

*National Symposium on  
Best Practice for Innovations on  
Cancer Prevention, Control and Palliative Care  
2018*

National Cancer Control Programme  
Ministry of Health, Nutrition and Indigenous Medicine

## **Abstract Review Committee**

Dr. Thilak Siriwardena, Director-NCD (Chairperson)  
Dr. Usha Jayasuriya, Deputy Director - NCCP  
Dr. Suraj Perera, Consultant Community Physician - NCCP  
Dr. Nayana De Alwis, Consultant Community Physician - NCCP  
Dr. Prasanna Jayasekara, Consultant in Community Dentistry - NCCP  
Dr. N. Jeyakumaran, Consultant Oncologist - Apeksha Hospital  
Dr. Suresh Shanmuganathan, Consultant Oro Maxillo Facial Surgeon - DGH Kalutara  
Dr. Monika Wijerathne, Consultant Community Physician- Western Province, PDHS Colombo  
Dr. Shreeni Alahapperuma, Regional Dental Surgeon - Colombo  
Ms. Malani Basnayake, Special Grade Nursing Officer (Public Health) - NCCP  
Ms. Kumari Iluppitiya, Health Education Officer - Health Promotion Bureau

## **The Organizing Team**

Dr. Sudath Samaraweera	Dr. Kalpani Wijewardena
Dr. Usha Jayasuriya	Dr. Ruchira Ekanayake
Dr. Suraj Perera	Dr. Nirmala Jayanthi
Dr. Nayana De Alwis	Dr. Tevini Vitharana
Dr. Prasanna Jayasekara	Dr. Mangala Liyanage
Dr. Usha Perera	Dr. Chulaka Jayaweera
Dr. Shashimali Wickramasinghe	Dr. Dulanjalee Laxamana
Dr. Uttara Amilani	Ms. Malani Basnayake
Dr. Sumudu Hewage	Mr. R.M.T. Sandaruwan
Dr. Saddharma Weerakoon	Ms. Chamila Peiris
Dr. Dilusha Udugama	Ms. Devika Banneheka
Dr. W.N.Sachintha Dilhani	Ms. B.C.D. Balasooriya
Dr. Dilusha Karunaratne	Ms. L.A.S. Shashikala
Dr. Asanga Abenayake	Ms. A.P.P.U. Amarasinghe
Dr. Kosala Mutukumarana	Ms. H.P.C. Samanmalee
Dr. Asanga Hemaratne	Ms. K.A.P. Niroshani
Dr. Thanuja Wickramathunga	Ms. E.D.R.N. Wickramasinghe
Dr. Imalka Suriyapperuma	Ms. J.L.U. Kumari
Dr. Pushpika Samarakoon	



## **Message from Director General of Health Services**

It is with great pleasure that I am sending this message for the National Symposium conducted on “Best Practices for Cancer Prevention, Control and Palliative Care in 2018” by the National Cancer Control Programme of the Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka.

A considerable number of all cancers can be prevented with healthy behavior, life style and environment. Harmful use of alcohol and tobacco, physical inactivity and unhealthy diets are the major modifiable risk factors associated with cancers. Early detection and prompt treatments are responsible for cured of another considerable number.

Field health staff and institutional staff who play a major role in prevention and early detection of cancers, are further expected to carry out innovations on cancer control and prevention and to implement interventions to promote behavioral changes to eliminate or reduce risk factors for cancers. Appreciating their valuable efforts is a remarkable move to further motivate the staff at the peripheral level.

I extended my appreciation for these valuable exertions of Director and the staff of the National Cancer Control Programme and other stakeholders in conducting the National Symposium on Best Practices for Cancer Prevention, Control and Palliative Care 2018.

**Dr. Anil Jasinghe**

Director General of Health Services

Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka



**Message from Deputy Director  
General of Health Services  
(Non – Communicable Diseases)**

It is with great pleasure that I send this message on the National Symposium on Best Practices for Cancer Prevention and Control - 2018 by the National Cancer Control Programme of the Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka.

Cancer is one of the major non-communicable diseases (NCD) and a leading cause of NCD deaths in the world as well as in Sri Lanka. The overall crude incidence rate of cancer is gradually increasing according to National Cancer Registry of Sri Lanka. The leading cancers reported among the males are oral, trachea and lung cancers while breast, uterine and cervical cancers have been predominated among females.

Prevention & control of NCD is one of the priorities of global health agenda. The related NCD factors such as using of tobacco and alcohol, unhealthy diets should be considered in cancer prevention. In prevention and early detection of cancers, the field health staffs and institutional staffs are playing an important role.

Promoting innovations on cancer control and prevention will indirectly link with a better outcome of controlling contributing factors for other Non- communicable disease and reducing stress and promoting mental harmony.

I would like to appreciate the effort of Director and the staff in encouraging the innovations to eliminate/ reduce risk factors for cancers and wish the symposium all success.

**Dr. Champika Wickramasinghe**

DDG (NCD)

Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka



## **Message from the Director, National Cancer Control Programme**

Cancer is one of the major causes for Non-Communicable Disease (NCD) deaths both in Sri Lanka and worldwide. According to the 2011 Cancer Registry data, the overall crude incidence rate of cancer is 83.7 per 100,000 population and showing an increasing trend.

National Cancer Control Programme (NCCP) is the national level focal point within the Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka, for prevention and control of cancers in the country. It provides the central leadership for a wide spectrum of activities which are implemented at the ground level through field and institutional staff. Because of the overwhelming contribution made by them the NCCP has decided to formally appreciate the hard work carried out by the healthcare staff for prevention and control of cancers, cancer surveillance and curative service delivery including provision of palliative care in their respective areas. It is also expected that such an appreciation would further motivate all concerned to carry out similar activities in future.

In order to achieve this objective, the National Symposium on Best Practices for Innovations on Cancer Prevention, Control and Palliative Care 2018 has been organized by the NCCP under the directives of the Non-Communicable Disease Bureau of the Ministry of Health, Nutrition and Indigenous Medicine. It hopes to showcase individuals/ institutions who have conducted innovative and novel activities related to above topic in the year 2017 and provide them the national platform that they deserve. I expect that this endeavor will provide a motivation for all health staff and more innovative practices will be introduced in the successive years.

As the Director of the National Cancer Control Programme (NCCP), I am proud to send this message at the inauguration of The National Symposium on Best Practices for Innovations on Cancer Prevention, Control and Palliative Care 2018. I strongly hope that this will be a landmark event promoting new innovations on prevention and control of cancers in Sri Lanka which will definitely be a strength in the fight against cancer.

### **Dr Sudath Samaraweera**

Director - National Cancer Control Programme

Ministry of Health, Nutrition and Indigenous Medicine - Sri Lanka



## Agenda

**Venue** : **Hotel Janaki, Colombo 05 (Ruby Hall)**

**Date** : **14th of December 2018 (Friday)**

**Time** : **08.30am – 01.00pm**

<b>08.30am</b>	–	<b>09.00am</b>	Registration followed by morning Tea
<b>09.00am</b>	–	<b>09.05am</b>	National Anthem
<b>09.05am</b>	–	<b>09.15am</b>	Lighting of Traditional oil lamp
<b>09.15am</b>	–	<b>09.25am</b>	Welcome Speech by Dr. Sudath Samaraweera Director/National Cancer Control Programme
<b>09.25am</b>	–	<b>09.35am</b>	Speech by Dr. Champika Wickramasinghe Deputy Director General /Non Communicable Diseases
<b>09.35am</b>	–	<b>09.50am</b>	Presentation I - An Innovation on Cancer prevention, control & palliative care
<b>09.50am</b>	–	<b>10.05am</b>	Presentation II - An Innovation on Cancer prevention, control & palliative care
<b>10.05am</b>	–	<b>10.20am</b>	Award Ceremony – Certificate of Merit
<b>10.20am</b>	–	<b>10.35am</b>	Presentation III - An Innovation on Cancer prevention, control & palliative care
<b>10.35am</b>	–	<b>10.50am</b>	Award Ceremony – Certificate of Excellence
<b>10.50am</b>	–	<b>11.05am</b>	Presentation IV - An Innovation on Cancer prevention, control & palliative care
<b>11.05am</b>	–	<b>11.15am</b>	Speech by Dr. Anil Jasinghe - Director General of Health Services
<b>11.15am</b>	–	<b>11.25am</b>	Award Ceremony - 03 Best Innovations
<b>11.25am</b>	–	<b>11.40am</b>	Presentation V - An Innovation on Cancer prevention, control & palliative care
<b>11.40am</b>	–	<b>11.45am</b>	Vote of Thanks Concluded by Lunch





## Table of Contents

Message from Director General of Health Services .....	iii
Message from Deputy Director General NCD.....	iv
Message from the Director, National Cancer Control Programme.....	v
Agenda .....	vii
Table of Contents .....	ix
Introduction.....	1
1. Sustainable comprehensive palliative care initiatives at the Base Hospital- Kuliyaipitiya .....	3
2. Converting the hospital junction area – Pollonnaruwa to no cigarette selling and no smoking area .....	6
3. ‘Hadisi Shalya Praveshaya’ (HSP) – Early attention for suspected cancer patients at first medical contacts: A process of early diagnosis, surgery and relevant referrals.....	7
4. Prevention of cancers related to smoking by educating community on adverse effects of smoking and conduct a programme to minimize smoking and selling cigarettes in Angunakolapalassa Medical Officer of Health Area.....	8
5. Introducing ‘Single package programme for each Grama Niladari (GN) division for Non Communicable Diseases (NCD) and cancer screening’ in Rathnapura district .....	9
6. An assessment of informational needs of breast cancer among patients and adults in general public and the effectiveness of a tailor-made information package for patients in Sri Lanka.....	10
7. Preventing the risk of cancer caused by tobacco smoking among people in Padiyathalawa MOH area.....	12
8. Promotion of consumption of healthy food and promotion of home gardening among population living in Bokalagama participated for HLC clinics. ....	13
9. Reducing drug and substance abuse among school children of Panadura through peer group activities.....	14
10. Conquering challenges owing to lack of radiotherapy facilities leading to poor treatment compliance among cancer patients .....	15
11. Developing a sustainable and multidisciplinary palliative care team at NHSL.....	16
12. Activities of a home-based palliative care program.....	17
13. Improve early detection of breast cancers by raising the awareness about breast cancer among females coming to Teaching Hospital Kurunegala.....	18
14. Promoting self-breast examination for early detection of breast cancer in Ampara RDHS Division..	19

