhance the skills of oncologists, medical physicists and radiation therapists, as the country moves to more advanced radiotherapy; and on the elaboration of an action plan and a budget for the implementation of national cancer control activities.





“Cancer care services for patients have advanced significantly since 2008 when a similar IAEA imPACT Review was conducted in the country.” Sri Lanka has nine radiotherapy centres, and when the country completes its planned expansion programme, there will be 12. This will increase the number of radiotherapy machines from 16 to 27, covering all provinces. “This is a significant demonstration of commitment to cancer control by the Government of Sri Lanka,” - Geraldine Arias de Goebel, Main team leader, Head of the Cancer Control Review and Planning Section at the IAEA.





## National Cancer Control Planning and Governance

The established National Advisory Committee on Cancer Prevention and Control (NAC) is an important platform to guide the Ministry of Health in different areas of cancer control. It has been restructured with clear ToRs and including representation of the civil society after the imPACT review recommendations. Further Technical Advisory Committee with representation of all areas of cancer control were established under following areas to assist in the development plans of their respective areas and make recommendations for NAC. Each Technical committee have their own ToRs approved by the Secretary of Health. It is ensured the NAC quarterly meetings with the participation of relevant specialists in all areas of cancer control (including private sector and civil society representatives) to review the progress on cancer control. The NCCP present a report on the progress on cancer control activities in Sri Lanka during these quarterly meetings of NAC.

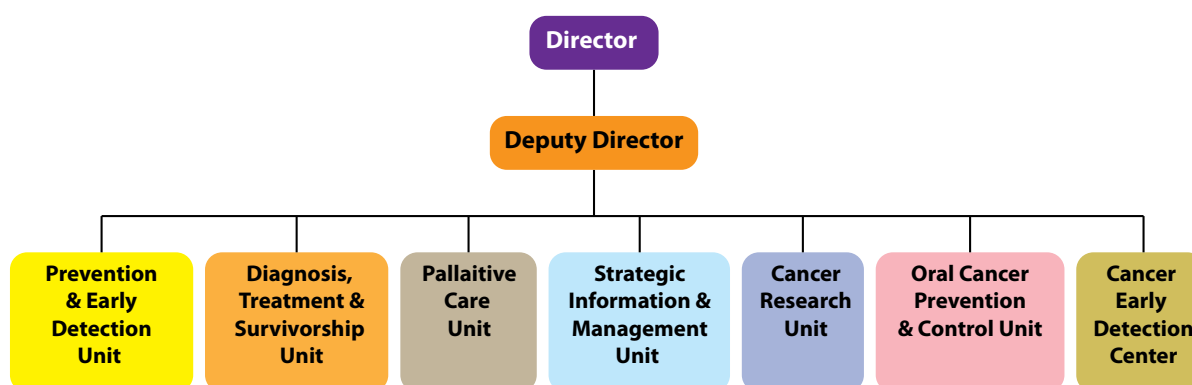
- Technical Advisory Committee on Prevention & Early Detection
- Technical Advisory Committee on Diagnosis & Treatment
- National Advisory Committee on Palliative Care
- Technical Advisory Committee on Cancer Registry
- Technical Advisory Committee on Oral Cancer Prevention

Based on the recommendation of the imPACT review, National Cancer Control structure was changed and restructured the unit system and ToR was approved for each unit head and identify the tasks of each units by the Secretary, Health.

Further to imPACT review recommendations, National Strategic Plan on Cancer Prevention and Control together with detail activity plan with M & E frame work was developed. Currently, costed activity plan is being developed.

<https://www.iaea.org/newscenter/news/sri-lanka-looks-to-increase-access-to-cancer-services-and-upgrade-facilities>

## Organogram of the National Cancer Control Programme



## National Strategic Plan on Prevention and Control of Cancers 2020-2024

A multi-sectoral expert group was involved in developing the National Strategic Plan (NSP) on Prevention and Control of Cancers 2020-2024 of the National Cancer Control Programme. The present National Strategic Plan taking into consideration the recommendations of the review panel, country situation regarding prevalence of risk factors, access to services, availability of infrastructure, workforce and cost effective evidence based interventions. The areas to be covered by the cancer control strategy encompass all aspects of cancer: prevention, early detection, diagnostics, comprehensive treatment, survivorship rehabilitation, palliative care, strategic information and management, research, leadership and good governance.

The NSP is based on a set of guiding principles. The vision, mission, goal remained the same and strategic objectives and strategic directions were identified. The goal of the national cancer control strategy is to reduce the incidence of preventable cancers, detect early detectable cancers and provide continuum of care to all cancer patients in an equitable manner. The present NSP derives its mandate from the overarching National Health Policy, National Strategic Master Plan, Suwa Divimaga Program under the "Saubhagya Dakma" and harmonizes with several health and non-health related policies as several interventions are implemented through integration into existing programs in order to increase the coverage and quality of activities and to be cost effective. The NCCP will spearhead the national response with multiple stakeholders. The NCCP at the central level will be strengthened by a consultant taking charge of each program unit and ensuring coordination with all implementing partners including provincial health authorities, clinicians and other stakeholders. Political leadership will be provided as the Government of Sri Lanka has endorsed the agenda for achievement of Sustainable Development Goals (SDG) and will be displayed by overseeing the progress of the current NSP, allocating funds and taking up chronic NCDs and cancer as an agenda item at high level meetings.

The present NSP gives priority to prevention and calls for strengthening of the ongoing primordial and primary prevention interventions and initiating a social behavioral change communication strategy (SBCC) to improve health literacy of people, behavior change of population and individuals to reduce cancer related risk factors by adopting healthy Lifestyles to reduce the occurrence of cancer. Providing knowledge on availability of services, accessing services and legal milieu in the country which protects people from being exposed to cancer related risk factors is also addressed in the SBCC strategy. The present NSP has included several other strategies to promote early detection by creating awareness on common signs and symptoms to identify cancers early, timely access to services by increasing screening opportunities for common cancers such as breast, cervix and oral cancers by strengthening primary, secondary and tertiary level diagnostic facilities.

Every diagnosed adult and paediatric patient with cancer should have access to treatment. Therefore, in keeping with policies of the government, each province will have a center of excellence for cancer diagnosis, treatment and care and it will network with treatment centers in secondary and other tertiary levels. Clinical and management guidelines for each level which covers medical, radiological, surgical and gynecological oncology will be prepared by specialists to improve quality of care. Diagnostics and treatment facilities, human resources will be identified for each health service level after a needs assessment and Master Plans for infrastructure and human resources will be prepared. Survivorship, rehabilitation and palliative care will be included in the continuum of care for which healthcare workers, community organizations, families and caregivers will be trained. Establishing an electronic management information system will not only enhance data management but will also help develop linkages with procurement supply management chains to ensure a continuous supply of pharmaceuticals and nonpharmaceuticals. A monitoring and evaluation plan with a performance framework will be used to monitor and evaluate program performance.

The present NSP which was developed by the NCCP with local and international expertise will be used as an overarching framework to guide and coordinate activities in a systematic manner to provide comprehensive cancer prevention and control services for the people of Sri Lanka. The NSP will serve as an anchor for Sri Lanka to achieve Universal Health Coverage by 2030 which is embedded in the Sustainable Development Goals (SDG) ensuring all individuals and communities receive cancer care they need without suffering financial hardship, with coverage of full spectrum of essential quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care.



*National Advisory Committee meeting on Prevention & Control of Cancer*



*Handing over the National Strategic Plan on Prevention and Control of Cancer 2020-2024 to the Secretary of Health, Major General Dr Sanjewa Munasinghe.*

## Road Map to 2020

- 1980 – National Cancer Control Programme was established
- 1989 – First cancer treatment center outside Colombo was established
- 1990 – First National Cancer Incidence Data publication using cancer incidence data of 1985 was launched
- 2004 – Cancer Early Detection Center was established at Narahenpita
- 2007 – National Cancer Control Programme was brought to Public Health Complex at Narahenpita
- 2008 – First International Atomic Energy Agency / World Health Organisation (IAEA / WHO) Integrated Missions of Programme of Action for Cancer Therapy (imPACT) review in Sri Lanka was conducted
- 2009 – National Advisory Committee for Cancer Prevention and Control was re-established
- 2010 – Commencement of the Commemoration of Breast Cancer Awareness Month in Sri Lanka
- 2011 – Commencement of the Commemoration of World Cancer Day in Sri Lanka – 4th February
- 2011 – Introduce Palliative Care services in a structured manner
- 2012 – Surveillance system for Oral cancer and Oral Potentially Malignant Disorders (OPMD) for Oral and Maxillo Facial units and Dental clinics in hospitals was introduced
- 2012 – National Steering Committee for Palliative Care Services was established
- 2012 – Population based cancer registry was initiated in Colombo District
- 2015 – National Policy and Strategic Framework on Cancer Prevention and Control in Sri Lanka was launched
- 2018 – Postgraduate Diploma in Palliative Care introduced
- 2019 – Restructured the unit system of National Cancer Control Programme as follows:
  - Cancer Prevention and Early Detection Unit
  - Diagnosis and Treatment Unit
  - Palliative Care Unit
  - Strategic Information Management Unit
  - Oral cancer prevention and control unit
- 2019 – Second International Atomic Energy Agency / World Health Organisation (IAEA / WHO) Integrated Missions of Programme of Action for Cancer Therapy (imPACT) review in Sri Lanka was conducted
- 2019 – National Strategic Framework for Palliative Care Development in Sri Lanka (2019-2023) was launched
- 2019 – Technical Advisory Committees Established
- 2020 – National Strategic plan on Cancer prevention and Control 2020-2024 was launched



## Former Directors of the National Cancer Control Programme

|  |  |  |   |
|--|--|--|---|
| <p><b>Dr S. Sivayoham</b><br/>MBBS</p>  <p>Director<br/>Cancer Control Programme<br/>1980-1983</p>  | <p><b>Dr Marcus Fernando</b><br/>L.R.C.P., L.R.C.(J), M. Ph. (California)</p>  <p>Director<br/>Cancer Control Programme<br/>1983-1985</p> | <p><b>Dr B.D.P. Gunawardana</b><br/>MBBS</p>  <p>Director<br/>Cancer Control Programme<br/>21/04/1985 - 1987</p>   | <p><b>Dr Bernard Randeniya</b><br/>MBBS, MSc (PhD)</p>  <p>Director National Cancer Institute Mahasinghaya<br/>National Cancer Control Programme<br/>(1/01/1988 - 1991/09)</p> |
| <p><b>Dr Y. Ariyaratne</b><br/>MBBS, MD (Oncology)</p>  <p>Principal<br/>National Cancer Control Programme Ltd<br/>National Institute for Cancer Control<br/>Director - NCCP 2007 - 2016</p> | <p><b>Dr N. Paranagama</b><br/>MBBS</p>  <p>Director<br/>National Cancer Control Programme<br/>01/01/2009 - 21/09/2014</p>               | <p><b>Dr Eshani Fernando</b><br/>BDS, MSc, MD (Cosm Dent)</p>  <p>Acting Director<br/>National Cancer Control Programme<br/>23/09/2014 - 21/09/2015</p> | <p><b>Dr D.S.D Samaraweera</b><br/>MBBS, MSc, MD (Com Med), PhD</p>  <p>Director<br/>National Cancer Control Programme</p>  |



# 01

## Cancer Prevention & Early Detection

### The Cancer Prevention & Early Detection Unit:

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

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



## Programme Strengthening

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

The NCCP has reorganized the Technical Advisory Committee (TAC) on Cancer Prevention & Control, along with the development of its Terms of Reference (ToR) and appointing of new members. The committee submits certain recommendations to the National Advisory Committee, with the aim of improving the prevention and control of cancers in the country.

The inaugural meeting of the Technical Advisory Committee was held on 13th of March 2020 at the Auditorium of the Anti-Malaria Campaign. The aim of the inaugural meeting was to discuss on the terms of reference and the recommendations of the imPACT review which was held in 2019. Around 25 members from different disciplines participated for the meeting. The meeting was chaired by the Deputy Director General Non- Communicable Diseases, Dr Champika Wickramasinghe and some key decisions were taken to improve the cancer prevention and early detection services in the country.

The second Technical Advisory Committee meeting was held on the 23rd of July 2020, at the Auditorium of the Nutrition Coordination Division, with the Deputy Director General Non-Communicable Diseases, Dr Champika Wickramasinghe in the chair. The meeting was attended by approximately 25 participants. Amidst many other important discussions, a presentation by the Registrar in Pesticides was arranged successfully, as decided in the previous meeting, to enlighten the Committee members on the availability and legal provisions to protect fresh fruits and vegetables.

