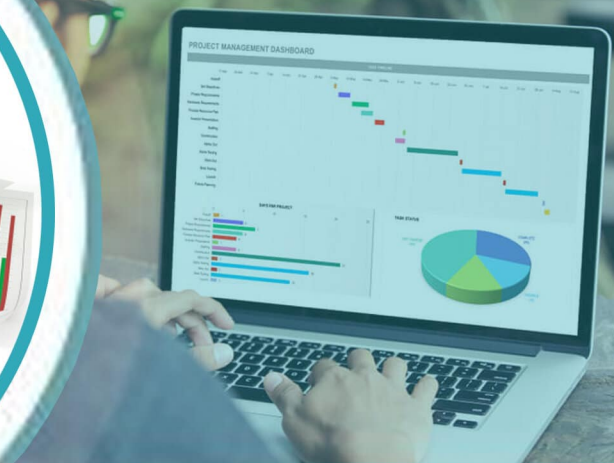


[illegible]

ಪ್ರವಾಚನದ ವಿವರ: ಕೆಳಕಂಡ ಮಾಹಿತಿಗಳನ್ನು ನೋಡಿ: -

## Colombo



**NATIONAL CANCER CONTROL PROGRAMME**  
*MINISTRY OF HEALTH AND INDIGENOUS MEDICAL SERVICES*



1<sup>st</sup> Publication      Cancer Mortality Data of Colombo district: 2017  
Published date      20<sup>th</sup> May 2020

**Compiled by**

**SRI LANKA CANCER REGISTRY**

Strategic Information Management (SIM) Unit

National Cancer Control Programme

**Published by**



**National Cancer Control Programme**

Ministry of Health and Indigenous Medical Services

555/5, Public Health Complex

Elvitigala Mawatha

Narahenpita

Colombo 05

Sri Lanka

Contact no +94 112368627, Fax +94 112368627

Email [nccpsl@yahoo.com](mailto:nccpsl@yahoo.com)

Web [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)



National Cancer Control Programme, Sri Lanka

## Acknowledgement

### **Ministry of Health Officials**

Secretary – Ministry of Health & Indigenous Medical Services

Additional Secretary (Public Health Services)

Additional Secretary (Medical Services)

Director General of Health Services

Deputy Director General (NCD)

Members of the National Advisory Committee on Prevention & Control of Cancers

Members of the Technical Advisory Committee on Cancer Registration & Research

Registrar General's Department

District Secretariat – Colombo

Divisional Secretariat Offices- Colombo district

Divisional Death Registrars of Colombo district

### **Cancer Care Association – Sri Lanka**

### **WHO Country Office – Sri Lanka**

### **International Organizations for Cancer Registry**

International Agency for Research on Cancer (IARC), Lyon, France

- Dr. Freddie Bray - Head, Section of Cancer Surveillance
- Mr. Leslie Mery - Global Programme Manager, Section of Cancer Surveillance

IARC Regional Hub, Centre for Cancer Epidemiology, Advanced Centre for Treatment, Research and Education in Cancer, Tata Memorial Centre, Mumbai, India

- Dr. Rajesh Dixit – Professor of Epidemiology
- Dr. Atul Budukh – Assistant Professor of Epidemiology

International Association for Cancer Registries (IACR)

WIA Cancer Institute, Adyar, Chennai, India

- Prof. R.Swaminathan- Head, Department of Epidemiology, Bio statistics and Cancer Registry

**National Cancer Control Programme – Sri Lanka**

Past Directors, Deputy Directors and Staff of National Cancer Control Programme

Current Director, Deputy Director & Staff of National Cancer Control Programme

## Executive Summary

### Introduction

The process of cancer registration commenced in Sri Lanka as a hospital-based cancer registry with the processing of cancer frequency data of year 1985. Over the years the process of cancer registration is evolving. From year 2012 population-based cancer registry (PBCR) in Colombo district was commenced and in addition to the cancer incidence data, cancer related death data are also collected for the PBCR through divisional death registrars of Colombo district. Objective of this study is to conduct basic analysis of cancer mortality collected from Colombo district for the PBCR.

### Methodology

A total of 49 divisional death registrars in Colombo district sent monthly cancer related deaths in the subsequent month using the 'Cancer Return Form – 3'. All cancer mortality data were coded according to the ICD O-3 (International Classification of Diseases for Oncology- version 3) and entered into the CanReg 5 database to merge with other cancer registry data as informed through vital registration system. While these data are considered for the PBCR data analysis, death data alone is analyzed after converting into ICD-10 through the CanReg 5.

### Results

Among all registered cancer mortality, about 53.7% (n=1594) were residents in Colombo district. There were 51.5% (n=821) male and 48.5% (n=773) female deaths with crude death rates (CR) of 69.2 per 100,000 and 62.7 per 100,000 respectively. The overall crude death rate was 65.9 per 100,000 population. Deaths due to commonest cancer site in both sexes was the 'other and unspecified group' (n=221; CR: 18.6 and n=187; CR: 15.2 in males and females respectively). The second commonest cancer site resulting in deaths among males was trachea, bronchus and lung (n=118; CR: 9.9) while the third was in lip, tongue and mouth (n=73; CR: 6.2). Prostate, oesophagus, colon and rectum, liver, stomach, larynx and bladder

were the other common sites among males. Among females, the second commonest site was breast (n=165; CR: 13.4) and the third was colon and rectum (n=57; CR: 4.6). In females, ovary, trachea, bronchus and lung, uterus, oesophagus, cervix, pancreas, brain and nervous system were the other common sites.

## **Conclusions and Recommendations**

Since higher number of deaths occurred among males due to preventable cancers like lung cancer and oral cancer, sustainable preventive measures need to be taken to minimize the burden and deaths of these cancers.

Programmes on early detection of cancers need to be further strengthened to ensure early interventions and minimize mortality.

Palliative care services have to be strengthened to improve quality of life of cancer patients and their family members.

## Table of Contents

Executive summary	04
Table of contents	06
List of tables	07
List of figures	08
Abbreviations	09
<b>1. Introduction</b>	10
<b>2. Methodology</b>	11
2.1 Study setting	11
2.2 Reference time period	11
2.3 Data collection	11
2.4 Coding & data entering	11
2.5 Data analysis & report writing	11
<b>3. Results</b>	12
3.1 Distribution of cancer mortality cases reported to death registrars in Colombo district– 2017	12
3.2 Sex-wise distribution of cancer mortality cases in Colombo district – 2017	12
3.3 Distribution of cancer mortality cases in Colombo district by age group and sex – 2017	13
3.4 Leading sites (ICD-10) of cancer mortality in Colombo district – Male & Female 2017	15
3.5 Proportion of leading sites of cancer mortality in Colombo district – 2017	16
3.6 Distribution of cancer related crude death rates of leading cancer sites in Colombo district – 2017	17
3.7 Selected cancer mortality sites by age group in Colombo district – 2017	18
3.7.1 Breast Cancer (C 50)	18
3.7.2 Cervical Cancer (C 53)	18
3.7.3 Lip, tongue and mouth cancer (C 00 - 06)	19
3.7.4 Trachea, bronchus and lung cancer (C33 – C34)	19
3.7.5 Colon and rectum (C18 – C20)	20
<b>4. Limitations</b>	21
<b>5. Conclusions and Recommendations</b>	22
<b>References</b>	23
<b>Annex</b>	

## List of Tables

Table 1:	Distribution of cancer mortality cases reported to death registrars in Colombo district – 2017	12
Table 2:	Sex-wise distribution of cancer mortality cases in Colombo district – 2017	12
Table 3:	Distribution of number of cancer mortality cases among residents of Colombo district by age group and sex – 2017	13
Table 4:	Leading sites (ICD 10) of cancer mortality cases in Colombo district – Male & Female 2017	15