15. ‘Piyayuru Pilika Walakamu Parada’ (prevent and defeat breast cancer).....	20
16. Sensitization of public & health professionals on palliative care & end of life care .....	21
17. Minimize cancer by empowering the community.....	22
18. Safe communities.....	23
19. Early detection of breast cancers by improving communication among women .....	24
20. Identifying cancer mortality within previous two years at Beragama PHM area in Mulatiyana MOH area.....	25
21. Improving participation at cervical cancer screening through promoting awareness.....	26
22. Educational intervention for nurses to enhance their ability to provide palliative care to adult cancer patients.....	27
23. Publication of Hospital Based Cancer Registry-Volume 8: An analysis of patients registered in 2012 at the Apeksha Hospital, Maharagama.....	28
24. “Walakamu Pilika Surakimu Yeheli” (Prevent cancer to protect women).....	29
25. In-service training programme for Nursing Officers on cancer prevention and palliative care.....	30
26. One-day mass special well-woman programme in selected PHM areas in RDHS Division of Ampara .....	31
27. To identify risk factors for cancer and non-communicable diseases in the community and initiating steps to reduce their risk factors. ....	32
28. Other submitted proposals. ....	33
29. Key interventions towards best practices in cancer control at national level. ....	35

# **National Symposium on Best Practice for Innovations on Cancer Prevention, Control and Palliative Care 2018**

## **Introduction**

Cancer is one of the major non-communicable diseases (NCD) and a leading cause of NCD deaths in the world as well as in Sri Lanka. According to National Cancer Registry of Sri Lanka, overall crude incidence rate of cancer is gradually increasing and has reached 82.1 per 100,000 population in 2010. Cancer was second only to cardio-vascular diseases as the cause of indoor mortality during the last five years in Sri Lanka.

One third of cancer can be prevented by addressing the risk factors. Tobacco use, betel quid chewing, harmful use of alcohol, unhealthy diets and physical inactivity have been repeatedly identified by research to increase the risk of cancer. Addressing these modifiable risk factors at population level can lead to significant reduction in cancer incidence rates. Another one third of cancer can be successfully managed if detected early and treated promptly. Improving the availability and accessibility of cancer screening and early detection services and ensuring care pathways to establish definitive diagnoses without delays for screen positive clients in return contribute significantly to control the cancer burden in the country. Palliative care, though not yet widely established in the state sector in Sri Lanka, is immensely helpful to improve the quality of life for the incurable cancer patients. Though it is not widely established in Sri Lanka yet, measures are being taken to popularize this service among health care providers and care takers of cancer patients.

Field health staff plays a vital role in the prevention and early detection of cancers by taking part in all the aspects of cancer control and prevention mentioned above. They are expected to carry out activities to improve the knowledge and awareness among the general public on major modifiable risk factors of cancer. They are further expected to implement interventions to promote behavioral changes to eliminate or reduce cancer related risk factors. Institutional staff also contributes immensely by conducting numerous activities for cancer prevention and early detection. On the other hand, palliative care services are currently provided primarily by institutional staff. However, it is expected to extend the services to field level in the future.

The National Cancer Control Programme (NCCP) is the national level focal point in Sri Lanka, for prevention and control of cancers in the country. In addition to managing the cancer burden in the country, the NCCP has decided to appreciate the hard work carried out by the healthcare staff for prevention and control of cancers and curative service delivery including provision of palliative care. Assessing the impact of innovations in reducing the burden of cancer in the country and applicability of effective interventions for implementation at any level of health care were other important goals of having a symposium at national level. It was also expected that such an appreciation would further motivate all concerned to carry out similar activities in future.

‘National Symposium on Best Practices for Innovations on Cancer Control, Prevention and Palliative Care’ was the result of this thought, which will mark an important day in the calendar of the NCCP and the Ministry of Health, Nutrition and Indigenous Medicine. 14th December 2018 mark the first date of the National Symposium on Best Practices for Cancer Control and Prevention, appreciating innovative and novel activities related to cancer prevention, control and curative service delivery including palliative care for field and institutional health staff.

As the first step in organizing this national event, a circular was prepared and distributed to all field and institutional health staff, mentioning the aims of the symposium and requesting to forward proposals of such innovative activities to the NCCP. Thus received proposals were evaluated by a panel of expert reviewers including experts from the fields of Community Medicine, Community Dentistry, Oncology, OMF Surgery, Dental Surgery, Special Grade Nursing and Health Education. Each proposal was reviewed by two experts and the average mark was calculated. If the difference between the marks given by the two experts was more than 20, the proposal was reviewed by an independent third reviewer. The ranking of the proposals was decided on thus obtained average mark, which was finally approved by the panel of expert reviewers. The top three proposals were recognized at the symposium as the three best national innovative interventions on cancer prevention and control in Sri Lanka. All the proposals that scored more than 50% were compiled into this abstract book.

The NCCP team wishes to carry out this symposium every year with the expectation that this appreciation will motivate to continue the commitment and hard work of the field and institutional health staff to reduce the cancer burden in Sri Lanka.

# 1. Sustainable comprehensive palliative care initiatives at the Base Hospital-Kuliyapitiya

Mallawaarachchi R.K.<sup>1</sup>, Kaluarachchi K.A.M.H.<sup>2</sup>, Kumari C.H.M.A.S.<sup>2</sup>, Sugunadasa G.G.S.N.<sup>2</sup>, Sandarathna K.R.<sup>3</sup>, Chandragupta M.<sup>11</sup>, Rajakaruna R.M.S.<sup>11</sup>, Nadeeshani P.<sup>2</sup>, Abeysekara M.G.L.<sup>12</sup>, D.K Silva.<sup>15</sup>, Piyathilaka M.A.A.M.<sup>11</sup>, Krishantha H.D.S.N.<sup>2</sup>, Priyankara N.<sup>2</sup>, Ranathunga R.A.N.<sup>2</sup>, Mawegedara G.J.J.K.M.<sup>2</sup>, Jayamanna J.M.S.S.<sup>2</sup>, Dissanayaka D.M.J.H.<sup>4</sup>, Oshadee L.H.S.<sup>5</sup>, Gunarathne I.<sup>6</sup>, Akalanka G.B.A.<sup>7</sup>, Dasanayaka D.M.N.D.<sup>2</sup>, Rajapaksha N.<sup>2</sup>, Jayakodige M.P.J.V.M.K.<sup>2</sup>, Wickramaaarachchi W.A.R.G.<sup>2</sup>, Wickramaaarachchi I.<sup>8</sup>, Rajapaksha M.A.V.<sup>9</sup>, Damayanthi R.M.V.<sup>2</sup>, Harshani P.M.I.<sup>2</sup>, Heshan A.A.<sup>2</sup>, Adikari I.U.K.P.<sup>2</sup>, Poulraj E.<sup>13</sup>, Gunathilaka D.<sup>10</sup>, Zurich M.<sup>16</sup>, Wanigasooriya S.<sup>16</sup>, Kulathunga W.<sup>16</sup>, Upendara S.M.D.<sup>16</sup> Bandara H.M.J.<sup>2</sup>

<sup>1</sup>DGH Chilaw, <sup>2</sup>BH Kuliyapitiya, <sup>3</sup>DH Delvita, <sup>4</sup>DH Weerapokuna, <sup>5</sup>ADC Abanpola, <sup>6</sup>DH Madulsima, <sup>7</sup>TH Anuradhapura, <sup>8</sup>BH Marawila, <sup>9</sup>DH Koshena, <sup>10</sup>Wayamba Development Authority, <sup>11</sup>DS office-Kuliyapitiya (West), <sup>12</sup> Post Basic College of Nursing ,NHSL, <sup>13</sup>DGH Mannar, , <sup>15</sup>Apeksha Hospital-Maharagama, <sup>16</sup>Private Sector

mallawaarachchi95@yahoo.com

## Introduction

Palliative care services need to be established for patients with life-threatening illnesses including cancer and for their family members to provide physical, psychological, social and spiritual care to improve the quality of life. These services need to be established within the hospital setting and beyond. To address the unmet palliative care needs, these services need to be integrated to the existing health system, extending to the community with active involvement of all stakeholders including health care professionals, other government officials, civil society organizations & volunteers.

## Objectives

- To provide comfort and relief of distressing physical symptoms related to advance and incurable progressive life-threatening conditions at the institutional, community and home level.
- To provide support to patients and family members facing psychosocial and spiritual issues related to incurable progressive life-threatening conditions at the hospital & community level.
- To actively involve with hospital staff to provide extended palliative care services for the needy patients at home-based setting including physical & psychological care, social care including financial support and spiritual support
- To establish 'Palliative care Association' to coordinate community mobilization programmes for palliative care services
- To closely coordinate with the inward, outpatient clinics and home-based palliative care services.
- To promote education in the field of palliative care for both healthcare and non-healthcare professionals.
- To provide consultative advice and assistance to other medical colleagues regarding palliative management of patients with life threatening situations under their care.

- To promote education & awareness of public on palliative care and to prevent/ minimizing the suffering.
- To educate care givers and family members regarding caring the patient at home-based level.

## **Methodology**

Formal approval to commence palliative care initiatives at BH Kuliyaipitiya was obtained from Director General of Health Services, Provincial Director of Health Services – North Western Province and Regional Director of Health Services – Kurunegala district. With the active leadership of Medical Superintendent and OMF surgeon at the Base Hospital Kuliyaipitiya, the Palliative Care unit & Palliative Care Association of Kuliyaipitiya was commenced in year 2016. The initiatives linked hospital services with already available services in the community. In addition, on request home based palliative care team was formed with the volunteer health care staff from BH Kuliyaipitiya & other hospitals. Also, several lay volunteers also joined with this team.