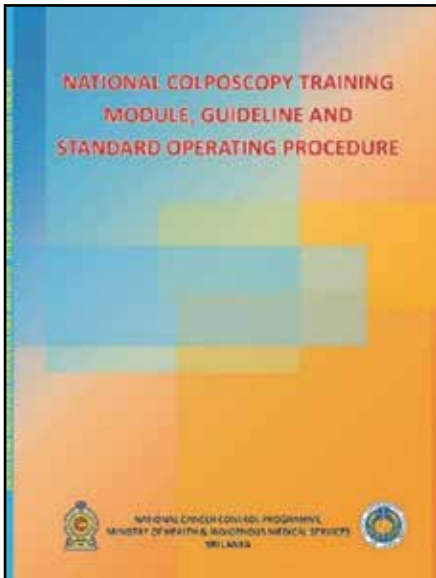


*Members of the Technical Advisory Committee for Cancer Prevention and Early Detection during the 2<sup>nd</sup> meeting held on 23<sup>rd</sup> of July 2020*



## Capacity Building on Cancer Prevention and Early Detection

### Development of National Colposcopy Training Module, Guideline & Standard Operating Procedure (SOP)



Cervical cancer is the commonest gynaecological malignancy worldwide. In Sri Lanka, it is the third commonest female cancer and reports around 1000 new invasive cervical cancer cases annually. World Health Organization has initiated a global strategy towards eliminating cervical cancer as a public health problem by 2030. In order to achieve this global strategy, it is necessary to treat 90% of cervical cancer disease (pre-cancerous lesions and invasive cancers).

Even though, there is a definite pre-cancerous stage which can readily be detected by screening and treated effectively to prevent the lesion becoming an invasive cancer, most of the cervical cancer patients in Sri Lanka are detected beyond the stage 2.

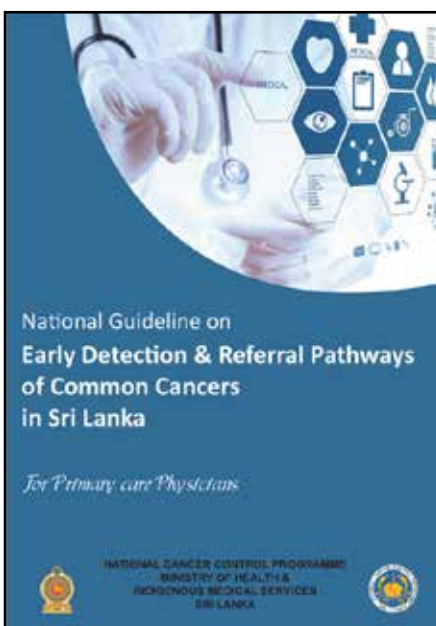
The National Program for control of cervical cancer consists of HPV vaccination of girls as a primary prevention strategy and screening with pap smears to detect pre-cancerous lesions as a secondary prevention measure. Pre-cancerous lesions and very early cervical cancer lesions

identified by pap smear screening need to be followed up with colposcopy for further investigation and treatment where applicable.

Therefore, colposcopy services need to be strengthened at secondary/tertiary care hospitals to investigate and treat pre-cancerous lesions. Availability of a national colposcopy training module, guideline and SOP will facilitate the Gynaecologists to further improve colposcopy service provision.

The National Cancer Control Programme, being the national focal point of cancer prevention and control in the country, has taken steps to prepare National Colposcopy Training Module, Guideline and SOP with the expertise of relevant clinicians who have undergone colposcopy training (World Health Organization mediated) in Chandigarh, India.

### Development of National Guideline on Early Detection and Referral Pathways of Common Cancers in Sri Lanka



Late diagnosis and delays in referring patients are being recognized as key areas to be addressed when minimizing the cancer burden in the country. NCCP has developed and published few separate booklets on cancer early detection and referral pathways during last few years. However, those publications were outdated and there was a demand for single, updated, and user-friendly book on cancer early detection and referral pathways which covers all common cancers. Prevention and Early detection unit of NCCP took the initiative to develop and publish this timely needed book. In this manual, guidelines related to each cancer have been described in a separate chapter. Each of these chapters has been developed by an expert panel which represented nominees from all relevant professional colleges.

Most updated internationally and locally available evidence were reviewed during this process.

The aim of this guideline is to build capacities of the primary care physicians on early detection of common malignancies and minimize delays in referring them for further care. Sri Lanka is in the process of reorienting the primary healthcare system (Primary Healthcare System Strengthening Project (PSSP), improving service utilization and repositioning. Introduction of proper referral pathways and streamlining the patient management and care are major purposes of this activity. It is expected that this book will play a key role in improving the cancer early detection in the country. This guideline is intended to be used by the primary care physicians in Sri Lanka including Medical Officers (MO) of out-patient departments of hospitals, Medical Officers of Health (MOH) and General Practitioners (GPs). Primary care physicians will be trained on these guidelines at regional level.

## Strengthening Services for Cancer Prevention and Early Detection

### Distribution of Self-Breast Examination Mannequins

**102 self-breast examination mannequins** were procured and distributed among selected MOH Offices in each district, through the coordination of the MO-NCDs. These self-breast examination mannequins were distributed to the relevant MOH with the aim of utilization for staff training as well as to create public awareness. Currently the primary healthcare workers who have received these mannequins make use of them to educate women how to perform self-breast examination, and thereby strengthen early detection of breast cancer. In the future, we hope to make at least one mannequin available to each MOH in the country.



## Conducting Public Awareness on Cancer Prevention and Early Detection

### Commemoration of World Cancer Day – 4<sup>th</sup> February 2020

A circular was distributed to all health care institutions, including Medical Officers of Health, Regional Directors of Health Services, Provincial Directors of Health Services, Base Hospitals, District General Hospitals, Teaching Hospitals, National level Programmes and campaigns, Heads of Departments of Ministry of Health, in line with the 2019-2021 'World Cancer Day' theme 'I am and I will!'. The aim of the circular was to create awareness among healthcare workers on the current global and national cancer burden and requesting them to conduct various activities to prevent and early detect cancers to commemorating the World Cancer Day 2020.

**Commemoration of the 'World Breast Cancer Awareness Month' – October 2020**

The month of October marked as the 'World Breast Cancer Awareness Month', is commemorated in countries across the world each year, aiming to increase attention on awareness, early detection and treatment including palliative care for breast cancer.

The Cancer Prevention and Early Detection Unit of the National Cancer Control Programme works towards creating awareness among the public on the importance of early detection and prevention of common cancers, like breast cancer.

This year too, amidst the prevailing situation of the COVID-19 pandemic, our team in collaboration with a number of stakeholders was able to most successfully commemorate the 'World Breast Cancer Awareness Month'.

A press conference was organized and conducted in collaboration with the Health Promotion Bureau. The event was well participated and was held adhering to the newly introduced health etiquette to prevent COVID-19. Unlike in the previous years, the press conference took a distinctive form. The stories of two breast cancer survivors, where one of the survivors was a celebrity and the other, a media personnel was the highlight of the event. The innovativeness of the event was commended by many. A fact sheet on breast cancer along with the other said IEC material was made available to the participants.



*Mrs. Susantha Chandramalee, Celebrity telling her story as a breast cancer survivor*

*Mrs. Krishanthi Vitharana, Journalist to Dinamina Newspaper as a breast cancer survivor*







### Activities Conducted with Public Private Partnership

The National Cancer Control Programme, together with the Indira Cancer Trust conducted the lighting of the Lotus Tower and the Colombo Municipal Council in pink to symbolize the World Breast Cancer Awareness Month – October 2020. The programme aimed to increase public awareness on breast cancer. The Director, National Cancer Control Programme, Dr Janaki Vidanapathirana addressed the gathering, during the ceremonial lighting up event.

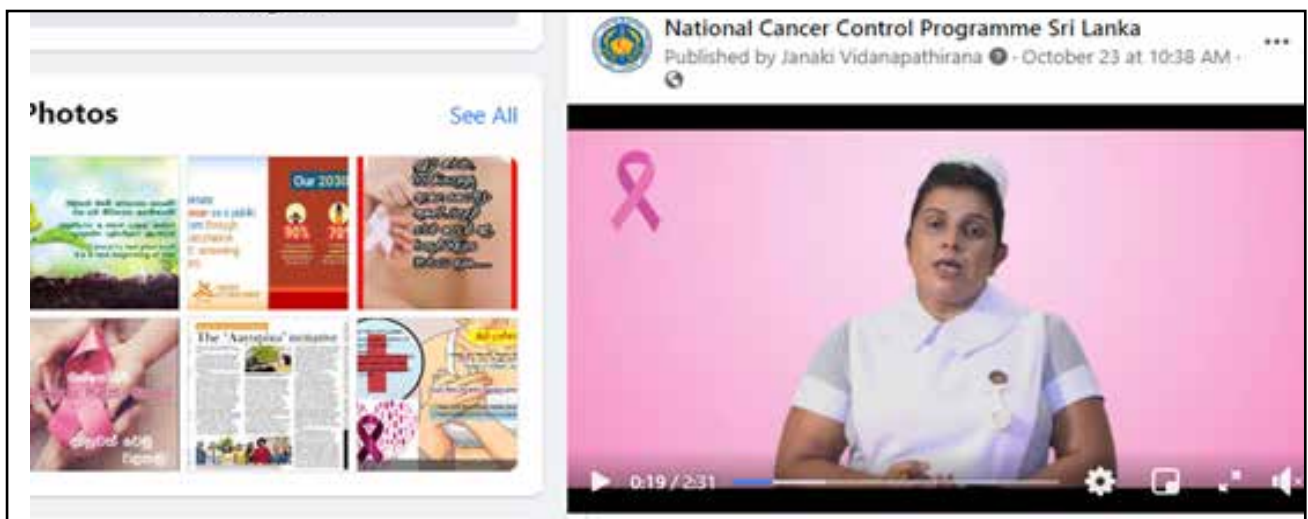


### Communication Materials and Circulars on Cancer Prevention and Early Detection

100,000 leaflets on breast cancer were printed in both Sinhala and Tamil languages, and distributed to all MOOH of the country through the district Medical Officers at Non-Communicable disease units.



- A video clip for awareness of breast cancer was developed with the partnership of Indira Cancer Trust.
- A 100,000 **'Be breast aware' booklets** printed in both Sinhala and Tamil languages were distributed among all districts, with the coordination of the MO-NCDs in the same manner as above.



- **The Circular for the 'World Breast Cancer Awareness Month – October 2020'**, was developed in Sinhala, English and Tamil languages and circulated among all state healthcare Institutions within the country. This circular included the current breast cancer statistics in the country, the commitments made by the National Cancer Control Programme to increase breast cancer awareness and also the instructions on the types of activities to be carried out by healthcare institutions of all levels in order to contribute to the commemoration of the World Breast Cancer Awareness Month – October 2020. In the circular, it was also emphasized to make use of the IEC material that were provided by the National Cancer Control Programme when conducting the said activities for breast cancer awareness. Further they were instructed to send a report mentioning the activities conducted during the month of October. In accordance with the circular, health care institutions have carried out various activities to promote Breast Cancer awareness





*Health Education Unit, TH - Anuradhapura*



*MOH Madurawala*



*Breast Clinic Team - TH Karapitiya*

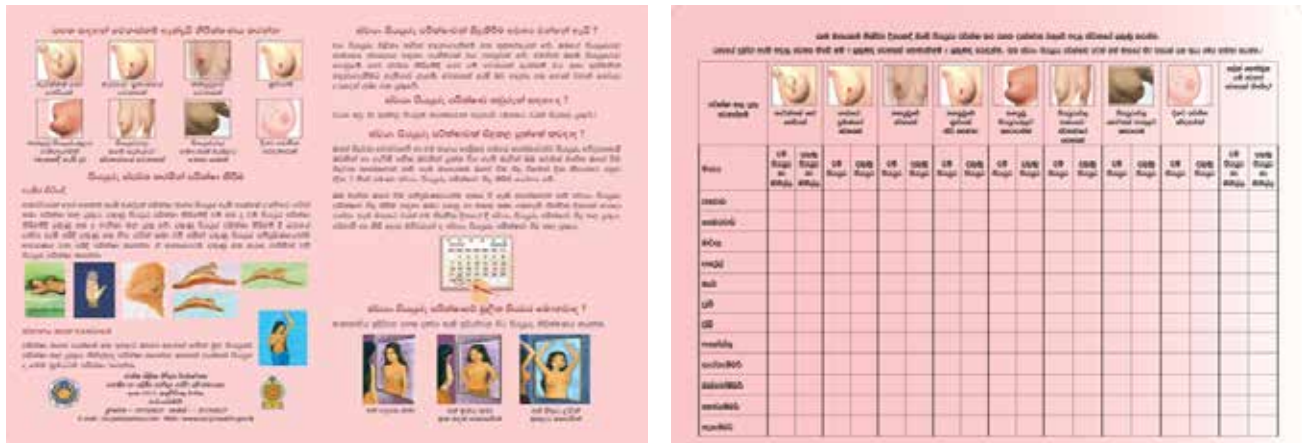


*MOH Valachchenei*

# Community Empowerment for Cancer Prevention and Early Detection

## Breast Cancer Guide-card with a Checklist

**200,000 units of a special guide-card with a checklist** were printed in both Sinhala and Tamil languages. This guide-card includes a calendar to mark the findings of self-breast examination done monthly. This was distributed among the females who attend the Well Women Clinics, once awareness on the importance of self-breast examination was created and advice was given to mark the findings in the calendar.