## List of Figures

Figure 1:	Distribution of number of cancer mortality cases among residents of Colombo district by age group and sex – 2017	14
Figure 2:	Proportion of leading sites of cancer mortality – Male 2017	16
Figure 3:	Proportion of leading sites of cancer mortality – Female 2017	16
Figure 4:	Distribution of cancer related crude death rates of leading ICD 10 sites per 100,000 population in Colombo district – Male 2017	17
Figure 5:	Distribution of cancer related crude death rates of leading ICD 10 sites per 100,000 population in Colombo district – Female 2017	17
Figure 6:	Distribution of deaths due to breast cancer according to age group in Colombo district – 2017	18
Figure 7:	Distribution of deaths due to cervical cancer according to age group in Colombo district – 2017	18
Figure 8:	Distribution of deaths due to cancers in lip, tongue and mouth according to age group in Colombo district – 2017	19
Figure 9:	Distribution of deaths due to cancers in trachea, bronchus and lung according to age group in Colombo district – 2017	19
Figure 10:	Distribution of deaths due to cancers in Colon & rectum according to age group in Colombo district – 2017	20

## List of Abbreviations

<b>CR</b>	Crude Death Rate
<b>ICD 10</b>	International Classification of Diseases – 10 <sup>th</sup> version
<b>ICD 0-3</b>	International Classification of Diseases for Oncology – 3 <sup>rd</sup> version
<b>NCCP</b>	National Cancer Control Programme
<b>PBCR</b>	Population Based Cancer Registry
<b>WHO</b>	World Health Organization

## 1. Introduction

Burden of cancer is an evolving public health problem with a rapid rise in both morbidity and mortality worldwide. Incidence, prevalence, survival and mortality data are some of the main epidemiological measures used to describe the burden of cancers. In Sri Lanka, mortality data was collected through the Registrar General's Department since 1867. Cause of deaths were classified according to the International Classification of diseases/deaths since 1880, and the ICD – 10<sup>th</sup> revision is used from 1996 (Chapter III - Vital Statistics, 2020).

Cancer related mortality data is an important source for the PBCR. Since 2012, the National Cancer Control Programme (NCCP) has been collecting details of cancer mortality monthly from the Divisional Death Registrars of Colombo district (Annex 1) in collaboration with Registrar General's Department & District Secretariat, Colombo for the PBCR.

## **2. Methodology**

### **2.1 Study setting**

Deaths occurring in all 49 divisional death registrars' divisions in Colombo district (Annex 2).

### **2.2 Reference time period**

Cancer mortality occurred in Colombo district from 01.01.2017 to 31.12.2017.

### **2.3 Data Collection**

The Cancer Return Form - 3 is used for data collection from the 49 divisional death registrars in Colombo district. They sent the monthly return mentioning the previous months cancer mortality. If death due to cancer has not occurred, a 'nil return' is sent next month. Further details on data collection and data collection forms are annexed (Annex 3 – 5).

### **2.4 Data coding & entering**

All cancer deaths were coded according to ICD O-3 and entered into the CanReg 5 national cancer registry database to merge with other cancer incidence data.

### **2.5 Data analysis & report writing**

Deaths due to cancer among the permanent residents of Colombo district, occurred between 01.01.2017 to 31.12.2017 were selected from CanReg5 national cancer registry database. The selected data was exported to MS excel & SPSS and analysis was conducted.

### 3. Results

#### 3.1 Distribution of cancer mortality cases reported to death registrars in Colombo district – 2017

Table 1: Distribution of cancer mortality cases reported to death registrars in Colombo district – 2017

Distribution	Deaths	
Colombo district	1594	53.7%
Other districts	1343	45.3%
Foreigners	5	0.2%
District not known	25	0.8%
<b>Total</b>	<b>2967</b>	<b>100.00%</b>

#### 3.2 Sex-wise distribution of cancer mortality cases in Colombo district – 2017

Table 2: Sex-wise distribution of cancer mortality cases in Colombo district – 2017

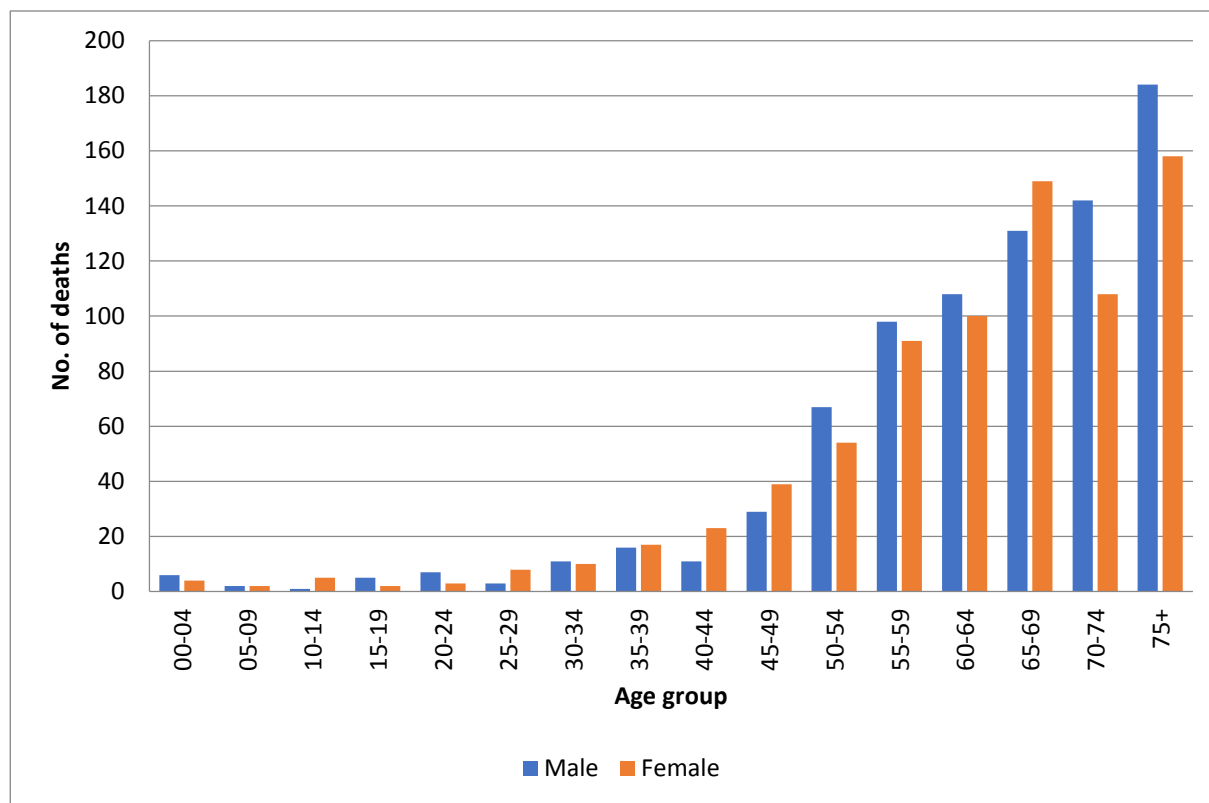
Sex	Estimated mid-year population	Deaths		CR
Male	1,187,000	821	51.5%	69.2
Female	1,232,000	773	48.5%	62.7
<b>Total</b>	<b>2,419,000</b>	<b>1594</b>	<b>100.00%</b>	<b>65.9</b>

(Statistics, 2020)

### 3.3 Distribution of cancer mortality cases in Colombo district by sex & age group – 2017

Table 3: Distribution of number of cancer mortality cases among residents of Colombo district by age group and sex – 2017

Age group	Male		Female		Total	
	No	%	No.	%	No.	%
00-04	6	0.7	4	0.5	10	0.6
05-09	2	0.2	2	0.3	4	0.3
10-14	1	0.1	5	0.6	6	0.4
15-19	5	0.6	2	0.3	7	0.4
20-24	7	0.9	3	0.4	10	0.6
25-29	3	0.4	8	1.0	11	0.7
30-34	11	1.3	10	1.3	21	1.3
35-39	16	1.9	17	2.2	33	2.1
40-44	11	1.3	23	3.0	34	2.1
45-49	29	3.5	39	5.0	68	4.3
50-54	67	8.2	54	7.0	121	7.6
55-59	98	11.9	91	11.8	189	11.9
60-64	108	13.2	100	12.9	208	13.0
65-69	131	16.0	149	19.3	280	17.6
70-74	142	17.3	108	14.0	250	15.7
75+	184	22.4	158	20.4	342	21.5
<b>Total</b>	<b>821</b>	<b>100.0</b>	<b>773</b>	<b>100.0</b>	<b>1594</b>	<b>100.0</b>



**Figure 1: Distribution of number of cancer mortality cases among residents of Colombo district by age group and sex – 2017**

Age group wise distribution of cancer mortality cases according to ICD 10 sites among male (Annex 6) and female (Annex 7) are annexed.