## **Results**

### **Palliative Care Association**

Palliative Care Association of Kuliyaipitiya was commenced and was registered at the District Secretariat (Reg. No. NGO /63/Kurunegala district). The membership of the association comprised of staff of Base Hospital Kuliyaipitiya (Doctors, Nursing Officers, Physiotherapists, Management Assistants etc), other government officials (Social Services Officer, Counselling Officer, Development Officer from Divisional Secretariat, Programme Officer from Wayamba Development Authority etc) and volunteers, including volunteer nursing officers from other hospitals. This association bridges the hospital and the community. Objectives of the association are; (i) to actively involve with hospital staff to provide extended palliative care services for the needy patients at home-based setting including physical & psychological care, arranging financial and other social and spiritual support (ii) to organize and coordinate community mobilization programmes for palliative care services (iii) to educate care givers and family members regarding the home-based palliative care etc.

### **Palliative care clinic**

When a patient with unmet palliative care needs was identified, following services were offered at the palliative care clinic (i) registration, (ii) initial clinical assessment, (iii) investigations and staging (iv) provision of curative or palliative procedures (v) referrals according to the needs. All palliative clinic patients were periodically reviewed at the clinic. Pain was assessed in each clinic visit. Responses to the pain medication were assessed using a chart and analgesic dose was adjusted accordingly.

### **Home based care**

Home based palliative care service was commenced according to the need and with the consent of the patient and the family. Consultant OMF surgeon, Medical Officers, Dental Surgeons, Nursing Officers, Physiotherapists, Social Service Officer and Counseling Officer of the Divisional Secretariat Office and volunteers participated as a multidisciplinary team to the home-based service. The services offered at the home-based level were (i) physical symptom management including pain management and wound care (ii) Training informal care givers (iii) provision of emotional support and companionship (iv) coordination of social support and spiritual support etc.

### **Palliative care education programmes**

Many palliative care workshops and lectures were conducted by the Palliative Care Association of Kuliyaipitiya during this period. This helped to enhance knowledge and skills of the health care staff. Three-day certificate course on palliative care targeting health care professionals throughout the country was conducted on 27th -29th April 2017 at Base Hospital Kuliyaipitiya. Also, awareness programmes on palliative care were conducted for the non-health staff & general public at the hospital setting, other government offices and at the community to obtain the support of all stake holders for palliative care.

### **Discussion and Conclusion**

This initiative highlighted the essential palliative care services which can be started in base hospital level with the existing hospital staff. If such a setup establishes in hospitals, delay in treatments and unnecessary hospital admissions can be avoided while proper utilization of services. This service is very effective bridging service from primary care to tertiary care and easily extended to community level.

There were many administrative, financial and political challenges when it came to initiating the services. Providing social and economic support is difficult due to non-availability of established mechanism. There were many volunteers with in the hospital setup but allocation of their time and going out from the hospital to deliver services were issues due to lack of proper system. Lack of infrastructure facilities, high cost, lack of qualified palliative care experts were the main challenges.

## **2. Converting the hospital junction area – Pollonnaruwa to no cigarette selling and no smoking area**

Rathnayake R.M.B.N.<sup>1</sup>

<sup>1</sup>MOH Office Thamankaduwa

buddhikaphi@gmail.com

### **Introduction**

Tobacco related cancers such as oro-pharyngeal, tracheal, bronchial and lung cancers are more common among males in Sri Lanka. It has been noticed that around 5000 cigarettes are sold daily from 108 shops and boutiques around Polonnaruwa GH premises.

### **Objectives**

To protect the community around hospital junction from active and passive smoking and thereby reduced the risk of tobacco related cancers.

### **Methodology**

In order to assess the situation in regard to sale of cigarettes around hospital premises, a survey was carried out. After analyzing the survey data, advocacy meetings were held with religious leaders, heads of government and commercial organizations and awareness was carried out among the community around the hospital, volunteer organizations, schools and pre-schools regarding the risk of cigarette smoking. Thereafter, following things were done.

- Taken legal actions against people smoking in public places.
- Posters, stickers carrying health warnings were displayed around the area.
- Leaflets with ill-effects of cigarettes were distributed among the community.
- Post intervention survey was carried out after 4 months in order to assess the strength and weaknesses.
- Review after 6 months to assess the progress.

### **Results**

According to the findings of initial survey 26 shops out of 108 shops around the hospital premises were selling cigarettes. Around 5000 cigarettes were sold per day from these shops according to 9 million sales per annum. After 4 months, the survey results showed only 6 shops out of 26 still selling cigarettes. After continued discussions, awareness and other activities, after 2 months from the 2<sup>nd</sup> survey, all 26 shops abandoned selling cigarettes. This includes Cargills food city which became the only food city in the island stopped selling cigarettes.

### **Conclusions and Recommendations**

Despite the treats from Tobacco Company, the project could achieve its objectives of stopping cigarette sale, with intention of protecting people in and around hospital premises from active and passive smoking including patients and small children. Ensuring the sustainability of the project was by continuous monitoring of the situation is very important.



### **3. ‘Hadisi Shalya Praveshaya’ (HSP) – Early attention for suspected cancer patients at first medical contact: A process of early diagnosis, surgery and referrals.**

Somarathna K.<sup>1</sup>, Balasooriya N.<sup>1</sup>, Ranasingha C.<sup>1</sup>, Gunathilaka A.<sup>1</sup>, Abeywardhana N.<sup>1</sup>, Mudannayake S.<sup>1</sup>

<sup>1</sup>Base Hospital Rikillagaskada

kosala.medi@gmail.com

#### **Introduction**

Base hospital Rikillagaskada is a type B Base Hospital with 136 bed strength. Even though there are no dedicated surgical wards, 14 & 9 beds are allocated respectively from male and female medical wards for surgical patients. Two surgical clinics are conducted per week and more than 2000 patients are followed up per year. When analyzing the waiting time for a patient with surgical problem it took for more than six months for booking a surgical clinic visit. Also, another four months were taken to schedule a surgery due to unavailability of diagnostic tests, especially histopathological services at the hospital.

#### **Objective**

To minimize waiting time for a suspected cancer patient for surgical clinic booking visit, consultation of the consultant, diagnostic test/procedures, surgery and further referrals.

#### **Methodology**

Following process modifications were made for the patient care pathway (clinic registration, diagnostic tests and surgery & referral). If the patient was suspicious as having cancer at the first medical contact, an orange colour surgical clinic referral form was issued. The respective patient was registered at the ‘Hadisi Shalya Praveshaya (HSP) register. Patients with Orange forms were seen by the Consultant Surgeon at the next surgical clinic and relevant investigations were ordered using an Orange colour request form for prioritization at the same day. Cytology or histology reporting was arranged at Sirimavo Bandaranayake Childrens Hospital, Peradeniya. To minimize the time of reporting the reports were emailed or sent through smart phone ‘Viber’ package. If surgery was indicated, surgery was carried out at the next operation theatre list. Further referral to other specialist care including oncological referral was done according to the need as early as possible. An electronic patient information data sheet was maintained for patient registered at the HSP register.

#### **Results**

After those process modifications, optimal patient care for a suspected cancer patient was completed within three weeks after registration in the surgical clinic. Through the electronic data sheet, it was revealed that thyroid, breast and oesophageal cancers as highly detected cancers in the case series.

#### **Discussion**

Care pathway for a suspected cancer patient was expedited significantly as a result of innovative interventions at a resource limited type B Base Hospital (the lowest resource level of secondary care), which in return facilitated early diagnosis and early treatment.

#### **4. Prevention of cancers related to smoking by educating community on adverse effects of smoking and conduct a programme to minimize smoking and selling cigarettes in Angunakolapalassa Medical Officer of Health Area**

Gunathilake W. H. S.<sup>1</sup>, Mahinda P.K.<sup>1</sup>, Munasinghe C<sup>1</sup>, Lakshan J.P.A.<sup>1</sup>, Madushanka I.H.N.<sup>1</sup>, Chandradasa E.L.A.<sup>1</sup>

<sup>1</sup>MOH Office Angunakolapalassa

mohofficeap@gmail.com

##### **Introduction**

Majority of the population in Angunakolapalassa MOH area are farmers. Smoking and betel chewing have become habit even during short breaks of their work in the field. Wide availability was a facilitator. These people are at risk of developing oral and lung cancers. Oral cancer and lung cancer play a major role in the cancer burden of Sri Lanka and smoking and betel chewing have been recognized as main risk factors of these cancers. It is possible to prevent these cancers by reducing consumption of tobacco related products. This can be achieved by improving awareness on risks of tobacco use among public and business community.

##### **Objectives**

1. To educate the public, school children and business community in the area about cancers and economic burden of smoking.
2. To reduce availability of cigarettes by preventing selling cigarettes in the area.
3. To reduce the risk of cancer due to tobacco related products.

##### **Methodology**

A survey was conducted to assess the sale of cigarettes in five PHI areas in Angunakolapalassa MOH area. Based on the findings several activities were planned and implemented. Owners of the retail shops were educated on the risk of cancer in tobacco related products and with their agreement decision was taken to stop selling tobacco related products. Programmes were conducted targeting schools, various community organizations and clinic participants in the MOH office. A walk against smoking was conducted.

##### **Outcome and conclusion**

Monthly sale of cigarettes in the area was reduced from Rs. 30.5 million to 25 lakhs (a reduction 92%). Out of the 350 retail shops in the area 328 (93.7%) shops stopped selling cigarettes after this programme. Long term continuation of this programme will minimize the tobacco related cancer risk in the area. However, unavailability of adequate funds and resistance from tobacco companies were identified as drawbacks of this programme.