## 'Post & Win' Competition

A social media campaign to disseminate the message of the importance of early detection of breast cancer was initiated and conducted as a Facebook 'post' competition, for the first time, in the National Cancer Control Programme in partnership with the MAS Intimates (Pvt) Ltd. The poster advertisement for the 'Post & Win' Competition distributed to all government healthcare institutions along with the World Breast Cancer Awareness Month Circular and also circulated through social media to reach the general public and other non-governmental organizations. The competition was very well participated, including foreign participants as well. The closing date for entries was extended up to the due public requests. The posts were selected by the panel of experts and the first three winners were awarded cash prizes while 20 others were awarded pen drives as consolation prizes.



Posters advertising the 'Post & Win' Competition



## Development of Visual Component for the Theme Song of National Cancer Control Programme

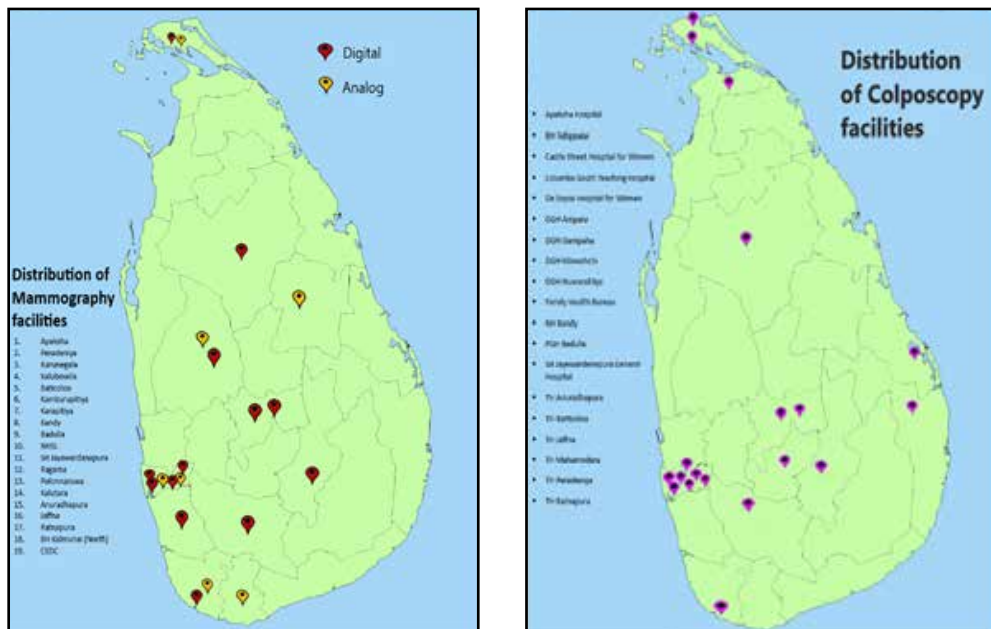
Initiated development of a new visual component for the theme song of the National Cancer Control Programme in partnership with the Rotract Club of Excellence was conducted. Discussions have been done to develop the storyline and the production team is working on the video. A delay has been caused due to the prevailing COVID-19 situation in the country.

## Monitoring and Evaluation of Cancer Prevention and Early Detection Activities

### Monitoring and Evaluation of Island wide Mammography and Colposcopy Services

The monitoring and evaluation of the mammography services in the mammography centers across the country is being carried out by compiling the information gathered from the mammography service return forms, on a quarterly basis.

Similarly the island-wide colposcopy services are being monitored and evaluated by compiling the information gathered from the colposcopy return forms in a quarterly basis.



*Availability of Mammography and Colposcopy facilities in Sri Lanka*



## Cancer Prevention and Early Detection Team



# 02

## Cancer Early Detection Center

Cancer Early Detection Center (CEDC) of the National Cancer Control Programme located in Narahenpita, Colombo, provide early detection services for breast, cervical, lip and oral cavity cancers, to the general public. In addition, it conducts Pap test and HPV DNA testing for the early detection of cervical cancers. 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 referrals from another healthcare provider is not required. Its easy accessibility and availability of services from 8.30 am to 3.30 pm on every working day are other factors for the popularity of the CEDC among the public.

Apart from the doctors and nurses working at CEDC, visiting radiographer and medical laboratory technicians are provided by National Hospital, Sri Lanka and the Family Health Bureau. Around 30 clients can receive the services per day at CEDC. Approximately 50 mammography tests and 80 ultrasound scans are conducted at CEDC per month. Around 2500 people receive the services from CEDC each year. In addition a Healthy Lifestyle Clinic is also conducted at CEDC to detect non-communicable diseases.





Activities carried out at the Cancer Early Detection Center- Narahenpita 2020

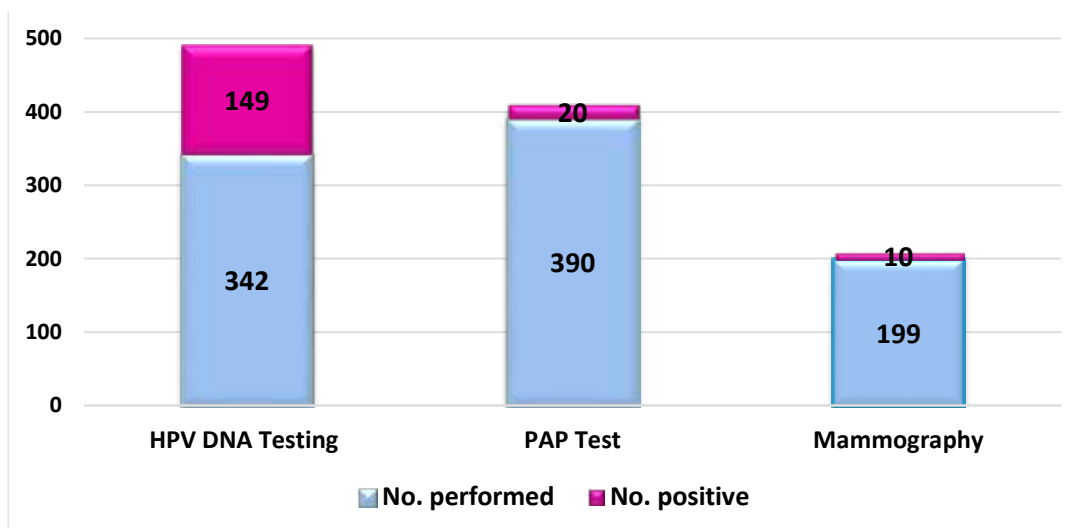


Figure 7 : Summary of activities conducted by Cancer Early Detection Center in 2020











# 03

## 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 actors, partners and bilateral and multilateral donors in Sri Lanka.**

## Strengthening the Services related to Oral Cancer Control and Prevention

### Conducting Technical Advisory Committee Meetings on Oral Cancer Prevention and Control

The objective of the Technical Advisory Committee (TAC) is to strengthen the available oral cancer prevention and control programme at policy level and further planning.

Technical Advisory Committee meetings on oral cancer prevention and control was established under the co-chairmanship of Deputy Director General Dental Services, Dr Ananda Jayalal and Professor Manjula Attygalla. Rest of the members of the Technical Advisory Committee is comprised of individuals who are working in the Oral Cancer Prevention and Control Unit. The first meeting was conducted on 29<sup>th</sup> May 2020. Identified problems are included in the National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024). Key deficient areas identified at the TAC are given below:

1. Requirement of regulations for areca-nut chewing products
2. Strengthen risk group screening
3. Increase facilities, capacity building of staff and guidelines for oral cancer management including rehabilitation and reconstruction care
4. Improve information system for oral cancer management

### Identifying Gaps in the Current National Programme on Oral Cancer and Developing a Model for Screening of High-risk Populations for Oral Cancer

A series of consultative meetings were held with Public Health Experts, Oro-Maxillo Facial (OMF) Surgeons, Regional Dental Surgeons (RDS), Medical Officer / Non-Communicable Diseases, Dental Surgeons and Public Health Inspectors to identify gaps in the current national programme on oral cancer. The objective of the meetings was planning the available national programme on oral cancer prevention, targeted for high risk screening strategy. These meetings were chaired by Additional. Secretary Public Health, Deputy Director General / Non-Communicable Diseases, and Deputy Director General / Dental Services.

Through the consultative meetings, problems were identified and a model for screening of high-risk populations for oral cancer was formulated highlighting the following areas.

- Strengthen oral cancer screening activities for high risk population with screening coverage data
- Priority should be given to cover estate sector population. Priority age group will be 30-50 year old population and screening interval should be 03 years.



*Consultative workshop to identify gaps and develop a model for screening of high-risk populations for oral cancer*



## Capacity Building Programmes for Health Care Staff at National and Provincial Level

### Capacity Building Programmes for Dental Surgeons at District Level on Clinical skills to Identify OPMDs and Oral Cancer

Objective of the capacity building programme was to improve the clinical skills of the dental surgeons in detecting OPMDs and oral cancer and their management. Additionally, promotion of screening of the risk groups and modification of the risk behaviours by the Dental Surgeons.

Capacity building programmes were conducted for Dental Surgeons in Kalutara, Jaffna, Killinochchi, Ampara and Kalmunai. In addition to the resource persons of NCCP, OMF Surgeons at district level, contributed for the training on clinical identification of OPMD and oral cancer.

All these programmes were modulated by the focal point of Oral Cancer Prevention and Control Unit at NCCP.



*Dental Surgeons training at PGH Kalutara*

### Capacity Building Programme for Medical Officers at HLCs Regarding Early Detection of Oral Cancer

Capacity building programme for Medical Officers at Healthy Lifestyle Centers (HLC) was conducted with the collaboration of NCD Unit and the Prevention & Early Detection Unit of the NCCP. Objective of this training was to highlight the importance of prevention of risk factors and referral pathways from HLCs to treatment centres. These programmes were conducted in Kurunegala, Gampaha and Galle districts.



*Medical Officer training at Gampaha*

### Capacity Building of Dental Surgeons to Develop Communication Skills for Quitting Risk Factors for High-risk Groups

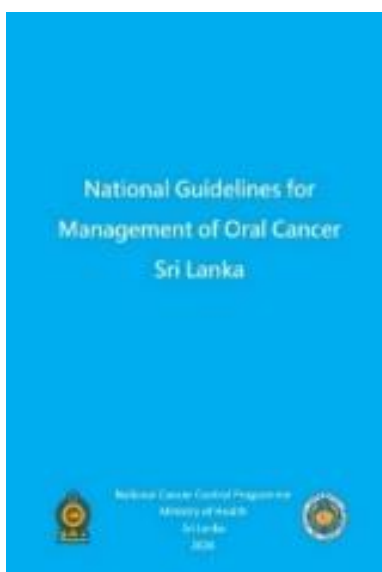
Two consultative meetings were conducted to develop a training module and a guideline to develop communication skills for quitting risk factors for high-risk groups. It was decided to develop the outline of the content of the training programme and conduct a pilot training programme to finalize the training module. Outline of the training content was developed.

## Conducting Awareness Programme for Nursing Students on Oral Cancer Control and Prevention

The Oral Cancer Prevention and Control Unit of the NCCP conducted awareness programmes at the College of Nursing and Midwifery Colombo to commemorate World Head and Neck Cancer day 2020.

## Guidelines for Healthcare Staff and other Key Categories

The “National Guidelines for Management of Oral Cancer Sri Lanka” was developed with contributions from eminent resource persons involved in the fields of Oral Surgery, Oral Medicine, Oral Pathology, Oncology and Public Health. The objective was to have a national guideline for the management of oral cancer in Sri Lanka with expert opinion from specialists in multiple specialities related to management of oral cancers. Two hundred copies of the publication were distributed to oral cancer treatment centers island-wide.