### 3.4 Leading sites (ICD 10) of cancer mortality in Colombo district – Male & Female 2017

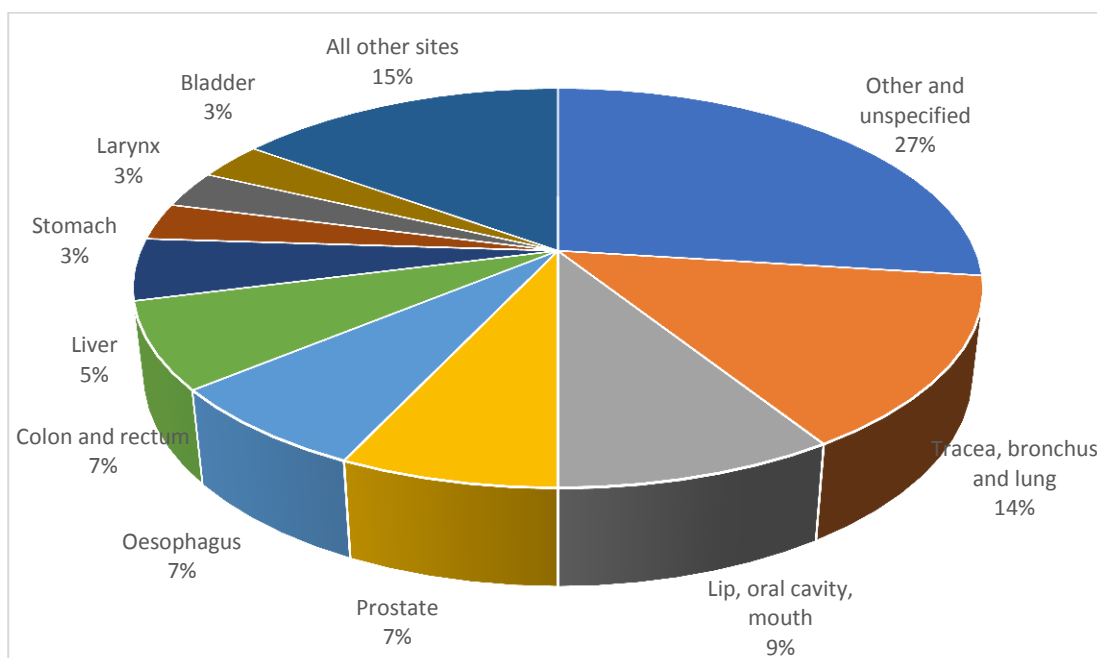
Table 4: Leading sites (ICD 10) of cancer mortality cases in Colombo district – Male & Female 2017

Males				Females			
ICD 10	Site	Cases	CR	ICD 10	Site	Cases	CR
<b>C26, C48, C76, C77, C80</b>	Other and unspecified	221	18.6	<b>C26, C48, C76, C77, C80</b>	Other and unspecified	187	15.2
<b>C33-C34</b>	Trachea, bronchus and lung	118	9.9	<b>C50</b>	Breast	165	13.4
<b>C00-C06</b>	Lip, tongue, mouth	73	6.2	<b>C18-C20</b>	Colon and rectum	57	4.6
<b>C61</b>	Prostate	59	5.0	<b>C56</b>	Ovary	52	4.2
<b>C15</b>	Oesophagus	56	4.7	<b>C33-C34</b>	Trachea, bronchus and lung	45	3.6
<b>C18-C20</b>	Colon and rectum	55	4.6	<b>C54, C55</b>	Uterus	42	3.4
<b>C22</b>	Liver	45	3.8	<b>C15</b>	Oesophagus	29	2.4
<b>C16</b>	Stomach	26	2.2	<b>C53</b>	Cervix uteri	29	2.4
<b>C32</b>	Larynx	25	2.1	<b>C25</b>	Pancreas	27	2.2
<b>C67</b>	Bladder	21	1.8	<b>C70-C72</b>	Brain, nervous system	20	1.6
<b>C00-D47</b>	<b>All sites</b>	<b>821</b>	<b>69.2</b>	<b>C00-D47</b>	<b>All sites</b>	<b>773</b>	<b>62.7</b>

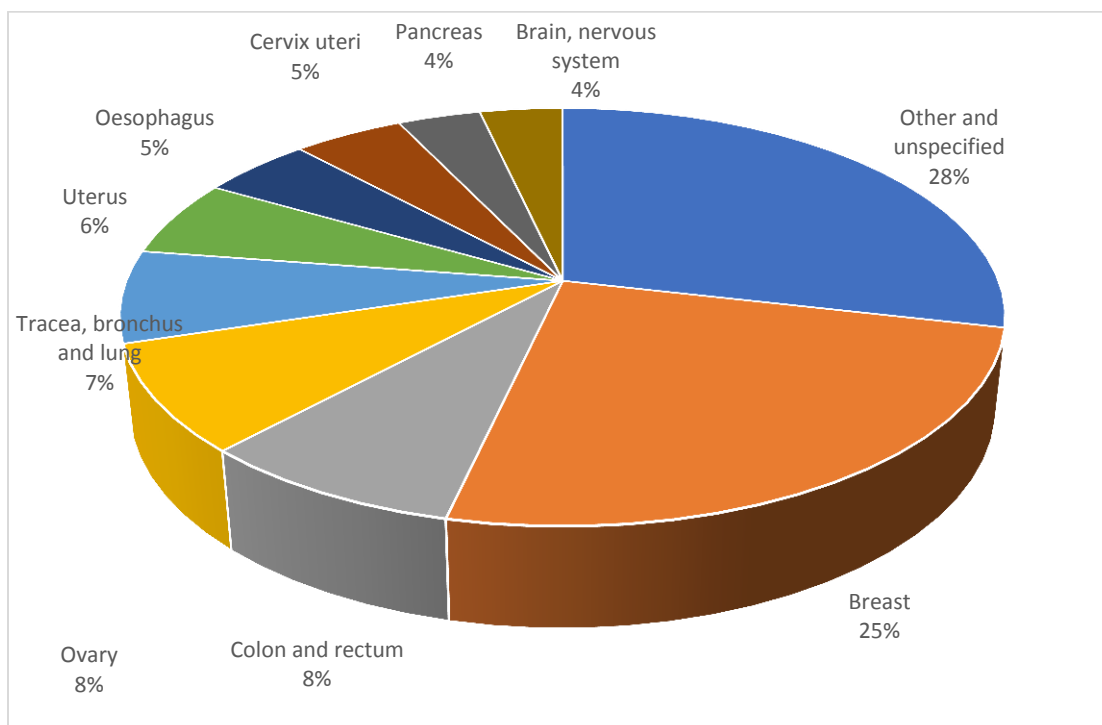
Colombo district 2017 Mid-year male population = 1,187,000; Colombo district 2017 Mid-year female population = 1,232,000  
(Statistics, 2020)