## **5. Introducing ‘Single package programme for each Grama Niladari division for Non-Communicable Diseases and cancer screening’ in Rathnapura district**

Weerathunga K<sup>1</sup>, Rathnayake P<sup>1</sup>, Weerasuriya S.R.<sup>1</sup>, Jayasooriya WA<sup>2</sup>, Welgama D.<sup>3</sup>, Amarasinghe AK.<sup>1</sup>

<sup>1</sup>RDHS office - Rathnapura, <sup>2</sup>PMCU Karavita, <sup>3</sup>PGIM

kumaraweerathunga12@gmail.com

### **Introduction**

Global disease pattern is rapidly changing and burden of chronic diseases and injuries have overtaken the communicable diseases. Though there are clinics for screening of people for cancers, the coverage is very less due to various reasons. People are less motivated for screening as they are healthy individuals, majority of estate day workers are not committed their one-day income for the screening are some of those reasons. Since the coverage of screening was very low this programme was introduced to overcome those issue with the intention of to provide all services to the people at once in one place at one time.

### **Methodology**

Team of district officers at office of Regional Director of Health Services (RDHS) developed “Single Package program for each Grama Niladari Division” under the Guidance of RDHS, Rathnapura. Full package of cancer screening (Oral, Breast, Cervical), Cardio Vascular Disease Screening (BMI, FBS, blood pressure and ten-year cardio vascular risk assessment) and Eye screening was combined at NCD clinic, Well Woman Clinic, Dental clinic with treatments and eye clinic. All the Medical Officers of Health in the district and their staff and Medical Officers attached to the divisional hospitals and Primary Medical Care Institutions (PMCU) were made aware of the programmes at monthly conferences at MOH offices. Advocacy was done for the District Secretaries (DS) in the district. As the first step awareness programme and an NCD clinic was done for the staff of the DS office. Few volunteers from the staff were selected for checking the eye sight, weight and height of the people who were trained before starting the programme. Then the NCD clinic was held for the staff including breast examination, oral examination and facilitate them to get pap-smear done at MOH offices. Then conducted mobile clinics at each Grama Niladari (GN) division. Field officers working at each area lead by the GN organized the clinic. Medical and Dental Officers from the RDHS office provided the services including mobile dental unit of the RDHS Office. All 106 GN divisions were covered.

### **Results**

Total male participation for the clinics were 21.09%. More than 40% of the males who participated were betel chewers in all four areas. Pap smears were done for 235 of 35 years old females with breast examination in Nivithigala MOH area where the well-women clinic conducted at the organized one package clinics.

### **Conclusion**

This is a good approach to capture the target high risk population at the field level with the multisectoral approach and to identify the responsibilities of non-health stakeholders on the health of the people as they were actively involved in this process.

## **6. An assessment of informational needs of breast cancer among patients and adults in general public and the effectiveness of a tailor-made information package for patients in Sri Lanka**

Kuruppu D.C.<sup>1</sup>, Wijeyaratne C.N.<sup>1</sup>, Gunawardane N.<sup>2</sup>, Amarasinghe I.<sup>3</sup>

<sup>1</sup>Faculty of Medicine, University of Colombo, Sri Lanka, <sup>2</sup>World Health Organization Country Office for Sri Lanka, <sup>3</sup>National Cancer Institute, Maharagama.

kuruppu@lib.cmb.ac.lk

### **Introduction**

Breast cancer (BC) is the commonest cancer in Sri Lanka. Provision of relevant and accurate information in a social-culturally appropriate manner will lead to proper understanding of the disease, treatment options, and management.

### **Objectives**

To determine the knowledge, attitudes/beliefs and practices on BC among adults in general public; to develop and validate an instrument; to assess information needs of BC patients and to assess the effectiveness of an educational intervention to fulfill the information needs of the BC patients.

### **Methodology**

The study comprised four phases. The first phase was a descriptive cross-sectional household survey among a representative sample of adults [n=1500] living in Colombo district. An interviewer-administered questionnaire was used to assess knowledge. In the second phase, Sri Lankan BC patients' Informational Needs Assessment Questionnaire of Breast Cancer (SINAQ-BC) was developed. Construct validity and reliability was evaluated among BC patients [n=150]. The third phase was a hospital based cross-sectional survey to determine the informational needs of BC patients using the validated SINAQ-BC. The education package was developed in the form of a pamphlet in the last phase. Its effectiveness was evaluated in an experimental study with an intervention (n=104) and a control group (n=104).

### **Result**

The results revealed that only 207 [13.8%] [95% CI-12.1–15.6] adults have a 'good' overall knowledge on breast cancer. Validation of the SINAQ BC showed that 58 items are best organized into five domains, disease, diagnosis, treatment, physical care and psychosocial service and good internal consistency with Cronbach's alpha of 0.76 to 0.93. All patients indicated a strong need for information. BC patients gave highest important to the domains: disease, treatment, and psychosocial service. In the intervention study, the level of fulfillment of information needs in the intervention group was 'met' in only 13.5% while the corresponding proportion was 12.5% in the control group ((p>0.05). Four weeks after the education intervention, the 'met' level of fulfillment of information needs has significantly increased to 79.8% at the post-assessment from 13.5% at the pre-assessment stage (p<0.0001) while in control group the increase was marginally from 12.5% (pre-assessment) to 22.1% (post-assessment) which was not statistically significant (p>0.05).

## **Discussion**

This study confirmed that overall knowledge on BC among adults of the general public is inadequate. The SINAQ-BC was found to be a valid and reliable tool to assess informational needs of BC patients. The educational intervention was found to be an effective to improve fulfillment of information needs of BC patients and to improve the knowledge and the pamphlet is recommended to be used further.

## **7. Preventing the risk of cancer caused by tobacco smoking among people in Padiyathalawa MOH area.**

Malinda W.A.D.<sup>1</sup>, Rathansiri P.K.<sup>2</sup>, Karavita U.G.<sup>2</sup>, Jawfer M.M.<sup>2</sup>, Munaweera C.D.W.<sup>2</sup>, Kumara H.M.P.R.<sup>2</sup>, Kumara D.L.R.C.<sup>2</sup>, Podimenike K.G.<sup>2</sup>

<sup>1</sup>RDHS Office - Ampara <sup>2</sup>MOH Office - Padiyathalawa

wmalinda31@gmail.com

### **Introduction**

Tobacco consumption is one of the main modifiable risk factors for occurrence of cancer. When reviewing the monthly NCD screening returns of the Healthy Lifestyle Centers in Padiyathalawa MOH area it was revealed that high prevalence of smoking

### **Objectives**

1. To educate general public, school children and trade owners on the harmful effects of tobacco usage and the negative impacts caused by them to the society.
2. To reduce tobacco usage by reducing or preventing the availability of tobacco products in the area.

### **Methodology**

At the beginning multi sectoral meeting was conducted by the MOH Office to develop a master plan to reduce usage and availability of tobacco. The representatives from different government institutions actively participated. The techniques proposed in developing COMBI action plan, including advocacy, administrative mobilization, public relation, community mobilization, advertising, personnel selling, interpersonal communication and point of service promotion were adopted when developing the process of interventions at each level of care.

Awareness programmes were commenced from the bottom level. Public and students were mainly targeted as they were the key target groups. Also, awareness programmes for the shop owners were conducted and regularly the programme was monitored. With the positive response a 'Tobacco free zone' was declared in the Padiyathalawa MoH area. Every village action group for tobacco prevention activities was formed.

### **Results**

After the educational programmes, almost 90% of the trade owners stopped selling cigarettes. According to the tobacco company sales dealers, the tobacco sales in the area were reduced by 95%. The image of the tobacco trade was slashed down. The percentage of current smokers was also reduced.

### **Discussion**

The programme was successful due to multi-stakeholder involvement and regular follow up. Non-availability of tobacco products in the area is vastly reduced the tobacco usage among the people.

## **8. Promotion of consumption of healthy food and promotion of home gardening among population living in Bokalagama participated for HLC clinics.**

Mahanama L.S.<sup>1</sup>, Ranasinghe R.P.J.A.<sup>1</sup>, Rajakaruna P.A.S.Y.<sup>1</sup>, Ranathunga J.<sup>2</sup>, Somarathna<sup>3</sup>, Sudarshani<sup>3</sup>, Kumarihami R.G.J.<sup>3</sup>, Nisansala P.S.<sup>1</sup>, Ishantha A.<sup>1</sup>, Gunarathna N.R.Y.<sup>1</sup>, Kusumalatha R.<sup>1</sup>, Godawela W.P.S.<sup>1</sup>, Kumarasinghe B.S.<sup>1</sup>, Siriwardhena P.R.<sup>1</sup>, Priyanthi H.P.S.<sup>1</sup>, Sandamali W.P.<sup>1</sup>, Lakmali N.<sup>1</sup>

<sup>1</sup>RH Bokalagama, <sup>2</sup>Wickramarachchi Hospital, <sup>3</sup>Ayurvedic Hospital-Idiparape

### **Introduction**

Although Bokalagamais rural village has plenty of space for home gardening, fast food consumption and food consumption from outside is high. Most of these commercial food eating outlets are unhealthy.

### **Objectives**

1. Promote home gardening
2. Convert cooking recipes from and healthy recipes in to healthy recipes
3. Screen for oral, breast, thyroid cancer and promote cessation of smoking and alcohol consumption

### **Methodology**

In collaboration with the Association of Ayurvedic doctors and hospital staff, methods of healthy cooking and home gardening were delivered to the clients at the HLC. A home garden at hospital premises was developed and it was used as the model garden to educate people and also the harvest was taken for cooking program. As resource persons Ayurvedic doctors were invited to conduct cooking program. The cooking item and ingredients were supplied by the hospital staff. Main areas of focus at the cookery programme were healthy drink (Nelli, kamranka, papaya) and healthy foods using local harvest. At the end of the programme, participants were screened for breast, thyroid, oral cancers. Health education on self-breast examination and videos on quitting smoking was demonstrated before initiation of cooking programme.

### **Results**

Clients were informed of healthy recipes which they can practice at cooking those who participated were noticed of weight reduction, reduce BP, quitted the habit of smoking and chewing tobacco.

### **Discussion**

The outcome was the improvement of consumption of healthy foods instead of junk food which promote good health and eventually reduced risk of developing cancer. It reduces consumption of poison retained vegetable and improves physical activity by involved in Yoga and help to reduce BMI.