*Handing over of the “National Guidelines for the Management of Oral Cancer in Sri Lanka” to Additional Secretary Public Health Services I*

The publication was ceremoniously launched on 14<sup>th</sup> of October 2020 by the Additional Secretary Public Health Services I, Deputy Director General / Non-Communicable Diseases and United Nations Country Representative of Sri Lanka (soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)).

## Development of Communication Materials and Circulars

### Development and Printing of Posters

Re printing 50,000 posters (four types) and 50,000 leaflets targeting prevention and early detection of OPMDs and oral cancer was done in both Sinhala and Tamil languages. The objective was to distribute the printed communication materials to the district level health institutions, so it could be displayed to improve health literacy of general public (soft copies are available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)).



## Developing Flash Cards on OPMD and Oral Cancer

Flash cards on OPMDs and oral cancer were developed to be used in the HLCs by PHMs to improve the public awareness on risk factors and promote early detection by self-mouth examination. Currently in the process of printing and will be completed and distributed in 2021.





## Developing a Video on Self-Mouth Examination

A video to promote self-mouth examination was developed targeting Sinhala and Tamil users. The objective was to develop the habit of self-mouth examination among the public, focused on early detection and self-referral for a clinical oral examination, NCCP provided the technical expertise, and the video was developed by the Health Promotion Bureau (Video is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)).



## World Head and Neck Cancer Day Circular 2020

To commemorate World Head and Neck Cancer Day 2020, a circular was issued to all health institutions to conduct activities under the theme: "Early detection saves lives - Oral Cancer: Detect Early-Treat Promptly". The objective was to sensitize the public on oral cancer prevention and the importance of early detection and seeking care at early stage.

## Public Awareness on Oral Cancer Prevention and Early Detection

A media seminar was conducted with the collaboration of the Health Promotion Bureau to commemorate the World Head and Neck Cancer Day 2020. This event was attended by stakeholders representing the preventive and curative aspects of oral cancer as well as numerous media personnel. The media seminar was conducted under strict COVID-19 guidelines.







*Media seminar to commemorate World Head and Neck Cancer Day 2020*

## **Monitoring and Evaluation of the Programmes Related to Oral Cancer Prevention and Control Activities**

### **Performance Review of Oral Cancer Prevention and Control Activities 2019**

The objective of the performance review was monitoring and evaluation of the oral cancer related activities conducted at the district level for further improvement of service provision.

Data regarding oral cancer prevention and control activities was obtained from the Research and Surveillance Unit of Institute of Oral Health and RDS by group meeting using ZOOM technology and personal communications. Formal RDS review was not conducted due to the COVID-19 outbreak. Out of 25 districts, data on OPMDs through OPMD returns of NCCP was available only for 22 districts due to various reasons. From the review, the need for improving data quality and reporting mechanism was identified.

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**Oral Cancer  
Prevention and Control  
Unit**



# 04

## Strategic Information and Management

### The Strategic Information and Management Unit:

- Conducts surveillance of cancers, maintain the National Cancer Registry & population based cancer registries in selected districts, hospital-based cancer registries, and pathology laboratory-based cancer registries
- Develop Monitoring and Evaluation frameworks & coordination of monitoring and evaluation of prevention & control of cancers at provincial and district level
- Health information management including updating of website
- Handling of cross-cutting specialties

**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**



## Strengthening Services for Cancer Control and Prevention in Sri Lanka

### Cancer Surveillance

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

### Establishment of Technical Advisory Committee on Cancer Registration & Research

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

### Backlog clearance, Completion of Cancer Incidence Data Collection, Coding and Data entering up to 2019

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

Since there is a greater need of latest cancer incidence data for cancer control programme planning, implementation, monitoring & evaluation, with the support of stakeholders, cancer incidence data collection was conducted in the year 2020 for years 2016 - 2019 and data was analysed.



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

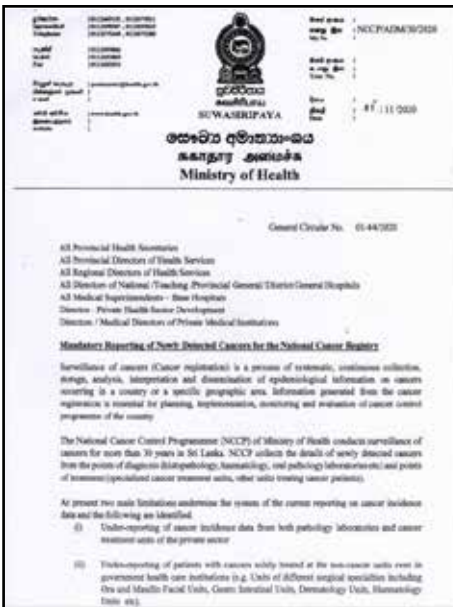
Under the WHO Initiative on Childhood Cancers, Sri Lanka was identified as an index country for childhood and adolescent cancer care development. Through this initiative following activities were coordinated by the SIM Unit on behalf of NCCP.

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





**Issue of Circular for Mandatory Reporting of Cancer in all Three Languages**



Available at : <https://www.nccp.health.gov.lk/storage/post/pdfs/Circular%20on%20Mandatory%20Reporting%20of%20%20Cancer%20-%202020.pdf>

**Appointment of Designated Officer for Cancer Registration at Each Cancer Treatment Centre**



Available at:  
<https://www.nccp.health.gov.lk/storage/post/pdfs/Appointment%20of%20Designated%20Officer%20for%20Cancer%20Registration.pdf>

## Capacity Building

### Strengthening Cancer Registration at the Cancer Treatment Centres

In the year of 2020, CanReg 5 software developed by the International Agency for Research on Cancer (IARC) of the World Health Organization for cancer registration, was introduced to all cancer treatment centres. For this purpose, SIM unit staff visited all the cancer treatment centres in the country.

#### Introduction of CanReg 5 software to cancer treatment centers



#### Training of identified staff regarding data entering for cancer surveillance



#### CanReg 5 software installed and conducted the relevant training for the identified staff



- In addition, another in-service training programme through zoom was conducted for the designated officers – Dental surgeons and nursing officers at OMF units to introduce CanReg 5 database for cancer registration in collaboration with Oral Cancer Unit.

## Conducting Activities to Improve Public Awareness



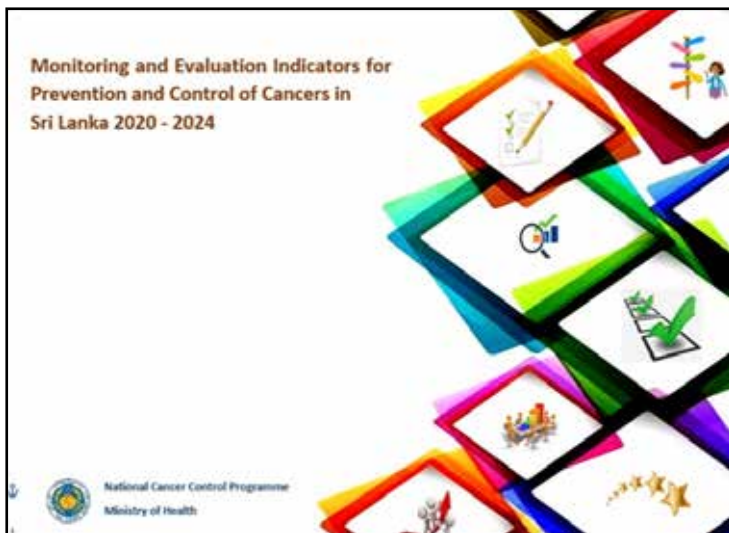
### Informing the general public about the process of cancer surveillance and requesting to provide accurate information

Easy-pull banner was developed and distributed to all cancer treatment centres, to be displayed at the new patient registration counters, with the aim of informing general public about the cancer surveillance.

## Monitoring and Evaluation

### Developing Monitoring & Evaluation Framework for the National Cancer Control Programme

In parallel with the development of National Strategic Plan on Prevention and Control of Cancers 2020-2024, Monitoring and Evaluation Indicators for Prevention and Control of Cancers for year 2020-2024 was developed.



Available at:

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



## Review Meetings on Surveillance of Cancers at the Cancer Treatment Centers

Review meetings were conducted with the hospital director and relevant staff with the aim to streamline the cancer registration at each cancer treatment centre.

### Progress Review meetings on Cancer Registration



## Annual Review Meeting of Cancer Mortality Surveillance in Colombo District for Death Registrars

Annual review meeting of cancer mortality surveillance in Colombo district was conducted with the participation of officials of Registrar General's Department, Additional District Registrars of Colombo District and about 35 Death Registrars of Colombo District. The progress of cancer mortality surveillance was discussed among the stakeholders and interventions needed to further improve the process were identified. In addition, the analysis reports of 2012 and 2017 cancer mortality data were presented.

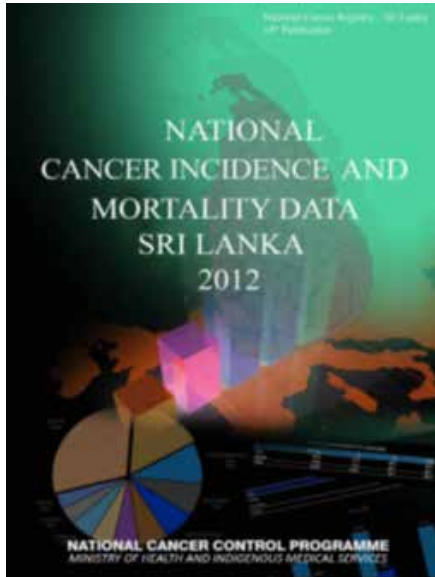


## Publications

### Release of Publications related to Cancer Registration

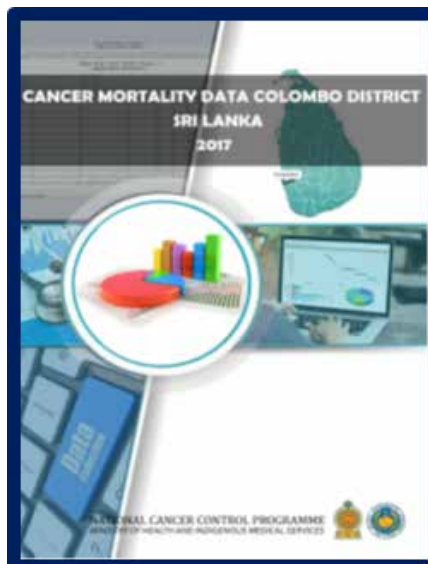
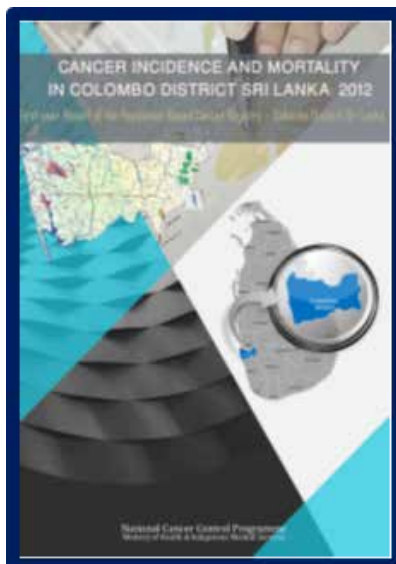
All publications are available at the NCCP website [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)

### Publications Related to National Cancer Registry



*Data generated from newly registered patients with cancers at pathology laboratories were compiled and published as a stand-alone publication using pathology data from year 2017 onwards*

### Publications related to Population Based Cancer Registry



## Cancer Research

The list of cancer research priorities was identified through stakeholder consultations and published at the National Cancer Control Programme website.