### 3.5 Proportion of leading sites of cancer mortality in Colombo district – 2017



**Figure 2: Proportion of leading sites of cancer mortality - Male 2017**



**Figure 3: Proportion of leading sites of cancer mortality - Female 2017**

### 3.6 Distribution of cancer related crude death rates of leading cancer sites in Colombo district – 2017

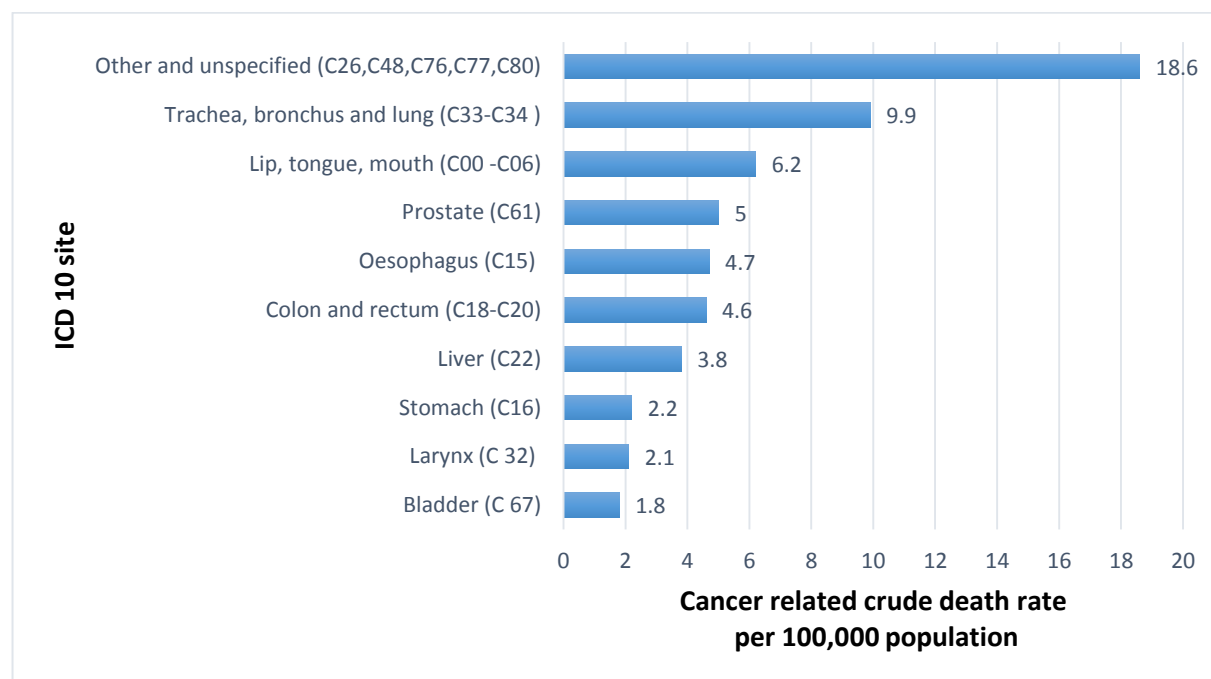


Figure 4: Distribution of cancer related crude death rates of leading ICD 10 sites per 100,000 population in Colombo district – Male 2017

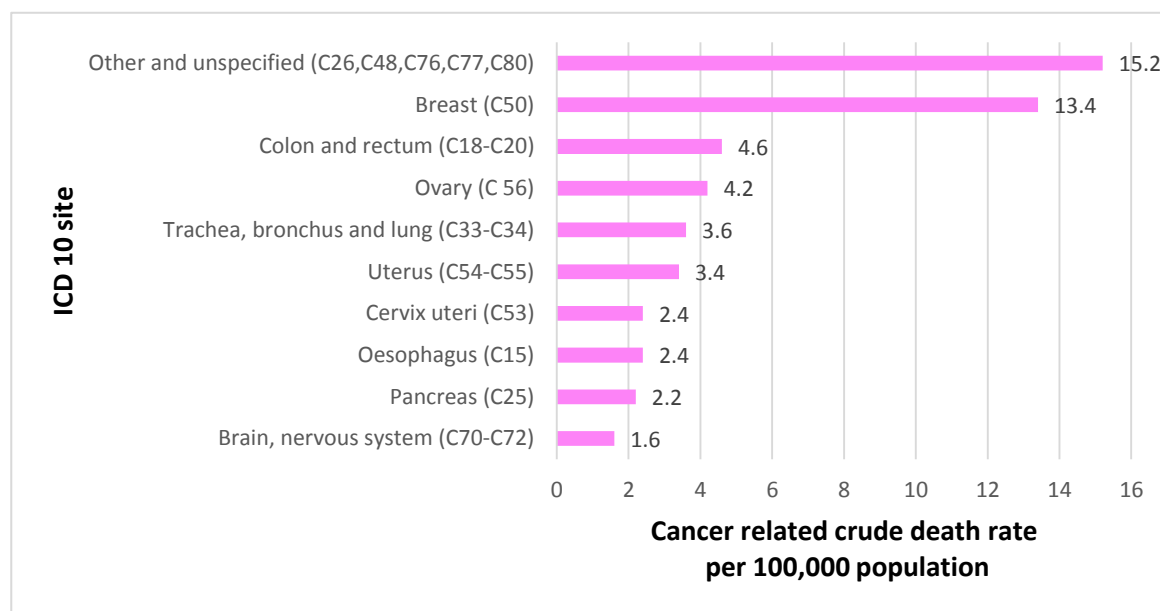


Figure 5: Distribution of cancer related crude death rates of leading ICD 10 sites per 100,000 population in Colombo district – Female 2017

### 3.7 Selected cancer mortality sites by age group in Colombo district – 2017

#### 3.7.1 Breast cancer (C 50)

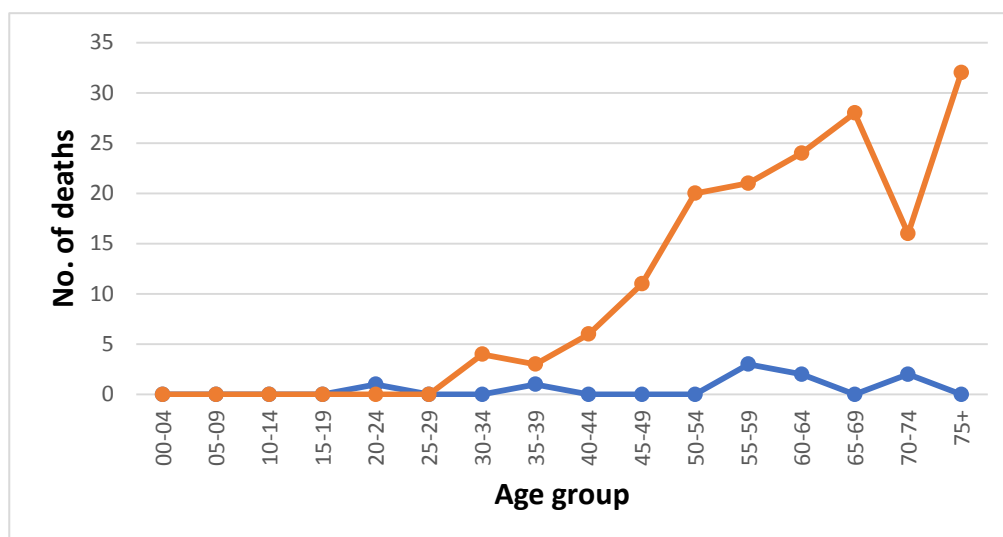


Figure 6: Distribution of deaths due to breast cancer according to age group in Colombo district – 2017