## **9. Reducing drug and substance abuse among school children of Panadura through peer group activities.**

Krunathilake H<sup>1</sup>

<sup>1</sup>Base Hospital Panadura

heshanikarunathilake@gmail.com

### **Introduction**

Adolescent and Youth Friendly Health Service (AYFHS) is established to address the physical, mental, social and behavioral problems of the youth and adolescents. Since the establishment of AYFHS at Base Hospital Panadura in 2013, it was noted that among youth problems presented to AYFHS during 2013-2016 period, 32% were drug related. This intervention was conducted in 2017 to explore the situation and intervene through peer groups to reduce this problem.

### **Objective**

To reduce drug/substance abuse among school children of Panadura through peer group activities.

### **Methodology**

Data was collected from convenient sample of 70 children from grade 8 to 13 (both girls & boys) from 5 schools in Panadura. A self-administered questionnaire was used to collect data. Peer groups were formed in all schools. Based on the findings programmes were conducted through peer groups. Activities were marketed through social media.

### **Results**

The response rate was 100%. There were 25 kinds of drugs and 19 reasons for using them. Fourteen types of advertising methods and 11 readily available places were mentioned. The most common substance is Mawa (85.7). The commonest known reason for use is for fun (40%). Highest number of children has mentioned dizziness (28.6%) as a side effect while headache (8.6%) was the second commonest. Specific shops (54.3%) were known as drug available places while friends were the mostly mentioned advertising method. In each school 5 peer groups were made and 3 follow-up sessions were done. Open poster campaign was done by students regarding drug abuse. Eighteen cases were referred to the psychiatrist and dental clinics for cancer screening. Eight refrained from taking drugs. Names of specific shops (6) were given to the MOH. Knowledge on serious adverse effects were very poor.

### **Conclusions and Recommendations**

Drug related problems are very common among adolescents and youth in Panadura area. Formation of peer groups is a feasible way to empower children to combat against the drug menace.



## **10. Conquering challenges owing to lack of radiotherapy facilities leading to poor treatment compliance among cancer patients**

Wijekoon M.<sup>1</sup>, Perera K.Y.D.<sup>1</sup>, Abeynayake L.<sup>2</sup>, De Silva L.A.A.H.H.K.<sup>2</sup>

<sup>1</sup>DGH Hambanthota, <sup>2</sup>PGH Badulla

mahilal.wijekoon@gmail.com

### **Introduction**

At present radiotherapy facilities for cancer care are available only at 6 centres out of 9 main government cancer treatment centres in the country. Radiotherapy facilities are not available at TH Batticaloa, TH Kurunegala and TH Rathnapura. Despite the availability of a Consultant Oncologist at DGH Hambantota, radiotherapy treatment unit was unavailable. As a result, patients requiring radiotherapy treatment were referred to radiotherapy units at other cancer treatment centers. However, due to poor socioeconomic status of patients in the region, majority of the patient were defaulting from necessary treatment as well as from follow up.

### **Objective**

To improve compliance of patients and share the workload of overburdened clinical oncologists in existing units with established radiotherapy facilities.

### **Methodology**

Considering needs of the cancer patients in Hambanthota and neighboring districts, an oncology unit with a functioning oncology ward with chemotherapy facilities and radiotherapy planning unit was planned at the premises of Divisional Hospital Ambalanthota. Necessary approval & funds were obtained through relevant authorities including DGH Hambanthota, RDHS Office Hambanthota, PDHS Office Southern Province & Ministry of Health including National Cancer Control Programme.

### **Results**

A room acquired at a low cost was used to establish the treatment center at DH Ambalanthota. A slightly modified diagnostic CT scanner is used as a simulator for planning scans. Software for planning system was procured and the unit is currently fully equipped with a clinical Oncologist, Physicist and Radiographers. An agreement was reached between DGH Hambantota and PGH Badulla to send patient with planned radiotherapy treatment, weekly to PGH Badulla to carry out the treatment. These patients are transferred by an ambulance every Tuesday morning to commence radiotherapy on the following day. The Consultant Oncologist at PGH Badulla takes the entire responsibility of the patient care during radiotherapy but he is not burdened with the treatment planning work.

### **Conclusions and Recommendations**

Increasing the availability and accessibility to treatment centers improve patients' attendance and compliance with their treatment, which in return lead to improved treatment outcomes. Having the insight to share the available health services for the benefit of the patients could lead to effective team work without increasing the burden of the care providers.

## **11. Developing a sustainable and multidisciplinary palliative care team at NHSL**

Abeysekera M.G.L.<sup>1</sup>

<sup>1</sup>National Hospital of Sri Lanka

lakshaniabesekara@gmail.com

### **Introduction**

Palliative care process is complex and it is novel to Sri Lanka. Compassionate palliative care requires commitment from all level of health care administration and planning. This commitment is required from both the national and the local level. This paper highlights the junior nursing officer who is committed to work in palliative care and the significant attempt she took in order to establish the palliative care at NHSL. It also outlines the challenges and barriers that she encountered.

### **Objectives**

Following establishment of the teams many services would be set up leading to the following goals.

1. Providing comfort and relief of distressing physical symptoms related to advance and incurable progressing life threatening conditions
2. To provide support to patients and family members facing psychological and spiritual issues related to progressive life-threatening condition's
3. To promote education in the field of palliative medicine and palliative care for both health care and non-health professionals
4. To establish a national network to enhance and promote palliative care.
5. To enhance the knowledge and to increase the confidence in the field of palliative care.

### **Methodology**

Following the participation of many local and international learning activities and networking among local and international institutions, initiated a series of discussions with consultants, medical officers, nursing staff and other allied health workers. Thereafter, volunteered to work at home based palliative care services in and outside Colombo. With this experience and the support of the consultants and other administrative officers conducted a 2-day workshop at the National Hospital of Sri Lanka.

### **Outcome**

Shared the knowledge on control of pain and other physical issues in patients at end of life, reducing distress and anxiety of family members, improving quality of life of the patients, and was able to influence the change of attitudes of health care workers towards palliative care.

### **Conclusion**

It is timely to develop palliative care services to improve the quality of life of patients at the end of their lives even though it is a challenge due to its complexity.

## **12. Activities of a home-based palliative care program**

Ranasinghe D.S.A.L<sup>1</sup>.

<sup>1</sup> District General Hospital - Nuwaraelliya

angelalalanthi@yahoo.com

### **Introduction**

It has been identified that most patients with terminally ill disease conditions, especially those who suffer with malignancies, live with hopelessness. They are unable to afford expensive hospital care due to poverty and also lack support from family and society. As a result, many home-bound terminality ill patients are often neglected without health services. The palliative care team delivers care to patients and their families across home, clinic, facility care setting, and in the community depending on their needs and desires.

### **Objective**

To describe the services of a palliative program extended by General Hospital Nuwaraeliya palliative care multi-disciplinary team to end of life care and terminally ill cancer patients.

### **Methodology**

Palliative care interventions carried out by the palliative care team during home visits and clinic visits were observed and records were maintained.

### **Results**

A total of 372 patients were registered at the palliative care clinic at DGH-Nuwaraeliya. Of them, 77% had care takers. Palliative care intervention of the multi-disciplinary team included face to face interviews and discussions with the patient and family members to alleviate problems by Oncologists, Medical Officers, Nursing Officers, Physiotherapist, Pharmacist, musicians, spiritualist, Ayurvedic Doctors as a team approach. Main focus was improving the quality of life through provision of symptom control and pain relief, emotional and spiritual support and patient and family education.

### **Discussion**

Through integrating palliative care in to curative care practice from the beginning, satisfaction with care among chronically ill patients might be improved and acute care use might be reduced.

### **13. Improve early detection of breast cancers by raising the awareness about breast cancer among females coming to Teaching Hospital Kurunegala**

Rathnayaka I.H.R<sup>1</sup>

<sup>1</sup>Teaching Hospital Kurunegala

roshini\_rathnayaka@yahoo.com

#### **Introduction**

Breast cancer is the most common cancer among females. Early detection of breast cancer can be increased by improving the awareness specially among high risk groups about self-breast examination and signs and symptoms and available services for breast cancer early detection.

#### **Objectives**

1. To direct all females visits to TH Kurunegala for prevention and early detection of breast cancer.
2. To refer all female above 50 years and those who are having family history of breast cancer to breast clinic.
3. To refer females with breast symptoms who hesitate to seek medical advice to breast clinic with special attention.
4. To educate hospital staff and send the message to community through them.

#### **Methodology**

A street drama was conducted in hospital premises and a booklet, leaflet and a bookmark on breast cancer was distributed. Four nursing officers were deployed in four different locations of the hospital to address breast related issues among community and do the referrals appropriately. A workshop was conducted for hospital staff with the assistance of the Onco-surgeons. A breast cancer awareness walk was conducted with the participation nursing officers and Onco-surgeons, dressed in pink colour T-shirts. Several community organizations actively participated for the programme and a poster campaign was conducted to improve the awareness.

#### **Results**

During the two-day programme, approximately 9000 individuals could be covered with awareness. 63 females were identified as having breast related health issues and were referred to the breast clinic for further management. Out of the referred, 51 females visited the breast clinic. Furthermore, number of referrals was increased by the Apeksha health promotion unit after this programme.

#### **Discussion**

Improving awareness among the target population could be an effective measure to improve the participation of women at the breast early detection services.

## **14. Promoting self-breast examination for early detection of breast cancer in Ampara RDHS Division**

Egodawatta M.G.U.C.A.<sup>1</sup>

<sup>1</sup>Office of Regional Director of Health Service, Ampara

mchrdhsampara@gmail.com

### **Introduction**

Breast cancer is the most prevalent cancer among women in the community. We created a self-breast examination programme under supervision of the Consultant Oncologist at Teaching Hospital Batticaloa since 2015 and conducted during 2016/1017.

### **Objectives**

To screen all females aged 15-70 years for breast cancers in RDHS division Ampara.

### **Methodology**

A register of all eligible females of the PHM area was made. On a selected date, self-breast examination sessions were conducted and a self-breast examination card was distributed. All suspected cases were seen by the MOH and referred to Surgeon / Consultant Oncologist. Monthly breast screening return was sent to MCH unit.