05.12.2020 The latest

### Research Priorities on Prevention & Control of Cancers

| Thematic area                     | Priority research topics  |
|-----------------------------------|---|
| Leadership, Advocacy & Governance | Assessment policies related to prevention & control of cancers in Sri Lanka- Health/ Non Health<br>Task distribution & capacity building needs of primary health care workers on prevention & control of cancers  |
| Primary Prevention                | Existing interventions on prevention & control of cancers in school curricula & future needs<br>Life style modifications and the association with cancer risk prevention<br>Effectiveness of regulations related to risk factor control in oral cancer. (Smokeless tobacco, areca nut and commercially prepared tobacco and areca nut products)<br>Association between human papilloma virus (HPV) and Oral cancer in Sri Lanka<br>Genetic predisposition to toxic effects and pharmacogenetics<br>Qualitative research on socio-cultural determinants of cancer<br>Impact of IEC materials on risk factor control on prevention of cancers |
| Early Detection                   | Client satisfaction on participating to Well Women Clinic<br>Barriers for early detection of cancers<br>Qualitative study on needs of Cancer Early Detection Centres (CEDC)<br>Cost effective analysis on cancer screening services / CEDC<br>Study on public awareness on early signs & symptoms   |
| Diagnosis & Treatment             | Determinants for delayed diagnosis/ diagnosis at an advanced stage<br>Health seeking behaviour of patients with different cancers including breast, cervix, and oral cancer<br>Barriers for treatment and follow up for curable cancer  |

Available at:

<https://www.nccp.health.gov.lk/storage/post/pdfs/Research%20priorities%20on%20Prevention%20&%20Control%20of%20Cancers%20.pdf>



**Strategic  
Information and  
Management  
Team**





# 05

## Diagnosis and Treatment

**The Diagnosis and Treatment Unit is the youngest unit in the National Cancer Control Programme.**

### **The Diagnosis and Treatment Unit:**

- Facilitates implementation of diagnostic and treatment services as per national level protocols and technical guides
- Facilitates training and capacity building of individuals / institutions on diagnostic and treatment, in partnership with relevant technical authorities
- Coordinate the activities of the Diagnostic and Treatment Technical Committee and provide necessary recommendations to the National Advisory Committee of Cancer Prevention and Control in Sri Lanka
- Coordinate the development and updating Clinical Guidelines and Management Protocols in down staging and treatment of cancer

**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**

The Diagnosis and Treatment Unit was established following the imPACT review recommendations in November 2019. Even though the priority was given to health promotion and primary prevention of cancers the diagnostic and treatment facilities should be improved to provide continuum of care. It is evident that improving diagnostics and treatment facilities in cancer care the unnecessary delay from the onset of symptoms of a patient to getting treatment can be significantly reduced. Having advanced diagnostic and treatment facilities in an equitable manner will reduce the advanced stages of cancer patients as well as improve the survival rates as well. The Diagnosis and Treatment Unit will plan, coordinate, implement, monitor and evaluate the activities in regards to diagnosis and treatment at the national level.

## Strengthening of Services

### Appointment of Technical Advisory Committee and Subcommittees

Technical Advisory Committee was appointed to advise and take necessary actions in diagnostic and treatment area in cancer control according to the National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024). This committee was headed by Deputy Director General, Medical Services II and Deputy Director General, Laboratory Services. Other members of the committee were National Cancer Control Programme, Consultant Oncologists, Consultant Radiologists, Consultant Histopathologists, Consultant Chemical Pathologists, Consultant Hematologists, Sri Lanka Atomic Energy Board, Medical Supplies Division, Radiographers and Physicists. Four subcommittees were appointed to streamline the functions of the Technical Advisory Committee.

### Comprehensive Situation Analysis of Cancer Treatment Centers

A situation analysis was conducted by the Diagnosis and Treatment Unit with the objective of finding the current situation in the country in regard to diagnostics and treatment facilities in cancer care.

This survey was carried out in 24 cancer treatment centers in Sri Lanka, using a structured questionnaire to collect data, and by visiting each center. A final detailed report was prepared using the collected data and summary of the findings were presented to the high level officials at Ministry of Health, hospital administrators and relevant stakeholders.



## Dissemination of Findings of the Situation Analysis

The evidence dissemination of the situation analysis was held under the patronage of Additional Secretary Public Health, Dr Lakshmi Somatunga with the participation of Provincial, District and Hospital Administrators, Consultant Oncologists, Consultant Onco-Surgeons, Consultant Radiologists and other stakeholders. Detailed presentation of the findings of situational analysis conducted in the 24 cancer treatment institutions was presented in this meeting. Several comments and problems of the participants were addressed by the Additional Secretary, Public Health and Director of the National Cancer Control Programme.



## Guideline on Radiation Safety in Health Sector

Development of the “Guideline on Radiation Safety in Health Sector” for the first time in Sri Lanka was initiated with the technical support from the Sri Lanka Atomic Energy Board with the partnership of the World Health Organization and other relevant stakeholders. Several meetings were conducted with the participation of relevant stakeholders to finalize the content of the guideline.

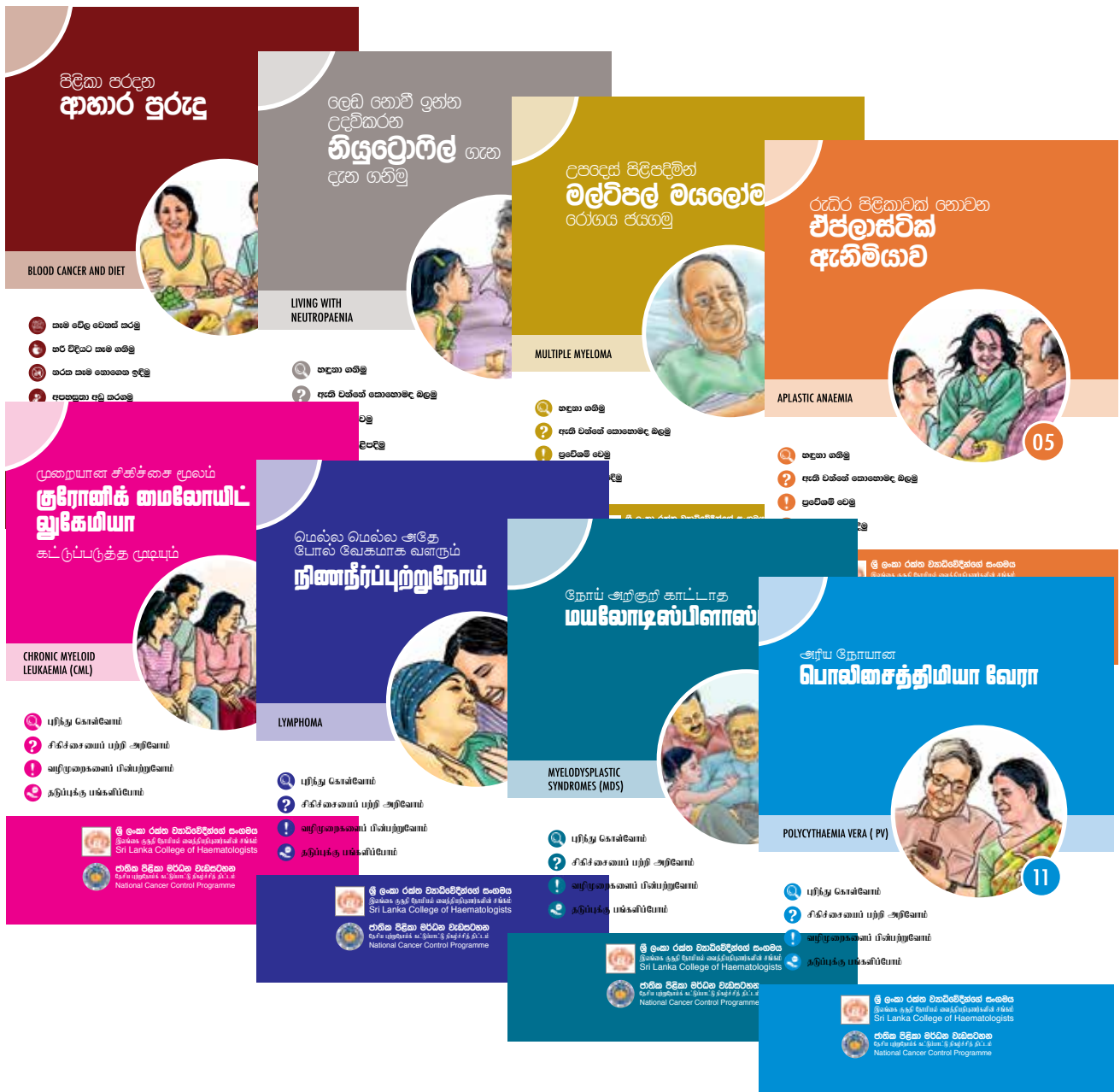


## ToR for Radiation Safety Officers

The development of a ToR for all the Radiation Safety Officers in health sector was initiated by the Diagnosis and Treatment Unit for the first time in Sri Lanka. This project was technically supported by the Sri Lanka Atomic Energy Board with the partnership of the World Health Organization.

## Patient Information Booklets on Hematological Malignancies

32,000 Sinhala copies and 22,000 Tamil copies of 10 different booklets of patient information on Hematological malignancies were printed. This activity was conducted with the partnership of the College of Hematologist. Blood cancer and diet, Living with Neutropaenia, Myeloma, Aplastic anemia, Essential Thrombocythaemia, Myelofibrosis, CML, Lymphoma, Myelodysplastic Syndrome and Polycythaemia Vera were the topics covered by these booklets.



## Establishment of Breast Clinics

The National Advisory Committee meeting chaired by the Secretary of Health decided to establish Breast Clinics in secondary and tertiary care hospitals island-wide, according to the impACT review findings of delaying treatments following onset of the symptoms. A letter with the signature of the Secretary was sent to all the secondary and tertiary care hospitals in Sri Lanka to initiate the Breast Clinic facilities within their premises to achieve the objective of reducing the delay from onset of symptoms to treatment in breast cancer.

## Radiation Oncology - Provision of Linear Accelerator (LINAC) to Jaffna and Batticaloa

External radiotherapy is given by either LINAC or Cobalt machines. Both LINAC and Cobalt machines are available in Apeksha Hospital, Maharagama, and Teaching Hospital, Karapitiya. Although the technique is outdated, in Sri Lanka, Cobalt machines are still used in above mentioned hospitals and in National Hospital Kandy, Teaching Hospital Anuradhapura and Provincial General Hospital Badulla. NCCP plans to replace the existing Cobalt machine by LINAC gradually.

In 2020, Another two LINAC machine were installed in Teaching Hospital Jaffna / Base Hospital Thellipilai, and Teaching Hospital Batticaloa. Installation and commencement of LINAC facility costs around 1 billion rupees and providing external radiotherapy facility in Northern and Eastern province is a major success in year 2020. This will minimize the unacceptable and prolonged waiting lists for cancer treatment facilities and unnecessary travel and hospital stay by patients in Northern and Eastern provinces, thus providing optimal care..



## Functioning Sites



*Apeksha Hospital – Maharagama*



*Base Hospital Tellippalai - Jaffna*



*Teaching Hospital – Batticaloa*



*Teaching Hospital – Karapitiya*

## Commissioning Sites



*Apeksha Hospital – Maharagama*



*National Hospital - Kandy*

## Sites Under Construction

TH Rathnapura, DGH Hambantota, TH Kurunegala, TH Anuradhapura



*Teaching Hospital Anuradhapura*



*Teaching Hospital Rathnapura*





*Providing external beam radiotherapy using LINAC*

### **Development of Management Guideline for Breast and Cervical Cancers**

As per the National Advisory Committee recommendations, NCCP has initiated a process to develop management guidelines for Breast and Cervical Cancers with the collaboration of respective professional bodies. This activity has been assigned to the College of Oncologists by partnership of WHO. The College of Oncologists has developed the guidelines with the partnership of other professional bodies.

## Establishment of Center of Excellence in Nine Provinces in Sri Lanka

Cancer Control Capacity and Needs Assessment was conducted in Sri Lanka in year 2019 by WHO, IAEA, and the International Agency for Research on Cancer. Considering the recommendations of the 'imPACT Review', National Advisory Committee on Cancer Prevention and Control for Cancer in Sri Lanka, decided to upgrade all the provincial level cancer treatment centers to Centers of Excellence (CoE). The Centers of Excellence for cancer at provincial level will have the modern diagnostic and treatment methods used in cancer patients. This will minimize the unacceptable and prolonged waiting lists for cancer diagnostic and treatment facilities to provide optimum care for cancer patients in Sri Lanka. Proposed CoE cancer treatment centers should have following diagnostic and treatment facilities additional to basic facilities to provide optimum services in each province.