#### 3.7.2 Cervical Cancer (C 53)

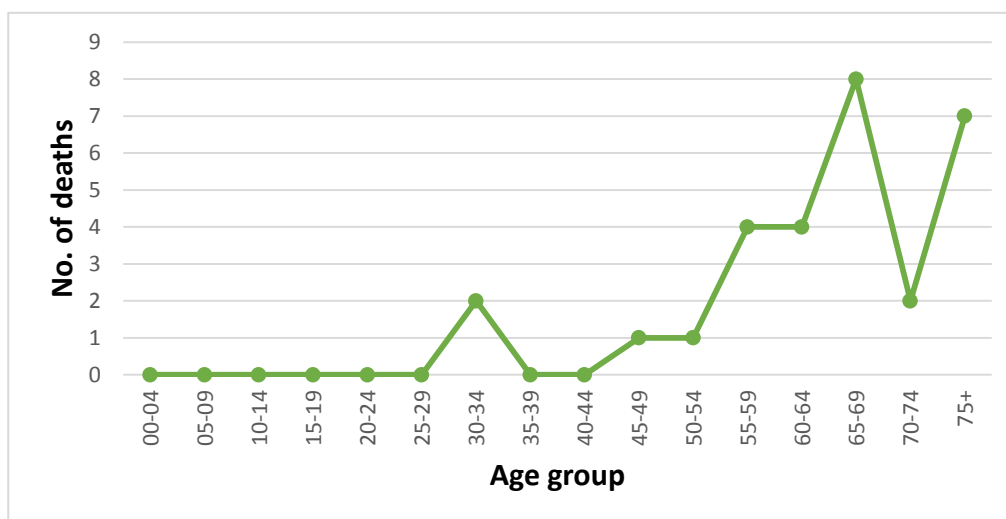


Figure 7: Distribution of deaths due to cervical cancer according to age group in Colombo district – 2017

### 3.7.3 Lip, tongue and mouth cancer (C00-C06)

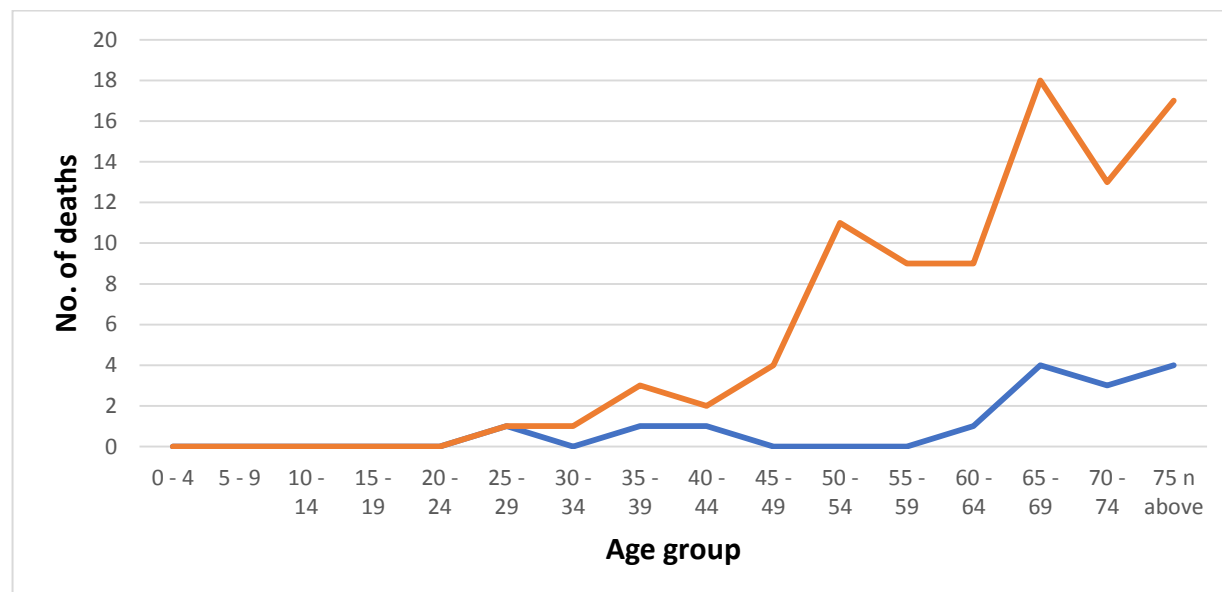


Figure 8: Distribution of deaths due to cancers in lip, tongue and mouth according to age group in Colombo district – 2017

### 3.7.4 Trachea, bronchus & lung cancer (C33-C34)

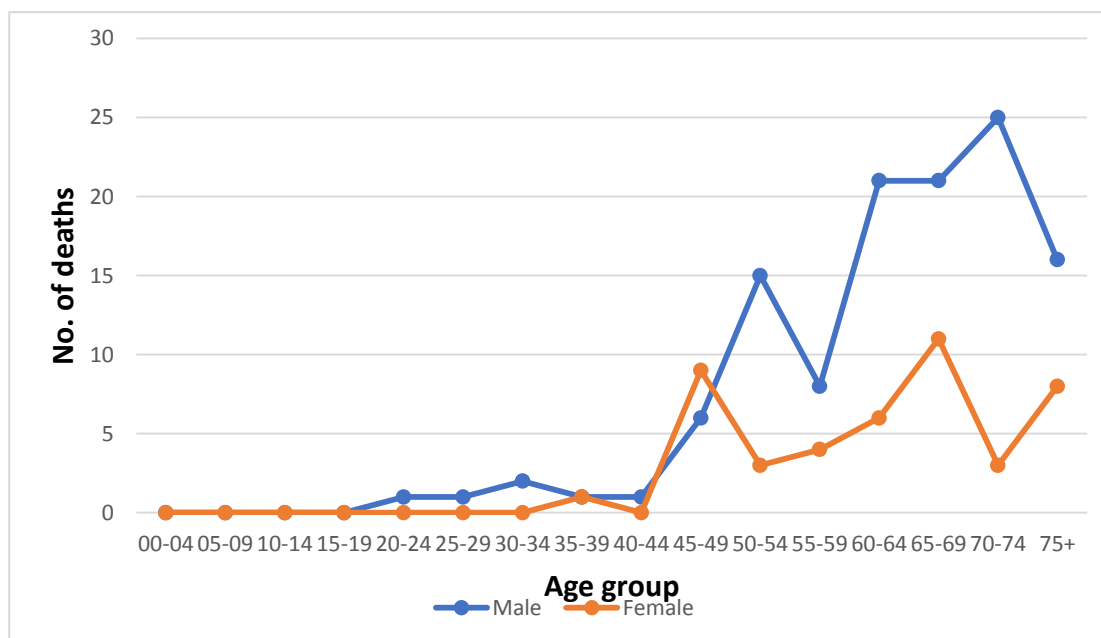
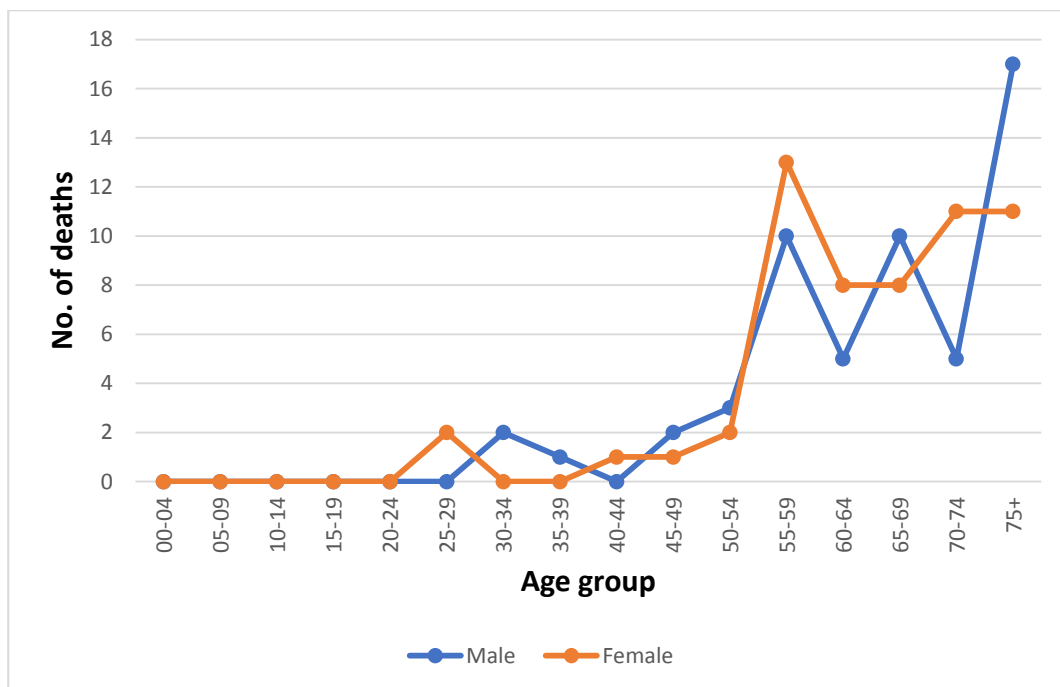