### **Results**

By 31st of December 2017, a total of 21, 569 (47.2% of the estimated population) was screened for breast cancer using self-breast examination. Of the screened, 369 had been referred to specialists for further management of the breast abnormality.

### **Conclusion and Recommendation**

Some referred women were diagnosed with early stages of breast cancer. Effectiveness of self-breast examination as a measure of breast cancer early detection should be explored in the local setting.

## 15. “Piyayuru Pilika Walakamu Parada” (Prevent and defeat breast cancer)

Rajapaksha R.P.A.N.<sup>1</sup>

<sup>1</sup>Divisional Hospital, Rajanganaya

anushanilanthirajapaksha@gmail.com

### **Introduction**

Breast cancer is the number one cancer among women in Sri Lanka. To control this burden, women should be made aware on the risk of the disease.

### **Objectives**

To make aware the public on prevention of cancers and to make aware females on prevention of breast cancers.

### **Methodology**

Poetry would be a creative effort of this education process. A poem written on preventive measures on breast cancer presented by using poems at the NGO's, well women clinics, non-communicable disease clinics and family planning clinics.

### **Results**

Because this method is more attractive than the routine health talk people have indicated their appreciation via the suggestion box.

### **Conclusions and Recommendations**

Prevention of cancers and self-breast examination technique are very useful for females today. Because of their busy schedule it is difficult for females to meet a health care professional once a month. Most females in the area are currently leading stressful lives. By using this poem method, it gives a solution to these problems. More importantly, administration of health message via a poem makes it easier to understand. By repeating the poem by themselves it will lead to better retention of the health message in their memory. This will ultimately lead to practice of self-breast examination.

## 16. Sensitization of public & health professionals on palliative & end of life care

Mallawaarachchi R.K.<sup>1</sup>, Chandrasekara A.<sup>2</sup>, Dissanayaka H.<sup>3</sup>, Samesha O.<sup>4</sup>, Sadarathna K.R.<sup>5</sup>, Abeyssekara L.<sup>6</sup>, Kanchana D.<sup>7</sup>, Vithushan Y.<sup>8</sup>, Kirupakaran S.<sup>8</sup>, Kumari S.W.<sup>8</sup>, Punchihewa <sup>9</sup>, Paulraj E. <sup>10</sup>, Kumaragama L.<sup>11</sup>, Balasooriya N.<sup>8</sup>

<sup>1</sup>DGH – Chilaw, <sup>2</sup>BH-Kuliyapitiya, <sup>3</sup>DH-Weerapokuna, <sup>4</sup>ADC-Ambanpola, <sup>5</sup>DH-Aatuwewa, <sup>6</sup>Post-Basic College of Nursing, <sup>7</sup>Apeksha Hospital- Maharagama, <sup>8</sup>DGH-Vavuniya, <sup>9</sup>RDHS-Vavuniya, <sup>10</sup>DGH-Mannar, <sup>11</sup>DGH-Ampara

mallawaarachchi95@yahoo.com

### Introduction

Palliative care is a vital, yet often misunderstood aspect of health services for chronic non-communicable diseases (NCD). Awareness on palliative care services is useful in caring for patients suffering from chronic NCDs.

### Objectives

To sensitize the public and health professionals on palliative & end of life care.

### Methodology

Using less finance, more human resources and modern technology, methods to sensitize public & students on palliative care were created. ‘The journey of palliative care’ and ‘SAHANA SATHKARAYA’ documentaries were produced. The short film ‘SHE LIVED & SHE LOVED’ was produced. Ringing tone & jingle on palliative care was released. Articles on palliative care were published in national and international journals. Activities to increase awareness among school children & young adults such as art exhibitions and drama competitions. Many lecturers, talks, discussions for public and health care professionals were conducted.

### Results

Many public misconceptions could be addressed by these activities. Through sensitization programs, we could support patients & families on their social and emotional issues. Satisfactory control of patients’ pain & other physical issues at home could be achieved. Distress and anxiety were reduced in the families involved in the programmes. Number of unnecessary admissions were being reduced. Patient satisfaction with the care of the patient was increased. Health care providers’ satisfaction and their knowledge on palliative care was improved.

### Conclusion and Recommendations:

The programmes carried out were effective in sensitizing the community on palliative care services and improving the quality of life of cancer patients and also of their families.

## 17. Minimize cancer by empowering the community

Fernando E.D.<sup>1</sup>, Deegahawatura A.D.C.<sup>1</sup>, Ekanayaka W.W.E.M.B.K.<sup>1</sup>, Wijesingha W.A.S.R.<sup>1</sup>, Manike W.A.C.<sup>1</sup>, Sunanda W.G.<sup>1</sup>, Ranaweera R.A.A.<sup>1</sup>, Piyaseeli W.<sup>1</sup>, Kumari S.W.A.M.C.<sup>1</sup>, Dissanayake D.M.L.<sup>1</sup>, Ramyalatha H.P.D.<sup>1</sup>, Hemalatha W.G.<sup>1</sup>, Fernando A.A.<sup>1</sup>, De Silva W.N.S.<sup>1</sup>, Thilakarathna A.G.S.P.<sup>1</sup>, Kumari R.M.P.R.<sup>1</sup>, Perera L.D.M.<sup>1</sup>, Ranatunga J.A.<sup>1</sup>, Kulatunga K.M.U.<sup>1</sup>, Kaluarachchi K.A.N.N.<sup>1</sup>, Malkanthi B.M.N.<sup>1</sup>, Ariyawathi K.G.<sup>1</sup>, Gunathilaka I.A.D.A.G.<sup>1</sup>, Indralatha W.G.<sup>1</sup>, Irangani B.K.J.<sup>1</sup>, Shriyalatha A.G.C.<sup>1</sup>, Ubeyasingha R.H.S.S.<sup>1</sup>, Upasena B.G.T.<sup>1</sup>, Manamgodagamage D.N.<sup>1</sup>, Herath H.M.A.K.<sup>1</sup>, Kuruppu S.J.<sup>1</sup>, Karunadasa W.G.<sup>1</sup>, Gunasekara L.M.S.<sup>1</sup>, Rathnayaka R.M.K.T.<sup>1</sup>, Wijerathna D.H.G.N.<sup>1</sup>, De Silva R.A.N.R.<sup>1</sup>, Dulani S.<sup>1</sup>, Kobiha S.<sup>1</sup>, Marasingha M.D.<sup>1</sup>, Senadeera B.G.P.<sup>1</sup>, Aluthgama H.M.K.K.<sup>1</sup>, Wijekoon S.B.<sup>1</sup>, Madhuma Banda P.G.<sup>1</sup>, Kumari I.G.U.<sup>1</sup>, Ranga Champika K.G.<sup>1</sup>

<sup>1</sup>MOH Office Rattota/Ambangankorale

imalkaferna9@yahoo.co.uk

### Introduction

As the cornerstone of preventive health care provision, MOH staff renders many services to minimize cancer among people including health education and promotion. But, attendance by both males and females are low for cancer screening and preventive programmes.

### Objectives

To raise awareness among our community on our services and the risk of cancer.

### Methodology

A two-day exhibition on “cancer prevention” was conducted by MOH office Rattota /Ambanganga targeting school children, youth and elders of the community with collaboration of Medial Faculty Peradeniya, RDHS office, Divisional Secretariat, Pradeshiya Sabawa and Divisional Education Department.

### Result

Following the activity, more than 80% coverage of well women services was achieved in both Rattota and Ambanganga MOH areas for the first time.

### Conclusion and Recommendation

Life style modification and surveillance play a main role in cancer prevention. Thus, empowerment of the community on this issue is crucial in minimizing cancer.



## **18. Safe communities**

Gunaratne K.A.S.<sup>1</sup>, Ariyaratne N.<sup>1</sup>, Jayalath S.<sup>2</sup>, Hettiarchchi R.<sup>2</sup>, Siriwardana T.<sup>3</sup>, Sirithunga S.<sup>3</sup>, Perera S.<sup>4</sup>, Alagiyawanna A.<sup>5</sup>, Maduwage S.<sup>6</sup>

<sup>1</sup>RDHS Office Gampaha, <sup>2</sup>District Secretary Office Gampaha, <sup>3</sup>NCD Bureau, <sup>4</sup>National Cancer Control Programme, <sup>5</sup>Health Promotion Bureau, <sup>6</sup>YED unit

sheelanigunaratne@gmail.com

### **Introduction**

In 2017, 14 safe communities in each divisional secretariat level were developed and 14 more in 2018 to address NCD risk factors at grass root level. Non-health field staff with divisional secretariat joined with health field staff of relevant MOH area and developed a healthy village in each Divisional Secretariat.

### **Objective**

To reduce common five risk factors for NCD at grass root level.

### **Methodology**

Advocacy was done with District Secretary, Divisional Secretaries and Director Planning of Divisional Secretariats. Various sectors of Ministry of Health was also involved. One village was selected from each Divisional Secretariat area. Divisional Secretariat of MOH wise programme was implemented. Review meetings chaired by the GA were done quarterly. Field level supervisory visits were done by MO /NCD and Director Planning of district secretary office.

### **Result**

Behavioural change of grass root level was observed. Physical activity programmes, sugar reducing programmes, healthy food making programmes, agricultural (home gardening) programme, no smoking areas were established at grass root level. Several stress reducing programmes were also conducted among the grass root level community.

### **Conclusion and Recommendations**

Programmes implemented at grass root level with health and non-health field staff together and with clear guidance, power and determination, behavioural change of people can be achieved.

## **19. Early detection of breast cancers by improving communication among women**

Nanayakkara P.<sup>1</sup>, Punyasoma D.<sup>2</sup>, Kumarage R.S.H.<sup>1</sup>, Swarnalatha H.A.N.<sup>1</sup>, Menike P.W.N.<sup>3</sup>, Maithripala T.N.<sup>3</sup>, Rathnayake T.<sup>1</sup>, Jayarathne W.G.M.G.<sup>1</sup>, Wickramasinghe M.P.H.P.<sup>1</sup>

<sup>1</sup>NCD Unit TH Kegalle, <sup>2</sup>Mithuru piyasa TH Kegalle, <sup>3</sup>Health Education Unit TH Kegalle

nanapradeep@yahoo.com

### **Introduction**

In Sri Lanka, breast cancer is the leading cancer among women. Lack of knowledge on self-breast examination and shyness to show self-identified breast lumps to medical staff are the main causes for late detection of breast cancer.