### Diagnosis and Treatment facilities at the CoE

|   |
|---|
| 1 Diagnosis<br>1.1 Pathology and laboratory services with molecular diagnosis<br>1.2 Diagnostic Imaging and Nuclear Medicine            |
| 2 Treatment<br>2.1 Medical Oncology<br>2.2 Radiation Oncology<br>2.3 Surgical Oncology<br>2.4 Gynea-Oncology<br>2.5 Peadiatric Oncology |
| 3 Palliative Care   |
| 4 Oncology-Pharmacy services with essential cancer drugs  |
| 5 Cancer Early Detection Centers  |
| 6 Human resources   |
| 7 Telemedicine unit   |
| 8 Cancer surveillance   |

### Proposed Centers of Excellence in Each Province

|                        |                                     |
|------------------------|-------------------------------------|
| Western Province       | Apeksha Hospital Maharagama         |
| Central Province       | National Hospital Kandy             |
| North Central Province | Teaching Hospital (TH) Anuradhapura |
| North Western Province | TH Kurunagala                       |
| Sabragamuwa province   | TH Ratnapura                        |
| Uva province           | Provincial General Hospital Badulla |
| Southern province      | TH Karapitiya                       |
| Northern Province      | TH Jaffna / Tellipalai              |
| Eastern Province       | TH Batticaloa                       |



**Diagnosis  
and  
Treatment Unit**



# 06

## Palliative Care

### Palliative Care Unit:

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

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



## Strengthening of Services in Palliative Care

### National Steering Committee Meeting on Palliative Care

Two meetings were conducted under the chairmanship of the Director General of Health Services. Resource persons representing different fields of palliative care including health, non-health and NGOs participated in the meeting. Key areas addressed during the meeting were:

- Capacity building on palliative care
- Availability of Morphine for palliative care
- Developing Standard Operating Procedures (SOPs) for hospices
- Social services for palliative care
- Development of National Strategic Plan on Prevention and Control of Cancer 2020-2024



*Conducting stakeholder meeting for developing Standard Operating Procedures (SOPs) for Hospices*

### Provision of funds to procure necessary equipment for Palliative Care Consult Services in selected Hospitals



*With the aim of strengthening functions of Palliative Care Consult Services in cancer treatment hospitals, NCCP provided funds to Palliative Care Units at TH Karapitiya and BH Thelippalei to procure necessary equipment*

## Capacity Building on Palliative Care

### Capacity Building Workshop on Psychosocial Needs and Psychological Distress of Primary Caregivers of Childhood Cancer Patients for Health Staff at Apeksha Hospital, Maharagama

This workshop was conducted to disseminate the findings and recommendations of Community Medicine MD research by Dr Sachintha Dilhani on exploring the Psychosocial needs and Psychological distress of the Primary Caregivers of Childhood Cancer patients. Experts from many fields including Consultant Oncologists, Consultant Psychiatrist at Apeksha Hospital, Consultant Community Physicians and officers of the Western Province Social Service Department contributed as resource persons. The participants were health staff at Apeksha Hospital including Medical Officers, Nursing Officers from wards, Counseling Unit, Health Education Unit, Palliative Care Unit, Play House and Relaxation Therapy Unit at Apeksha Hospital. Representatives from NGOs such as Indira Cancer Trust, Representatives from Lions Club, Alubomulla also participated for the workshop.



**Refresher Training Workshop on Providing Community Palliative Nursing Care including Wound Care for Public Health Nursing Officers (PHNOs)**

A skill based workshop for PHNOs on providing palliative nursing care in the community was conducted with the partnership of Department of Surgery (Professor Mandika Wijeyerathne, Head of Dept.) Faculty of Medicine, University of Colombo. The objective of the programme was to improve knowledge and skills of PHNOs on providing community based palliative care. Around 80 participants took part in the workshop. Main areas discussed were: Home based wound management, Foot and skin care, Ostomy management, Pain management, Ethics in home care and challenges in communication. Many experts from different fields such as Oncology, Oncosurgery, General Medicine, Anesthesia, Palliative Care and Public Health contributed as resource persons.

**Capacity Building Programme for Staff of Island-wide Hospices Governed by NGOs**

The first ever one day training programme on providing basic palliative care was conducted for staff of island-wide hospices operated by non-governmental organizations by the Palliative Care Unit at the NCCP. The objective of the programme to improve the knowledge, skill and awareness of hospice staff on palliative care services. More than 50 staff members from seven hospices (Sathyasai Hospice - Hanwella, Shantha Sevana - Maharagama, Sahana Sevana - Maharagama, Hospices at Matara and Anuradhapura of Cancer Care Association, CANE Hospice - Jaffna, Eastern Cancer Care Hospice - Batticaloa) participated in this training. Lecture discussions and demonstrations were conducted by the experts from fields of Oncology, Psychiatry, Nutrition, Palliative Care and Public Health. A separate Tamil medium session was conducted for the participants from North and East hospices. The programme was held at the main auditorium of Apeksha Hospital, Maharagama.



*First ever capacity building workshop on Palliative Care for island-wide Hospice staff*



*First training of island-wide hospice staff on Palliative Care*

**Procurement and Distribution of Text books on Palliative Medicine and Palliative Nursing among Cancer Treatment Centres and Relevant Libraries**

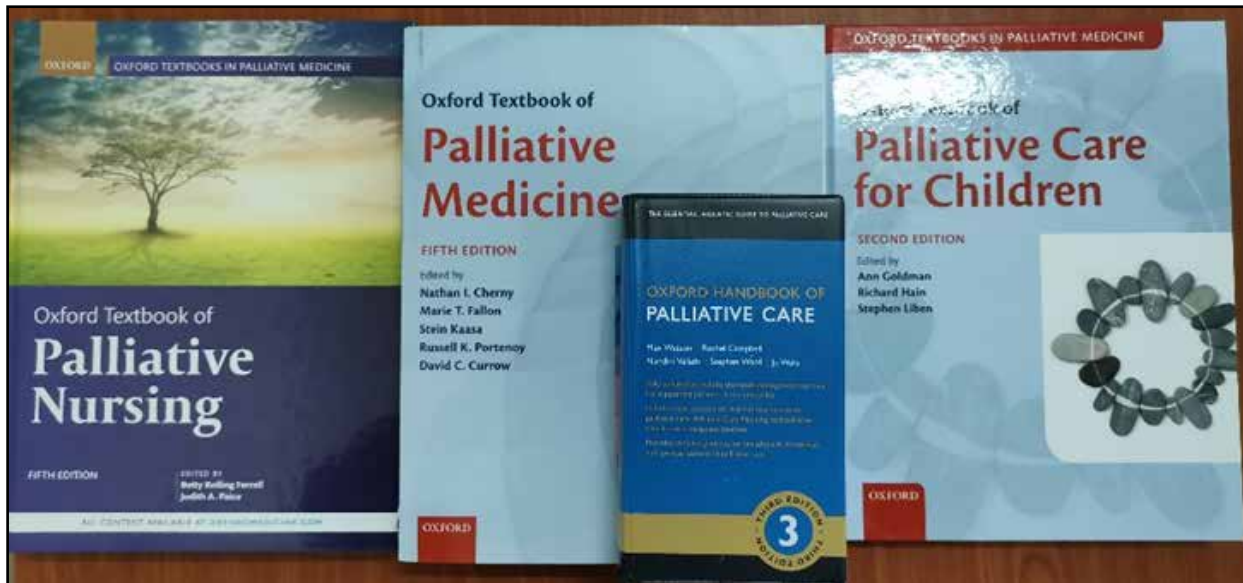
With the aim of improving knowledge, skills on palliative care among healthcare staff and providing opportunities for continuous capacity building, these textbooks were procured and distributed among cancer treatment hospitals and relevant libraries (including PGIM, Medical Faculties, Health Ministry Library, Basic Training Schools, Post Basic College of Nursing).

Following books were distributed among cancer treatment centers during 2020: Oxford Hand book of Palliative Care, Oxford Text book of Palliative Care for Children, ABC of Palliative Care, Oxford Text Book of Palliative Medicine and Oxford Text book of Palliative Nursing.





*Handing over the Palliative Care text books to the Deputy Director General – National Hospital Kandy*



## Circulars, Guidelines & Communication Materials for Healthcare Staff and Other Key Categories

### Circular on Establishing Palliative Care Consult Services (PCCS) in Hospitals

A circular was issued to all Provincial Directors of Health Services, Regional Directors of Health Services and heads of health institutions with the instructions for establishment of Palliative Care Consult Services (PCCS) at the tertiary and secondary care hospitals (Circular no 01-34/2020).

### Training of Trainers Module for Healthcare Workers to train Informal Caregivers

A structured training module for “Standardized Training of Caregivers and Community Volunteers on Provision of palliative care” was developed and published in Sinhala and Tamil languages. The aim of the module was to help provide optimal care for palliative patients at the hospital, hospice and their home environment.

Content areas of the module was developed with contributions from experts from many fields of Oncology, Oncosurgery, Psychiatry, Anesthesia, Palliative Care, Nursing Care and Community Medicine.

## Creating Public Awareness

### “Aayu Plus” Project

“Aayu plus” a social media based health promotion campaign for general public was developed to disseminate the concepts of cancer prevention, early diagnosis, treatment and palliative care in an innovative manner using social media, mainstream media, celebrities and social media influencers. This campaign includes social media campaigns as Facebook, YouTube, Twitter and Instagram. This was implemented with the partnership of UNFPA under the Annual Action Plan 2020 and Colombo North Rotary Club.





**ආයු+ Life**

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**ආයු+ Life** Going forward with anticipation. 



**ඒනි අல்லතු இதர இனிப்பு சேர்க்கப்படாத இயற்கையான பழச் சாறுகள்**

ඒනි ජෝර්කුපුදාත இயற்கையான பழச்சாறுகளை அந்துவதன் மூலம் புற்றுநோய் ஏற்படும் வாய்ப்பை குறைத்திருங்கள்

**ආයු+ Life** අ පේ ක් හා වෙ ක් ඉ දිරි ය ට 

Run, dance and play  
**Exercise every day**

Jog, swim and ride  
**Sports keep you fit any way**

Don't be lazy, try to be lively  
**Inactivity will make you sick some day**

Physical activity is one way  
**To keep cancer at bay**



**ආයු+ Life** Going forward with anticipation. 



**කෑම එක්ක චතුර චිතරයි**

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**ආයු+ Life** අ පේ ක් හා වෙ ක් ඉ දිරි ය ට 

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**ආයු+ Life** අ පේ ක් හා වෙ ක් ඉ දිරි ය ට 



### Let us change our behavior to prevent cancers!

- Stop alcohol
- Stop smoking
- Stop chewing arecanut & tobacco
- Be physically active
- Avoid unhealthy diet and eat more fruits and vegetables
- Get immunized for HPV & Hepatitis B
- Inhale clean fresh air

**අයු** Life Going forward with anticipation 

**1/3** of cancers can be **prevented**.

**1/3** of the cancers can be **cured completely** with proper treatment by **early detection**.

**අයු** Life Going forward with anticipation 

The Aayu Plus logo was ceremoniously launched by Ms Ritsu Nacken, Country representative for the United Nations Population Fund in Sri Lanka while the Programme was launched by Dr Lakshmi Somathunga, Additional Secretary Public Health Services I, of the Ministry of Health on 14<sup>th</sup> of October 2020 at the Auditorium of National Blood Transfusion Services, Narahenpita. The programme was broadcasted live through Facebook and Zoom and many celebrities and key stakeholders joined the programme through the virtual platform. Key note speech for the programme was delivered by Ms Aishwarya Jayakody.





### **“Daruwage Suwaya Mage Sathutai” - Childhood Cancer Caregiver Awareness Booklet**

“Daruwage Suwaya Mage Sathutai” booklet was developed and published in Sinhala and Tamil languages to empower caregivers with childhood cancer patients in the community. This booklet was developed based on psychosocial needs intervention of Community Medicine MD research. Many experts in different fields such as Oncology, Psychiatry, Palliative Care and Public Health contributed for the development of it.

This care giving booklet provides information on; common childhood cancers, signs and symptoms, investigations and diagnosis of childhood cancers, treatment modalities, care for sick child during treatment, precautions to prevent from infection during active treatment, alternative treatments for childhood cancer, child’s nutrition, side effects of drugs, psychosocial issues and how to face those, caring about caregivers. This will be provided to childhood cancer caregivers attending Apeksha hospital, Maharagama (soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)).