Figure 9: Distribution of deaths due to cancers in trachea, bronchus and lung according to age group in Colombo district – 2017

### 3.7.5 Colon & Rectum (C18 - C20)



**Figure 10: Distribution of deaths due to cancers in colon & rectum according to age group in Colombo district – 2017**

## 4 Limitations

- Site of cancer was coded according to the ICD-O 3 classification and data was entered into CanReg 5 software mentioning the source of data as 'death registrar'. Through the CanReg software the coding of each case was converted into ICD-10 coding system. Hence, analysis was done using ICD-10 classification.
- Deaths were reported through divisional death registrars and therefore, histology/cytology of diagnosed cancers were not considered. Hence, lymphomas and leukemias were not converted to ICD -10 through the CanReg 5 software and were grouped as unspecified. It is reflected in the analysis as the commonest site of cancer being "other and unspecified" since it includes 'leukaemias and lymphomas' also.
- Age specific death rates were not calculated as the age group of estimated population of Colombo district was not available.

## 5 Conclusions & Recommendations

- Smoking cessation can easily reduce the risk of lung cancers which is the second commonest cite of cancer mortality in males and also seen among ten common cancers in females.
- Deaths due to cancers in lip, oral cavity and mouth can be reduced by reducing risk factors and strengthening early detection approaches for oral cancers.
- Breast cancer; the second commonest cause for deaths in females can be reduced by promoting early detection.
- Cervical cancer preventive efforts need to be more strengthened as deaths due to cervical cancers can be prevented easily.
- Necessity for improving palliative care services is emphasized considering the increased number of cancer mortality with ageing.

## References

Statistics.gov.lk. 2020. [online] Available at:

<http://www.statistics.gov.lk/PopHouSat/VitalStatistics/MidYearPopulation/Mid-year%20population%20by%20district.pdf> [Accessed 5 May 2020].

Statistics.gov.lk. 2020. *Chapter III - Vital Statistics*. [online] Available at:

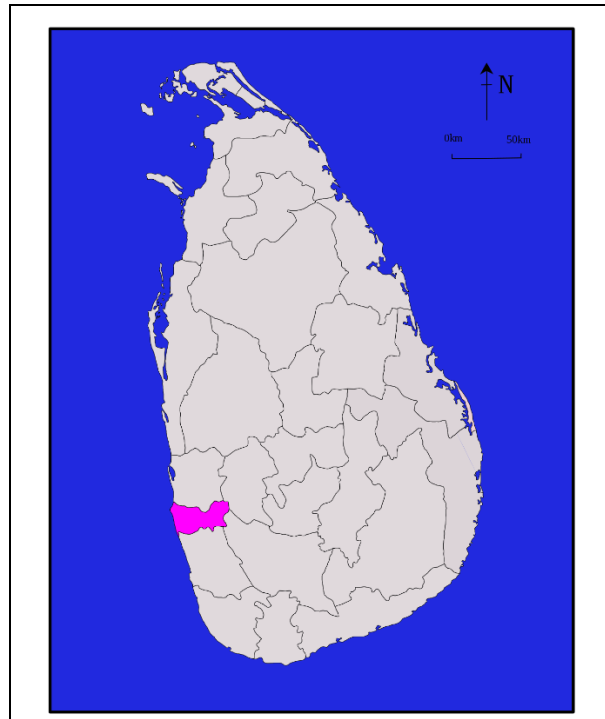
<http://www.statistics.gov.lk/Abstract2014/Pages/chap3.htm> [Accessed 5 May 2020].



## Annex

### Annex 1

#### Map of Colombo district



Colombo District

## Annex 2

**Table: Distribution of cancer mortality by Divisional Death Registrars in 2017**

Death Registrar Division	Colombo	Out of Colombo	Total
1 Dam Street - Fort (Medical)			
2 Dam Street – Aluthkade	4	1	5
3 Dam Street – Maradana			
4 Dam Street - New Bazar			
5 Dam Street - Kotahena (Medical/Sinhala)	9	0	9
6 Dam Street - Kotahena (Medical/Tamil)			
7 Dam Street - Modara (Medical)	7	0	7
8 Dam Street - Slave Island (Medical)	33	14	47
9 Dehiwala - Dehiwala/Kalubowila (Medical)	144	28	172
10 Hanwella - Kaluaggala (Hewagam Korale)	81	4	85
11 Hanwella - Avissawella Town (Hewagam Korale) (Medical)			
12 Hanwella - Kosgama (Hewagam Korale)	7	0	7
13 Hanwella - Hanwella (Hewagam Korale)	1	0	1
14 Homagama - Kottawa (Hewagam Korale)	8	0	8
15 Homagama - Athurugiriya (Hewagam Korale)	28	1	29
16 Homagama - Kahathuduwa (Salpiti Korale)	5	0	5
17 Homagama - Mattegoda (Salpiti Korale)			
18 Homagama - Salpiti Korale (Salpiti Korale/Kiriwattuduwa)			
19 Homagama - Mattegoda (Salpiti Korale/Hewagam Korale/Athurugiriya)	10	1	11
20 Kaduwela - Battaramulla (Hewagam Korale)	16	1	17
21 Kaduwela - Ranala (Hewagam Korale)			
22 Kesbewa - Mampe (Salpiti Korale)	18	3	21
23 Kesbewa - Boralesgamuwa (Colombo)	5	0	5
24 Kesbewa - Pepiliyana (Salpiti Korale)	4	0	4

25 Kesbewa - Thumbowila	23	1	24
26 Kesbewe - Kesbewa (Salpiti Korale)	1	0	1
27 Kolonnawa - Mulleriyawa (Hewagam Korale)	25	2	27
28 Kolonnawa - Kolonnawa (Medical)	17	0	17
29 Kolonnawa - Lower Ambathale (Colombo)	31	0	31
30 Maharagama - Maharagama North (Colombo)	758	1241	1999
31 Maharagama - Maharagama South (Colombo)	18	0	18
32 Maharagama - Jayewardenepura South (Medical)	35	4	39
33 Moratuwa - Moratuwa Town South (Medical)	13	2	15
34 Moratuwa - Moratuwa Town North (Medical)	35	0	35
35 Padukka - Padukka (Hewagam Korale-Muslim)			
36 Padukka - Padukka (Hewagam Korale)	17	0	17
37 Padukka - Waga (Hewagam Korale)	7	0	7
38 Rathmalana - Rathmalana (Medical)	25	0	25
39 Rathmalana - Attidiya (Colombo division/ Attidiya)	4	0	4
40 Sri Jayewardenepura Kotte - Kotte North (Medical)	10	0	10
41 Thimbirigasyaya - Dematagoda (Medical)	26	2	28
42 Thimbirigasyaya - Kirulapone (Sinhala)	129	(5 Foreigners) 54	183
43 Thimbirigasyaya - Kirulapone (Tamil)	1	0	1
44 Thimbirigasyaya - Kollupitiya (Medical)	14	2	16
45 Thimbirigasyaya - Wellawatte (Medical)	17	5	22
46 Thimbirigasyaya - De Zoysa Hospital for Women (Medical)			
47 Thimbirigasyaya - General Hospital (Medical)			
48 Thimbirigasyaya - Borella (Medical)			
49 Thimbirigasyaya			
Not available	8	7	15
<b>Total</b>	<b>1594 (53.7%)</b>	<b>1373 (46.3%)</b>	<b>2967</b>