### **Objective**

To promote early detection of breast cancer through improved awareness.

### **Methodology**

October 2017 was selected to conduct the program in line with the “World Breast Cancer Awareness month”. First, a specific place was arranged to educate on self-breast examination at HLC. Then two pandols (Thorana) were built at the entrance of the OPD and the general clinic to aware the target population. Health Education Nursing Officer educated the people on self-breast examination. The examination of breast and axillary area of women above 20 years of age were done. Further, the attendees were made aware on breast clinic service availability in the area.

### **Results**

During a period of 21 days, 484 women received the services and 106 ladies were examined and 06 suspicious breast lumps were referred to surgical clinic.

### **Conclusion and Recommendations**

Mass scale awareness programmes can be used to improve awareness among the community.

## **20. Identifying cancer mortality within previous two years at Beragama PHM area in Mulatiyana MOH area.**

Jayaweera M.S.C.<sup>1</sup>, Wijesinghe M.A.W.K.<sup>1</sup>, Dayawathie T.H.<sup>1</sup>, Dilani S.G.<sup>1</sup>, Kumara K.P.S.<sup>1</sup>

<sup>1</sup>MOH office-Mulatiyana

moh.mulatiyana.mr@gmail.com

### **Introduction**

An upward trend in cancer incidence and cancer related deaths has been observed in the MOH area Mulatiyana within last few years.

### **Objectives**

- To collect accurate data of cancer morbidity and mortality and probable risk factors of the area
- To conduct NCD screening and awareness programs in the areas of Beragama, and Mulatiyana MOH areas for early diagnosis of cancer
- To generate evidence for cancer control programs in the area with the support of NCCP
- To confirm or reject the hypothesis “Cancer is a leading cause of mortality in Mulatiyana”
- To identify major difficulties in patient to have access for treatment, follow up a rehabilitation.

### **Methodology**

Two surveys were conducted (Primary and Final) in the Beragama North East PHM area including 3 Grama Sevaka divisions covering up the population of 2720 including a total number of 648 families. A house to house survey was conducted as the primary survey by collecting all relevant details through a questionnaire on 8th December 2017. The final survey was conducted on the 21st and 22nd December 2017.

### **Results**

The total number of living cancer patients were 12. The mortality due to cancer within last two years was 0.44% in the Beragama North East PHM area. The total number of cancer deaths within the last three years had been ten in number, with a percentage of 28.5%.

### **Conclusion and Recommendations**

Cancer incidence rates and mortality due to cancer shows an upward trend over the years. Good quality research to establish the causal effect of already known risk factors to this upward trend is recommended.

## **21. Improving participation at cervical cancer screening through promoting awareness**

Karunaratna W.M.A.K.<sup>1</sup>, Karunathilaka S.<sup>2</sup>, Namawardhana T.<sup>2</sup>, Babynona<sup>2</sup>, Kumari S.<sup>2</sup>, Werapitiya U.S.B.<sup>2</sup>, Samarasingha A.<sup>2</sup>

<sup>1</sup>RDHS Office Ampara, <sup>2</sup>MOH Office Dehiattakandiya

mohdehiattakandiya@gmail.com

### **Introduction**

Cervical cancer is the second commonest cancer among Sri Lankan women. It can be successfully managed by early detection of the precancerous lesion.

### **Objective**

To increase participation of women for cervical cancer screening programme through improved awareness.

### **Methodology**

A special screening programme was organized on 26th of March 2018 at Dehiaththakandiya MOH office, and 400 Eligible women in the Dehiaththakandiya MOH area were invited. Pap smear, tests for blood pressure, blood sugar and checking vision were done. Pap smear positive patients were referred to BH Dehiaththakandiya, Batticaloa and GH Polonnaruwa for further investigations. Follow up visits were done by the MOH office staff.

### **Results**

Participation of women for the screening programme was good. Many women with undiagnosed high blood pressure, Diabetes Mellitus and poor vision could be identified.

### **Conclusion and Recommendation**

Conducting well organized, special screening programmes with prior notification will increase the participation for screening programmes and improve the early detection of cervical cancer. However, record maintenance was difficult due to large number of invitees.

## **22. Educational intervention for nurses to enhance their ability to provide palliative care to adult cancer patients**

Meegoda L.1, Fernando S. 1, Sivayogan S. 1, Marasinghe B. 1 & Atulomah N.O.S. 2

1University of Sri Jayewardenepura, Sri Lanka, 2Babcock University, Nigeria

meegodal@yahoo.com

### **Introduction**

Palliative care (PC) is an important aspect of managing cancer patients throughout the world. Nurses play an important role in providing PC. But in Sri Lanka, evidence- based studies on PC needs were not found.

### **Objective(s)**

To design, develop, implement and evaluate a distance learning module for nurses providing PC to adult cancer patients.

### **Methodology**

The study was conducted in Apeksha Hospital Maharagama, Teaching Hospital Karapitiya, Cancer Home and Shantha Sewana Hospice Maharagama and Ceylinco Oncology Unit Colombo. Phase I of the study was a cross sectional descriptive design. Opinion from a systematic sample of (a) cancer patients (n=184), (b) nurses (n = 130) and (c) domiciliary care providers were used (n= 150) in identifying PC needs of cancer patients. Phase II of the study was a Quasi- experimental design. Interviews with key- informants (n= 12) were used to obtain the perspectives in order to validate the need assessments and identify the management and to contextualize module development and curriculum implementation. Following a pre-intervention assessment, the experimental group (n= 38) was exposed to a theory-based distance learning curriculum, while the control group (n=37) was following routine clinical procedures. Knowledge attitudinal dispositions and self-reported skills of both groups were measured with validated questionnaires at three points at pre, post (8th week) and post (12th week) for comparison. Quantitative data were analyzed using descriptive statistics, t – Test and ANOVA (p= 0.05) of SPSS version 20. Qualitative data were transcribed and coded to perform thematic analysis.

### **Results**

Phase I results showed that education on cancer PC for nurses is a timely requirement and distance learning mode was the most appropriate. The difference between the mean scores in the intervention and control groups for level of overall knowledge (50.36 + 3.97 and 28.23 + 4.88) attitudinal dispositions (19.86 + 2.4017 and 19 + 2.56) and self-reported skills (62.58 + 9.83 and 25.16 + 4.89) were statistically significant. Qualitative results from Medical Officers and patients were given the similar meaning.

### **Discussion**

Distant learning educational intervention provides an effective approach to enhance nurse's knowledge, attitudes and practices on cancer PC. The same intervention can be used in other similar units in Sri Lanka to enhance nurses' knowledge, attitudes and practices on cancer PC.

## **23. Publication of Hospital Based Cancer Registry-volume 8: An analysis of patients registered in 2012 at the Apeksha hospital, Maharagama**

Rathnasiri L.D.<sup>1</sup>, Parakramadasa L.N.<sup>1</sup>, Kalaniyagodage N.J.<sup>2</sup>

<sup>1</sup> Apeksha Hospital, Maharagama <sup>2</sup> National Cancer Control Programme

idora@gmail.com

### **Introduction**

Apeksha Hospital - Maharagama is the premier cancer treatment centre in Sri Lanka and caters to more than 50% of cancer patients reported yearly throughout the country. More than 8,500 new patients and over 60,000 inward patients annually seek services at Apeksha Hospital. Hospital statistics is an integrated essential component in health care, and is important to all stakeholders involved in providing health services to cancer patients. The electronic register with patient information since 2006 only contains patients' registration details, diagnosis and mortality information as on ICD-10 classification.

### **Objectives**

Publishing a cancer registry based on patients registered at Apeksha Hospital since 2012, according to ICD-10 to align with national and international registries and to provide necessary information to policy maker, administrators, clinicians, epidemiologists and researchers in a timely manner.

### **Methodology**

Following a series of modifications, an excel spreadsheet was developed to an Access database which contains crop down lists for incident date, Topology, morphology, behavior differentiation, tumor grade, staging, treatment methods and date of death as per ICD-10 definitions. Data were extracted by going through each and every medical record. Accordingly, an analysis of data of patients who were registered at the hospital in 2012 was performed.

### **Outcome**

The leading cancer in both males and females was cancers related to hematopoietic and reticular endothelial system. Top three cancers among 4227 females were found to be breast, cervix uteri and thyroid. Number of paediatric cancers under 16 years of age was 390, which accounted for 5% of all cancers. Out of patients registered in 2012, 631 deaths (68%) of total deaths had occurred in the hospital within the first 90 days of admission. Four multiple primary cancer cases were reported among total malignancies. The total number of patients newly registering for care at Apeksha Hospital shows a declining trend from 2010 to 2012.

### **Discussion**

Similar to cancer incidence data in 2010 in Sri Lanka, leading cancer sites of females reported to the Apeksha Hospital follow the same pattern in 2010 and 2011. Declining number of malignancies treated at Apeksha Hospital may be due establishment of peripheral treatment centers. However, higher number of early deaths should be explored further. Availability of an updated Hospital Based Cancer Registry is very useful for health care providers, researchers and policy makers. However, extracting data from medical records require trained man power, which is the main constrain in publishing the registry in a timely manner.

## 24. “Walakamu Pilika - Surakimu Yeheli” (Prevent Cancer to protect women)

Menike Y.M.B. <sup>1</sup>

<sup>1</sup> MOH Office - Naula

mohnaula@gmail.com

### **Introduction**

Breast cancer and cervical cancer are the commonest cancers among women in Sri Lanka. Premature deaths of women due to breast cancer and cervical cancer have a great impact on families as well as the community. Painless beginning of cancers makes people to neglect health messages. Early detection of breast cancer and cervical cancer can improve the quality of life of women.