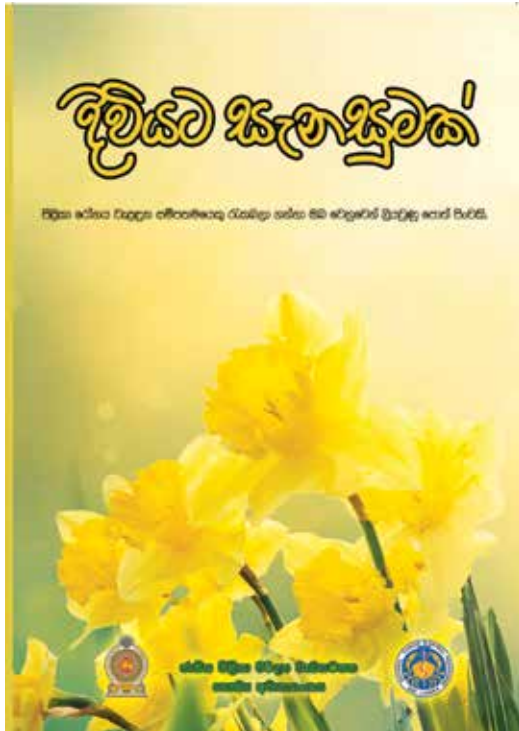
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தேசிய புற்றுநோய்க் கட்டுப்பாட்டு  
நிகழ்ச்சித் திட்டம்  
சுகாதார அமைச்சு

**“Diviyata Sanasumak” Awareness booklet for Caregivers of Adult Palliative Cancer Patients**

Reprinting of “Diviyata Sanasumak” awareness booklet for caregivers of adult palliative cancer patients was done using a more user-friendly approach which will be useful for empowering family caregivers in the community. This was published in Sinhala and Tamil languages and is available to the family caregivers through cancer treatment hospitals island-wide. (soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))





## Leaflet on Palliative Care

This was developed in Sinhala and Tamil Languages to increase awareness among general public on palliative care concepts and services available. The leaflets were distributed through cancer treatment hospitals and primary care institutions with community palliative care services.

(soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))



## Activities to Commemorate World Hospice and Palliative Care Day 2020

A media seminar conducted with the collaboration of the Health Promotion Bureau on 10<sup>th</sup> of October 2020. The theme was “My Care, My Comfort”. This event was attended by resource persons representing health, non-health and NGOs providing Palliative Care as well as media personnel.



## Palliative Care Circular

To commemorate World Hospice and Palliative Care Day 2020, a circular was issued to all Provincial Directors of Health Services and all Regional Directors of Health Services and head of health institutions to create awareness among health care workers / general public on the importance of palliative care and establish / strengthen palliative care services at institutional level .

## Monitoring and Evaluation

### Field visits to Hospices

Field visits to all hospices operated by NGOs were done by the Director NCCP and Palliative Care team. The objective of the visits were to identify strengths and weaknesses of the institutions when providing hospice care. Hospices visited were Sathyasai - Hanwella, Shantha Sevana - Maharagama, Sahana Sevana - Maharagama, Cancer Care Association Hospices at Matara and Anuradhapura, CANE Hospice - Jaffna, Eastern Cancer Care Hospice - Batticaloa. Team had discussions with hospice management representatives and staff members to identify the strengths and weaknesses in providing services. Necessity of palliative care training for staff was highlighted during the discussions.



*Visiting to Sathya Sai Hospice*







*Visiting Cancer Care Association*



*Visiting EASSCA Batticaloa*



*Visiting CANE Hospice, Jaffna*





*Visiting Thirupathi House Jaffna*



*Visiting Shantha Sevana Hospice*



**Palliative Care Team**





# 07

## Activities Conducted During the COVID-19 Pandemic

**With the detection of the first domestic cases of COVID-19 in March 2020, the government of Sri Lanka implemented an island-wide curfew from mid-March through June and lockdowns in the latter part of the year 2020. However, despite restrictions, the National Cancer Control Programme continued to carry out its mandates using virtual platforms, while aiding the COVID-19 response.**

The National Cancer Control Programme had to conduct several activities using the Zoom technology during the year 2020. The following are the activities conducted by the different units of the National Cancer Control Programme through Online Video Conferencing using zoom.

1. Second Technical Advisory Committee meeting of Cancer Prevention, Early Detection Unit was conducted in July 2020.
2. Lecture on “Global cervical cancer elimination by 2030 as a public health problem” was conducted for staff of the National Cancer Control Programme to commemorate the launching of the Global cervical cancer elimination strategy by World Health Organization (WHO).
3. Cancer registry training programme for designated officers in cancer treatment centers was conducted in November 2020 by the Strategic Information and Management Unit. The same programme was conducted for dental surgeons in Oral and Maxillo Facial units in December 2020.
4. National Strategic Plan on Prevention and Control of Cancer in Sri Lanka 2020-2024 was developed by National Cancer Control Programme team with an external expert conducting series of meetings during March to October 2020.
5. “WHO initiative on Paediatric Cancers to identify key areas of activities” was conducted through series of meetings with the participation of national and international stakeholders from September to October 2020 by the Strategic Information and Management Unit.
6. Annual RDS review meetings was conducted by the Oral Cancer Prevention and Control Unit for nine provinces in Sri Lanka.
7. First Technical Advisory Committee meeting of Oral Cancer Prevention and Control Unit was held in May 2020.
8. Counseling programmes on “Habit Cessation” was conducted for Dental Surgeons in Northern and Uva provinces by the Oral Cancer Prevention and Control Unit.
9. Meeting was conducted with the participation of central and regional stakeholders to discuss the implementability of newly streamlined National Oral cancer screening programme for estate sector by the Oral Cancer Prevention and Control Unit in September 2020.
10. Series of meetings were conducted by the Diagnostic and Treatment Unit to develop the “Radiation Safety Guideline” with the participation of Sri Lanka Atomic Energy Board and other relevant stakeholders.
11. Series of meetings were conducted to develop the “Handbook on Comprehensive Breast Cancer Care for Healthcare Workers” by the Diagnostic and Treatment Unit with the relevant stakeholders.
12. Two Technical Advisory Committee meetings and few subcommittee meetings of Diagnostic and Treatment unit were conducted.
13. Two National Advisory Committee meetings were conducted by the National Cancer Control Programme with the higher officials of the Ministry of Health and the relevant stakeholders.
14. The Director, National Cancer Control Programme, Dr Janaki Vidanapathirana and the Consultant Community Physician in-charge of the Cancer Prevention and Early Detection Unit, Dr Nayana de Alwis participated as recourse persons in an international Webinar on breast cancer organized by the Indira Cancer Trust and the Lions club.
15. A webinar was conducted on 24<sup>th</sup> October organized by Rotaract club – Faculty of science, University of Colombo. Several thousand participants joined through Facebook live and zoom.

16. Live webinar on breast cancer awareness was conducted by Dr Suraj Perera, Consultant Community Physician, National Cancer Control programme on 30<sup>th</sup> of October organized by the Lions Club of Negombo Orient.

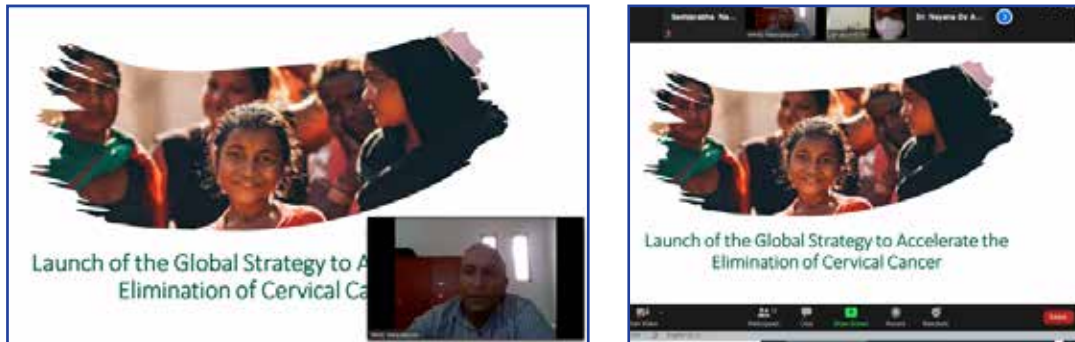


17. Breast cancer awareness lecture was carried out through zoom for the staff of the Sri Lanka country office World Health Organization and few UN organizations on 29<sup>th</sup> of October by the Consultant Community Physician – Cancer Prevention and Early Detection Unit, National Cancer Control Programme.





18. Case study presentation on “burden of cervical cancer in Sri Lanka and Need for Strengthened Information Systems to monitor the progress of Global Initiative Elimination of Cervical Cancer” in the Scale Up for Cervical Cancer Elimination Strategy Success (SUCCESS) ECHO session on 27<sup>th</sup> of November 2020, through zoom.



19. A series of lectures “No one Left behind during the Pandemic” Training of primary health care doctors on palliative care was initiated by the Palliative Care Unit of the NCCP through virtual platform. Consultant Community Physicians, Consultant Oncologists, Consultant Physicians and Consultant Psychiatrists joined as resource persons.

20. Zoom lecture series for PHNOs was conducted by the Palliative care unit with the aim of educating them on providing palliative care in the community. Cancer patients and palliative patients are vulnerable groups for COVID-19. Therefore, it is important to protect them from COVID-19 in the community/home. (Videos are available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))



21. A guide for caregivers to protect palliative patients from COVID-19 in the community was developed by the Palliative Care Unit. This guide was developed in Sinhala, Tamil and English languages and disseminated among relevant stakeholders including media (soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))



22. A guide for cancer patients and caregivers to protect them from COVID-19 in the community was developed. This guide was developed in Sinhala, Tamil and English languages and disseminated among relevant stakeholders including media (soft copy is available at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk))



23. Distribution of masks and dry rations to staff members during the first wave of COVID-19



300 Face Visors was donated to the National Cancer Control Programme by Anim 8 (Pvt) Ltd Thimbirigasyaya





*Ven. Madille Pannaloka Thero donated facemasks for the staff and dry-rations for the needy.*



*Making awareness of staff of the National Cancer Control Programme on COVID -19 by then Senior Registrar in Community Medicine Dr Mekala Fernando*



*Continuation of planned activities of the NCCP: conducting Monthly Review*





08

## Creating Public Awareness

According to the World Health Organization, at least one-third of all cancer cases are preventable. If detected early in their development another one third can be treated and cured. For the success of cancer prevention, early detection, treatment and care, public awareness is of utmost importance. The National Cancer Control Programme has conducted a multitude of activities to increase public awareness of Cancer.



*The official website of the National Cancer Control Programme revamped to be more user friendly to the general public*







2020 අප්‍රේල් 04 අඟුල

## දිනකට අලුත් පියයුරු පිළිකා රෝගීන් නවයක්

දිනකට අලුත් පියයුරු පිළිකා රෝගීන් නවයක් බවට පත්ව ඇත. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

| වය     | පිරිස | පියයුරු පිළිකා රෝගීන්ගේ සංඛ්‍යාව |
|--------|-------|----------------------------------|
| 15-20  | පිරිස | 1                                |
| 21-25  | පිරිස | 2                                |
| 26-30  | පිරිස | 3                                |
| 31-35  | පිරිස | 4                                |
| 36-40  | පිරිස | 5                                |
| 41-45  | පිරිස | 6                                |
| 46-50  | පිරිස | 7                                |
| 51-55  | පිරිස | 8                                |
| 56-60  | පිරිස | 9                                |
| 61-65  | පිරිස | 10                               |
| 66-70  | පිරිස | 11                               |
| 71-75  | පිරිස | 12                               |
| 76-80  | පිරිස | 13                               |
| 81-85  | පිරිස | 14                               |
| 86-90  | පිරිස | 15                               |
| 91-95  | පිරිස | 16                               |
| 96-100 | පිරිස | 17                               |

## සත්කෝබරය ලෝක පියයුරු පිළිකා වැළැක්වීමේ මාසයයි

සත්කෝබරය ලෝක පියයුරු පිළිකා වැළැක්වීමේ මාසයයි. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

## පිළිකාවේ නවදරට රජය විසින් ඇති කරන රෝගීන් නොවේ.

පිළිකාවේ නවදරට රජය විසින් ඇති කරන රෝගීන් නොවේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

## මුලකාවේ දිනකට අලුත් පිළිකා රෝගීන් 64ක්: පිළිකා මරණ 38ක්

මුලකාවේ දිනකට අලුත් පිළිකා රෝගීන් 64ක්: පිළිකා මරණ 38ක්. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

## Breast Cancer

Breast Cancer. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

## 600 cancer deaths annually - NCCP

600 cancer deaths annually - NCCP. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

## අවුරුදු 20 සිට තරණ කාන්තාවන්ට පියයුරු පිළිකා ඇතිවීමේ අවදානමක්...

අවුරුදු 20 සිට තරණ කාන්තාවන්ට පියයුරු පිළිකා ඇතිවීමේ අවදානමක්... මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.

## පිළිකා රෝගියෙට් නොවී 19 වැරදුණොත්?

පිළිකා රෝගියෙට් නොවී 19 වැරදුණොත්? මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ. මෙය සමස්ත පියයුරු පිළිකා රෝගීන්ගේ 10% ක් පමණ වේ.