## Annex 3

### 7. Data Collection from Death Registrars

- Along with the population-based cancer surveillance initiated in Colombo district in the year 2012, the Cancer Return Form – 3 was introduced through the circular of Registrar General's Department dated 05/06/2012.
- Cancer incidence data from Death Registrars in Colombo district are obtained using Cancer Return Form - 3.
- Following instructions ensure accurate and complete documentation of the Cancer Return Form - 3 by the Death Registrars.

- All cancer related deaths should be reported using the Cancer Return Form - 3.
- Below mentioned instructions should be followed to identify cancer related deaths.
  - When a death occurs in a hospital, information of the Death Declaration Form should be used to identify cancer related deaths. If cancer is stated at any of following three places in Death Declaration Form under the cause of death - No.7, it should be considered as a cancer related death.
    - (a) Immediate cause
    - (b) Antecedent and/ or underline causes
    - (c) Other contributory causes
  - In addition to the Death Declaration Form, previous diagnosis cards and clinical records of the deceased are useful to identify cancer related deaths.
  - When the cause of death is not confirmed by a Medical Officer or a Coroner, if cancer is mentioned as the cause of death in verbal autopsy form (No. 155 b), the death should be considered as a cancer related death.
  - Following terms are used to indicate cancer. Therefore, the Cancer Return Form - 3 should be filled if any of these terms is mentioned in the deceased's medical records.

Cancer	Sarcoma	Glioma
Malignancy	Leukemia	Astrocytoma
Malignant neoplasm	Lymphoma	Blastoma
Malignant tumour	Plasmacytoma	Myelodysplastic syndrome
Carcinoma	Multiple myeloma	
- Use a new sheet of the Cancer Return Form – 3 for each month.
- Death Registrars covering more than one division should fill separate sheet for each division.

- Cancer Return Form should be prepared monthly and send before the 15<sup>th</sup> of the following month to the below mentioned address.

Director,  
National Cancer Control Programme,  
555/5, Public Health Complex, Elvitigala Mawatha,  
Narahenpita, Colombo – 05

- When no cancer deaths are reported in a month, a NIL return of the Cancer Return Form-3 mentioning “no cancer deaths” should be sent to the National Cancer Control programme.
- Cancer Return Form–3 is provided to each Death Registrar by the National Cancer Control Programme in adequate numbers. It is the responsibility of the Death Registrar to request more Cancer Return Forms in due time, before the provided forms are over.

**In case of any doubts/ issues while completing the form, the coordinating officer (Medical Officer/ Public Health Nursing Sister) at the Surveillance Unit of the National Cancer Control Programme should be contacted through 011-2368627.**

## Annex 4

சுரீ லுனாவே பிலிகா ஶாவேன்ஷலுட  
புற்றுநோய்க் கண்காணிப்பு - இலங்கை

(ප්‍රතික පිළිකා මද්දන වැඩසටහන, සෞඛ්‍ය අමාත්‍යාංශය සහ රෙජිස්ට්‍රාර් ජෙනරාල් දෙපාර්තමේන්තුව විකාශනය කළ) (දෙවැනි වැඩසටහන)

(දෙවැනි පුහුණුවක් සඳහා) ශ්‍රී ලංකාවේ නියෝජ්‍ය සෞඛ්‍ය ඇමතිතුමාගේ ප්‍රධානත්වයෙන් යුතුව සම්පාදනය කරනු ලබන

சிபிரிசு மரண வார்த்தை - 3  
புற்றுநோய் இறப்பு வரவுப்படிவம் - 3

**මරණ ලියාපදිංචි කිරීමේ නිලධාරී කොට්ඨාසය / இறப்பு பதிவாளர் :-**

வினா/நாள் :- ..... விடை/ வருடம் :- .....

[illegible]

.....

.....  
**ഇതി/ വേര് :-**

கி.இ.இ.இ.அ. அபிசாரப்பாண்டி முத்திரை :-

## Annex 5

**ශ්‍රී ලංකාවේ පිළිකා ආවේක්ෂණය**  
**பற்றுநோய்க் கண்காணிப்பு - இலங்கை**

[illegible]

பிழைமா மர்ண வர்ணா கிரீதே சேர்மய - 3  
புற்றுநோய் இறப்பு வரவுப்படிவம்-3

[illegible]

මරණ ලියාපදිංචි රෙජිස්ට්‍රාර්තුමා/තුමියගේ අත්සන/ඉරාදායා පත්‍රිකාණික කෙසෙබැව්බ

தலை/பெயர் :- .....

கிடைத்த பதிலை/அதிகாரப்பூர்வ முத்திரை :- .....

Name, signature and the official stamp of the Death Registrar. Each completed form should be signed by the Death Registrar

## Annex 6

**Table: Distribution of cancer mortality by sex & age group cases among males in Colombo district – 2017**

ICD 10	Site	Age category																Total	CR
		0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 & above		
<b>C00</b>	Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C01-02</b>	Tongue	0	0	0	0	0	0	0	0	0	3	5	3	5	4	5	4	<b>29 (3.5%)</b>	<b>2.4</b>
<b>C03-06</b>	Mouth	0	0	0	0	0	0	1	2	1	1	6	6	3	10	5	8	<b>43 (5.2%)</b>	<b>3.6</b>
<b>C09</b>	Tonsils	0	0	0	0	0	0	0	0	0	1	0	1	1	1	1	0	<b>5 (0.6%)</b>	<b>0.4</b>
<b>C10</b>	Other oropharynx	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	<b>2 (0.2%)</b>	<b>0.2</b>
<b>C12-13</b>	Hypopharynx	0	0	0	0	0	0	0	0	0	1	0	3	2	0	1	0	<b>7 (0.9%)</b>	<b>0.6</b>
<b>C14</b>	Pharynx unspecified	0	0	0	0	0	0	0	0	0	1	1	4	3	2	3	3	<b>17 (2.1%)</b>	<b>1.4</b>
<b>C15</b>	Oesophagus	0	0	0	0	0	0	0	1	1	0	6	11	6	12	13	6	<b>56(6.8%)</b>	<b>4.7</b>
<b>C16</b>	Stomach	0	0	0	0	0	0	1	0	1	1	1	5	6	5	2	4	<b>26 (3.2%)</b>	<b>2.2</b>
<b>C17</b>	Small intestine	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C18-20</b>	Colon and rectum	0	0	0	0	0	0	2	1	0	2	3	10	5	10	5	17	<b>55 (6.7%)</b>	<b>4.6</b>
<b>C21</b>	Anus	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	<b>3 (0.4%)</b>	<b>0.2</b>
<b>C22</b>	Liver	0	0	0	0	0	0	0	0	0	1	1	6	7	9	12	9	<b>45 (5.5%)</b>	<b>3.8</b>
<b>C23-24</b>	Gall bladder etc.	0	0	0	0	0	0	0	0	0	0	3	0	0	3	0	4	<b>10 (1.2%)</b>	<b>0.8</b>
<b>C25</b>	Pancreas	0	0	0	0	0	0	0	0	0	1	1	3	2	1	2	4	<b>14 (1.7%)</b>	<b>1.2</b>
<b>C30-31</b>	Noses, sinuses etc.	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C32</b>	Larynx	0	0	0	0	0	0	0	0	0	1	1	4	5	7	2	5	<b>25 (3.0%)</b>	<b>2.1</b>
<b>C33-34</b>	Trachea, bronchus and lung	0	0	0	0	1	1	2	1	1	6	15	8	21	21	25	16	<b>118 (14.4%)</b>	<b>9.9</b>



<b>C37-38</b>	Other thoracic organs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C40-41</b>	Bone	0	0	0	2	0	0	1	0	0	0	0	0	0	0	1	0	0	<b>4 (0.5%)</b>	<b>0.3</b>
<b>C44</b>	Other skin	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	<b>2 (0.2%)</b>	<b>0.2</b>
<b>C47, C49</b>	Connective and soft tissue	1	0	1	0	0	0	1	0	0	0	2	0	1	0	1	0		<b>7 (0.9%)</b>	<b>0.6</b>
<b>C50</b>	Breast	0	0	0	0	1	0	0	1	0	0	0	3	2	0	2	0		<b>9 (1.1%)</b>	<b>0.8</b>
<b>C60</b>	Penis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	<b>2 (0.2%)</b>	<b>0.2</b>
<b>C61</b>	Prostate	0	0	0	0	0	0	0	0	0	0	0	5	3	11	11	29		<b>59 (7.2%)</b>	<b>5.0</b>
<b>C62</b>	Testis	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	1		<b>4 (0.5%)</b>	<b>0.3</b>
<b>C63</b>	Other male genital organs	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		<b>1 (0.1%)</b>	<b>0.1</b>
<b>C64</b>	Kidney	0	0	0	0	0	0	0	0	0	1	1	1	1	1	2	2		<b>9 (1.1%)</b>	<b>0.8</b>
<b>C67</b>	Bladder	0	0	0	0	0	0	0	0	0	2	1	1	1	1	4	11		<b>21 (2.6%)</b>	<b>1.8</b>
<b>C69</b>	Eye	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		<b>1 (0.1%)</b>	<b>0.1</b>
<b>C70-72</b>	Brain, nervous system	0	0	0	0	1	0	1	0	0	1	0	1	2	5	2	0		<b>13 (1.6%)</b>	<b>1.1</b>
<b>C73</b>	Thyroid gland	0	0	0	0	0	0	0	0	0	0	0	1	0	2	2	1		<b>6 (0.7%)</b>	<b>0.5</b>
<b>C74</b>	Adrenal gland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		<b>1 (0.1%)</b>	<b>0.1</b>
<b>C75</b>	Other endocrine glands	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		<b>1 (0.1%)</b>	<b>0.1</b>
<b>C95</b>	Leukaemia unspecified	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0		<b>1 (0.1%)</b>	<b>0.1</b>
<b>C26,C48, C76, C77,C80</b>	Other and unspecified	4	2	0	3	4	2	1	9	7	6	18	20	31	20	41	53		<b>221 (26.9%)</b>	<b>18.6</b>
	<b>All sites</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>11</b>	<b>16</b>	<b>11</b>	<b>29</b>	<b>67</b>	<b>98</b>	<b>108</b>	<b>131</b>	<b>142</b>	<b>184</b>		<b>821 (100.0%)</b>	<b>69.2</b>

## Annex 7

**Table: Distribution of cancer mortality cases by site of cancer & age group among females in Colombo district – 2017**

ICD 10	Sites	Age category																Total	CR
		0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 & above		
<b>C01-02</b>	Tongue	0	0	0	0	0	1	0	1	0	0	0	0	1	1	1	2	<b>7 (0.9%)</b>	<b>0.6</b>
<b>C03-06</b>	Mouth	0	0	0	0	0	0	0	0	1	0	0	0	0	3	2	2	<b>8 (1.0%)</b>	<b>0.6</b>
<b>C12-13</b>	Hypopharynx	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C14</b>	Pharynx unspecified	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	<b>3 (0.4%)</b>	<b>0.2</b>
<b>C15</b>	Oesophagus	0	0	0	0	0	0	1	1	2	3	1	3	2	3	5	8	<b>29 (3.8%)</b>	<b>2.4</b>
<b>C16</b>	Stomach	0	0	0	0	0	0	0	1	0	0	2	0	3	2	3	1	<b>12 (1.6%)</b>	<b>1.0</b>
<b>C17</b>	Small intestine	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	<b>2 (0.3%)</b>	<b>0.2</b>
<b>C18-20</b>	Colon and rectum	0	0	0	0	0	2	0	0	1	1	2	13	8	8	11	11	<b>57 (7.3%)</b>	<b>4.6</b>
<b>C21</b>	Anus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C22</b>	Liver	0	0	0	0	0	0	0	0	2	1	0	0	3	3	5	3	<b>17 (2.2%)</b>	<b>1.4</b>
<b>C23-24</b>	Gall bladder etc.	0	0	0	0	0	0	0	0	1	1	0	5	4	3	1	4	<b>19 (2.5%)</b>	<b>1.5</b>
<b>C25</b>	Pancreas	0	0	0	0	0	0	0	0	0	2	3	2	1	4	6	9	<b>27 (3.5%)</b>	<b>2.2</b>
<b>C30-31</b>	Noses, sinuses etc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	<b>1 (0.1%)</b>	<b>0.1</b>
<b>C32</b>	Larynx	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	4	<b>10 (1.3%)</b>	<b>0.1</b>
<b>C33-34</b>	Trachea, bronchus and lung	0	0	0	0	0	0	0	1	0	9	3	4	6	11	3	8	<b>45 (5.8%)</b>	<b>3.6</b>

ICD 10	Sites	Age category																Total	CR
		0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 & above		
C40-41	Bone	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2	4 (0.5%)	0.3
C44	Other skin	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3 (0.4%)	0.2
C47, C49	Connective and soft tissue	0	0	0	0	0	0	1	0	0	2	2	0	0	0	0	2	7 (0.9%)	0.6
C50	Breast	0	0	0	0	0	0	4	3	6	11	20	21	24	28	16	32	165 (21.3%)	13.4
C51	Vulva	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2 (0.3%)	0.2
C52	Vagina	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1 (0.1%)	0.1
C53	Cervix uteri	0	0	0	0	0	0	2	0	0	1	1	4	4	8	2	7	29 (3.8%)	2.4
C54, C55	Uterus	0	0	0	0	0	0	0	1	0	2	2	3	6	13	7	8	42 (5.4%)	3.4
C56	Ovary	0	0	0	0	0	0	0	2	3	0	2	10	11	12	5	7	52 (6.7%)	4.2
C64	Kidney	0	0	0	0	0	0	0	0	0	0	1	0	0	2	2	1	6 (0.8%)	0.5
C65	Renal pelvis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1 (0.1%)	0.1
C67	Bladder	0	0	0	0	0	0	0	0	0	0	0	1	1	2	1	2	7 (0.9%)	0.6
C70-72	Brain, nervous system	0	1	2	0	0	0	0	1	3	2	2	2	1	4	0	2	20 (2.6%)	1.6
C73	Thyroid gland	0	0	0	0	0	0	0	0	0	0	1	0	0	2	3	2	8 (1.0%)	0.6
C26, C48, C76, C77, C80	Other and unspecified	4	1	3	2	2	5	2	6	4	4	11	21	23	36	29	34	187 (24.2%)	15.2
	All sites	4	2	5	2	3	8	10	17	23	39	54	91	100	149	108	158	773 (100.0%)	62.7