1988

## පුදුමයි! එක් ඇත්තකයි!!

### දිනකට දුම්පානයෙන් ලංකාවේ 60ක් මරුව




දිනකට දුම්පානයෙන් ලංකාවේ 60ක් මරුව. මෙය ලෝකයේ වැඩිම දුම්පානය කරන රටවල් අතරින් එකකි. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

HEALTH

## Breast cancer in the era of Covid-19

### BREAST SELF EXAMINATION



මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

## DIAGNOSING BREAST CANCER

LANKA HOSPITALS



මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

## CANCER PREVENTION THROUGH 'BEST BUYS'



මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

## Hospice care

### Caring for terminally ill cancer patients



මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

HEALTH

## DISSEMINATING BREAST CANCER AWARENESS on International Women's Day



මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත. මෙහිදී දෛනිකව දුම්පානය කරන අයගේ මරණ අනුපාතය වැඩි වී ඇත.

**71st Ann A World - World Cancer Day 2020**  
 31 Oct 2020  
 Cancer is the leading cause of death and disability in the world. The WHO World Cancer Day is celebrated on the 15th of February throughout the year. The theme for this year is 'Early Detection'. The aim is to raise awareness and encourage people to get checked for cancer early, which can lead to better treatment and a higher chance of survival.

**WHO REPORT ON CANCER**  
 The WHO Report on Cancer is a comprehensive report on the global burden of cancer. It provides information on the incidence, mortality, and burden of cancer worldwide. The report is a key resource for cancer control and prevention efforts.

**Key Messages:**

- 1. Cancer is a leading cause of death and disability in the world.
- 2. The burden of cancer is increasing globally, with a significant rise in breast, colorectal, and lung cancer.
- 3. Early detection and treatment can significantly improve cancer outcomes.
- 4. Cancer prevention and control strategies are essential to reduce the burden of cancer.

**Figure 1: WHO Report on Cancer**  
 This figure shows the global burden of cancer, highlighting the increase in cancer incidence and mortality over time. It also discusses the impact of cancer on the world's population and the need for effective cancer control strategies.

**Figure 2: Priority Interventions for Cancer Control**  
 This figure outlines the key interventions for cancer control, including:
 


- 1. Strengthening cancer surveillance systems.
- 2. Improving early diagnosis and treatment.
- 3. Enhancing cancer prevention and control strategies.
- 4. Supporting research and innovation in cancer control.
- 5. Ensuring equitable access to cancer care.

**Figure 3: Distribution of Government Cancer Centres**  
 This map shows the distribution of government cancer centres across Sri Lanka. The centres are located in major cities and towns, including Colombo, Kandy, Galle, and Nuwara-Eliya.

**Table 1: New Patients Registered at Government Cancer Centres from 2002 to 2017**

| Year | Male   | Female | Total  |
|------|--------|--------|--------|
| 2002 | 10,500 | 12,500 | 23,000 |
| 2003 | 11,000 | 13,000 | 24,000 |
| 2004 | 11,500 | 13,500 | 25,000 |
| 2005 | 12,000 | 14,000 | 26,000 |
| 2006 | 12,500 | 14,500 | 27,000 |
| 2007 | 13,000 | 15,000 | 28,000 |
| 2008 | 13,500 | 15,500 | 29,000 |
| 2009 | 14,000 | 16,000 | 30,000 |
| 2010 | 14,500 | 16,500 | 31,000 |
| 2011 | 15,000 | 17,000 | 32,000 |
| 2012 | 15,500 | 17,500 | 33,000 |
| 2013 | 16,000 | 18,000 | 34,000 |
| 2014 | 16,500 | 18,500 | 35,000 |
| 2015 | 17,000 | 19,000 | 36,000 |
| 2016 | 17,500 | 19,500 | 37,000 |
| 2017 | 18,000 | 20,000 | 38,000 |

**References:**  
 WHO Report on Cancer Setting Priorities, Investing wisely and providing care for all. Geneva: World Health Organization (2014).



**Early detection, key to healthy breasts**  
 epaper.sundayobserver.lk

Delivered

<http://epaper.sundayobserver.lk/Home/ShareArticle?OrgId=95a04721&imageview=0>



**Breast Cancer Awareness Month October**

- T-touch** Lump or thickening
- L-look** Abnormalities- asymmetry, colour, dimpling or retraction of nipples
- C-check** If it is there, please check with a doctor

**You are not de-fav. Do it Today: Save your life**



Conducting Public Awareness on Aayu Plus Health promotion project that uses social media platforms to improve knowledge on the prevention, early detection, treatment and palliative care of cancer.



## Mobile Exhibition Unit

Mobile exhibition unit of the of the National Cancer Control Programme participates in the national level exhibitions. In year 2020 due to COVID-19 pandemic only a few national level exhibitions were organized. Mobile exhibition unit participated in the 'Medicare' exhibition organized at BMICH, 'Podujana Saraniya' events organized at Embilipitiya and Rathnapura.









*Contributing to the National Health Exhibition at Embilipitiya*



*The NCCP team participated in the Data to Policy Program (D2P) organized by the Ministry of Health in partnership with the Data for Health Initiative (D4H), Vital Strategies, New York, held at the Hilton Residencies Colombo. The aim of the workshop was developing health-related policies that can address existing Ministry of Health priority health problems.*





09

## The Unsung Heroes Behind the Scenes

The Annual Report 2020 spotlight many activities conducted by the National Cancer Control Programme. Even though different units of the NCCP share the limelight for successful implementation of programme activities, some have played a crucial role in keeping these programme activities going. The activities carried out by the National Cancer Control Programme would have not been possible if not for the tireless efforts of Development Officers, Public Health Management Assistant, Drivers, and Health Service Aids, who have been working tirelessly behind the scenes. They've done themselves proud as well as the NCCP.







### Capacity Building of the Primary Health Staff of National Cancer Control Programme



Two day programme was conducted by NCCP to train its primary health staff on proper conduct of a government worker with the aim of improving the quality and effectiveness of service provision. Following areas were addressed;

- Introduction to government service, the roles and responsibilities of a government worker.
- Important rules and regulations for effective service delivery (Establishment Code / Financial Regulations / circulars etc.)
- Duties and responsibilities of a health care worker
- Public relations

## Staff of the National Cancer Control Programme in 2020

Dr Janaki Vidanapathirana

Dr Priyantha Wijesinghe

Dr Suraj Perera

Dr Nayana De Alwis

Dr Irosha Nilaweera

Dr Buddhi Lokuketagoda

Dr Buddhika Senanayake

Dr Muzrif Munas

Dr Udaya Usgodaarachchi

Dr Hasarali Fernando

Dr Mekala Fernando

Dr Sachintha Dilhani

DS Shanika Muthuthantri

DS Tharani Rajendra

Dr Saddharma Weerakoon

Dr Sashiprabha Nawaratne

Dr Amila Suranga

Dr Kalpani Wijewardana

Dr Nirmala Jayanthi

Dr Ruchira Sarangi Ekanayake

Dr Thanuja Wickramatunga

Dr Chulaka Jayaweera

Dr Chaturika Jayamani Kariyawasam

Dr Tevini Vitharana

Dr Mangala Liyanage

Dr Thusitha Kahaduwa

Dr Dumindu Wijewardana

Dr Dulanjali Luxamana

DS Achini Jayathilake

DS Asanga Abeynayake

DS Imalka Sooriyapperuma

DS Kamani Geethika Ruhunage

Malani Basnayaka

Chamila Nilakshi Peiris

Thanuja Ranasinghe

Sunethra Manel Kasthuri

Pubudika Udani Amarasinghe

Chammi Dinusha Balasuriya

Sachini Shashikala

Thasitha Sadaruwan

Lakmini Udayangani Kumari

Ruwani Nimalika Wickramasinghe

Wijethunga Korallalage 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

Balakrishnan Nadan Kaushalya

Ajith Kumara Wanaguru

# Retirement

Dr Nayana De Alwis  
MBBS, MSc (Community Medicine), MD (Community Medicine)  
Consultant Community Physician



After years of dedicated service to the Ministry of Health, Sri Lanka, Dr Nayana De Alwis, Consultant Community Physician, who was attached to the National Cancer Control Programme and in-charge of the Preventive and Early Detection Unit, recently embarked into a well-desired retirement.

The National Cancer Control Programme benefitted from her leadership qualities and the passion to work. The smooth functioning of the activities that were under her purview was evidence that Dr Nayana De Alwis, made it a priority to give generously of her time and experience, to whatever she did. Her hardworking and friendly nature added shine to her quality performance at work.

The National Cancer Control Programme, salutes Dr Nayana De Alwis for a stellar career in public health and wishes best of health for the years ahead, while sincerely thanking her for the contributions made.

Thank you!





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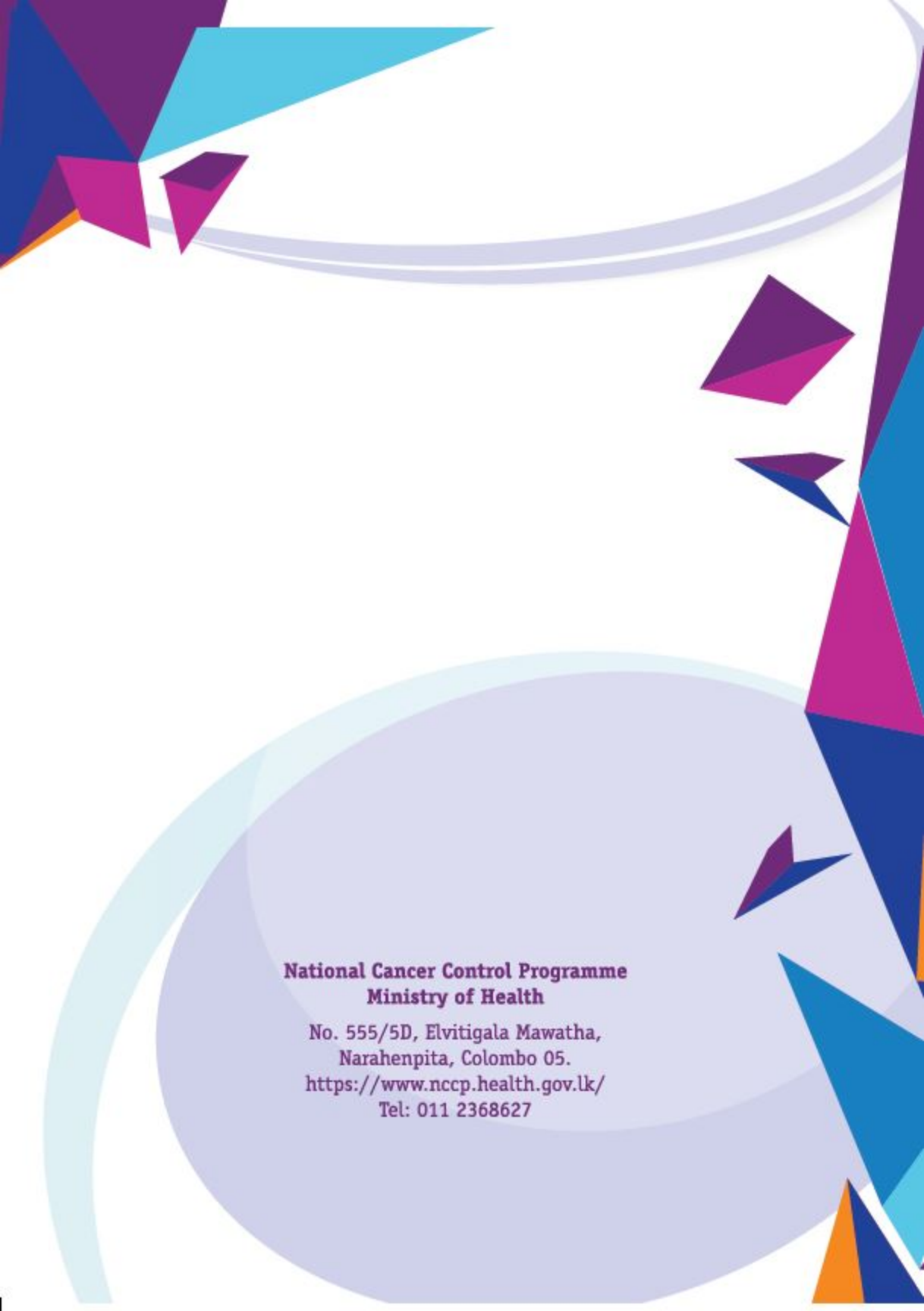
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**National Cancer Control Programme  
Ministry of Health**

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