### **Objective**

To increase and maintain participation for Well Women Clinic up to the 98% among 35-45 year old women in Naula MOH area in Matale district.

### **Methodology**

A register of eligible women who will belong to the age group 35-45 years in the year 2017 in all 11 PHM areas in Naula MOH area was prepared in December, 2016. Triangulation method was used to prepare an exclusive register of eligible women by methods of community surveys and voters' registers. All PHMM were given two days per month to conduct Well Women Clinic in their PHM area and to refer suspicious women to the central clinic conducted every Saturday. At the end of the year 2017, percentage of women who had received Well Women Clinic services were evaluated by each PHM area and the PHMM with highest participation were recognized at the monthly conference.

### **Result**

A vast majority of eligible women could be registered by the PHMM with help of the Divisional Secretariat and Grama Niladhari. As a result of continuous encouragement of PHMM and due recognition given for dedicated care providers, we could provide Well Women Clinic services to 95.5% of the eligible population. Among the screened, 2 patients with cervical lesions at the stage of CIN II were detected and were referred for management. One late stage cervical cancer patient was also detected and referred for further treatment.

### **Conclusion and Recommendations**

Increase awareness among people on cervical cancer and Well Women Clinic services could improve the health seeking behavior of people. By detecting cervical cancer at an early stage, two patients could be timely referred for management. Further, conducting clinics on holidays to cater for women who are employed and conducting mobile clinics at government institutions might further enhance the coverage.

## **25. In-service training programme for Nursing Officers on cancer prevention and palliative care**

Dissanayake W.<sup>1</sup>, Nanayakkara P.<sup>1</sup>, Priyadarshani C.<sup>1</sup>, Chandrasiri I.V.<sup>1</sup>, Menike P.W.N.<sup>1</sup>, Maithripala T.N.<sup>1</sup>

<sup>1</sup>D.G.H.Kegalle

nanapradeep@yahoo.com

### **Introduction**

The knowledge of cancer prevention among the community is in recession. Therefore, knowledge of Nursing Officers should be updated to educate in ward patients, patients attending clinics and their relations.

### **Objectives**

To train Nursing Officers,

1. On updating their knowledge about cancer prevention and palliative care
2. For educate in ward patients, patients attending clinics and their relations
3. For give a quality nursing care.

### **Methodology**

Three in-service training workshops for 120 Nursing Officers to improve knowledge in relation to identification and prevention of several cancers.

### **Results**

It was planned to establish chemotherapy unit attached to the Oncology Clinic. But there was stigma among staff regarding hazardous effects of chemotherapeutic drugs to staff. Workshop helped to overcome the phobia.

### **Conclusions and Recommendations**

Participants improved their knowledge on several cancers (oral, oesophageal, ovarian, breast), importance of doing endoscopy examination and pain management, which in return improved their patient care. Improving the perspective of the management in enabling the staff participation in continuous educational programmes as an important aspect in improving patient care will further facilitate such programmes.



## **26. One-day mass special well-woman programme in selected PHM areas in RDHS Division of Ampara**

Egodawatta M.G.U.C.A.

RDHS office – Ampara

mchrhdhsampara@gmail.com

### **Introduction**

Cervical Cancer is one of the most prevalence cancer among women in Sri Lanka. There is a national programme to screen cervical cancer among 35-year-old women since 2007. In 2018, 45-year old cohort was added to the screening programme.

### **Objective**

To screen all married women aged 30 and above for breast cancer and cervical cancer in the RDHS area of Ampara

### **Methodology**

One-day mass special well-woman programmes were carried out in Unuwathurabubla PHM area in Mahaoya MOH Division and Sandunpura PHM area in Dehiathtakandiya MOH area, which are located far from the MOH office, under the supervision of consultant oncologist in TH Batticaloa with the aid of Pilika Sarana Padanama. A register of all eligible women in the selected area was made and they were invited to the screening programme. Eligible women were transported to the MOH office or to the Ampara Hospital where the screening programmes were conducted by a bus provided by the RDHS office. Body Mass Index and blood sugar level were checked and screening for breast cancer and cervical cancer were carried out. Women with suspected lesions were sent to TH Batticaloa for further assessment.

### **Results**

Total number attended to the programme at Unuwathurabubula PHM area was 337. All the female participants underwent pap smear test. Three cervical abnormalities and 30 breast abnormalities were detected. Number of attendees in Sandunpura PHM area was 330. Of these, 176 underwent pap smear test and all were screened for breast anomalies. No cervical anomalies were detected, and 15 women with suspected breast lesions were detected.

### **Discussion**

Carrying out mass screening programmes for breast cancer and cervical cancer in the community with provision of transport facilities improve attendance to screening programmes.

## **27. Identifying risk factors for cancer and non-communicable diseases in the community and initiating steps to reduce their risk factors.**

Withanarachchi W.A.J.<sup>1</sup>, Weerakkody W.A.R.S.<sup>1</sup>

<sup>1</sup> MOH office Attanayaka

attanagallamoh@yahoo.com

### **Introduction**

Long term health of the people in Aththanagalle to be promoted by conducting health educational programs on cancer and other non-communicable diseases, screening and referral for ncd's with referral and follow and providing needed support to their families

### **Objectives**

1. To Mobilize the community towards service provision and introduction of health promotion villages
2. To Establish community exercise programs and mobile clinics in the villages
3. To promote growth and consumption of unadulterated food, and proper waste disposal.

### **Methodology**

Health education programs were conducted at all clinics as well as at all mobile clinics giving importance and benefits of detecting cancer early. Participants were encouraged to set-up health promotion villages and to be proactive towards cancer prevention activities. Exercise programs were promoted and other preventive programs through mothers' support groups. The public was educated on early recognizing of cancers. Furthermore, the public was educated and encouraged on growing organic vegetables and discouraging fast food. Agricultural officers were engaged to educate the public. Novel ideas on reducing polythene use were introduced. A palliative care team within MOH setting was established.

### **Results**

A total of 3910 pap smears done during the period of 2014 – 2017. Of them, 272 individuals were referred to specialist opinion. Clinical breast examination was done on 7930 women and 87 were referred with suspicious lesions. Of the clinic attendees, 193 had oral examinations and 26 were referred for specialist's care. As a part of the program, 33 exercise programs were conducted in 2017.

### **Discussion and conclusion**

As a result of the programme, early detection of cancers was promoted which prevented complications and improved the quality of life. When programmes are planned to reduce the NCD burden, it is important to pay attention to control all risk factors including maintaining ideal body weight, consumption of healthy food, polythene use etc.

## Other submitted proposals

	<b>Title of the Proposal</b>	<b>Corresponding Author</b>
1.	Role model for motivating behaviour	Thilakarathne G. B. Divisional Hospital Nochchiyagama
2.	Activity Drama – “Balan Kadathura hera dese”	Lalani M. R. Divisional Hospital B, Amithirigala
3.	Increase awareness of people on healthy life style, Routine examination of mouth, thyroid gland and breast.	Samarajeewa W. P. H. N. M. RDHS Office - Gampaha
4.	Acknowledged and empowered nursing staff about palliative care – the new trend of health	Menike P. W. N. Teaching Hospital – Kegalle
5.	Palliative care training programmes to develop skills and competencies in health care professionals.	Mallawaarachchi R District General Hospital - Chilaw
6.	The Breast Cancer	Ranasinghe R. A. B. J. K. District Hospital – Divulapitiya
7.	Early Detection of Breast Cancers among 15 – 75 year old women	Karunarathne W. M. A. K. RDHS Office – Ampara
8.	Increasing awareness of self-breast examination technique among public	Jayasekara D. P. A. R. N. Provincial Unit – Pamunugama
9.	Alarming epidemic of Thyroid cancer in the northern slopes of central mountain	Somarathne K District Base Hospital – Rikillagaskada
10.	Assessment of cervical cancer screening programme at MOH area Thirappane	Herath H.M.P. MOH office-Thirappane
11.	Improvement of Pap Smear Screening Coverage	Banda S. M. D. N. P. M.O.H. Office – Ipalogama, Anuradhapura
12.	Improvement of Pap Smear Screening Coverage	Ranjani G. A. L. M.O.H. Office – Ipalogama, Anuradhapura
13.	Improvement of Pap Smear Screening Coverage	Priyanthi I. D. N. M.O.H. Office – Ipalogama, Anuradhapura
14.	Improvement of Pap Smear Screening Coverage	Dissanayake C. N. K. M.O.H. Office, Ipalogama , Anuradhapura
15.	Improvement of Pap Smear Screening Coverage	Rajakaruna P. K. M. M.O.H Office – Ipalogama, Anuradhapura
16.	Directions to motivate patients	Jayathilaka H. A. S. Cancer Health care Society – Gampaha



## Key interventions towards best practices on prevention & control of cancers at national level

World Health Organization defines 'National Cancer Control Programme' as "... a public health programme designed to reduce the number of cancer cases and deaths and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliation, making the best use of available resources."

### Key components of a public health programme;

- (1) Innovation to develop the evidence base for action;
- (2) A technical package of a limited number of high priority, evidence-based interventions that together will have a major impact;
- (3) Effective performance management, especially through rigorous, real-time monitoring, evaluation, and program improvement;
- (4) Partnerships and coalitions with public- and private sector organizations;
- (5) Communication of accurate and timely information to the health care community, decision makers, and the public to effect behavior change and engage civil society;
- (6) Political commitment to obtain resources and support for effective action.

(Am J Public Health. 2014; 104:17–22. doi:10.2105/AJPH. 2013.301608)

The National Cancer Control Programme (NCCP) of Ministry of Health, Nutrition & Indigenous Medicine is the national focal point for prevention and control of cancers in the country. NCCP coordinates with national level institutes (Eg. Directorate of Non Communicable Diseases, Family Health Bureau etc), all cancer treatment centres and Provincial Ministries of Health to plan, implement, monitor and evaluate cancer prevention and control programme in Sri Lanka.

The final comprehensive external review on national cancer control programme was conducted in year 2008 through the review mission of WHO-IAEA Programme of Action for Cancer Therapy (PACT). Some of the key interventions towards best practices on prevention & control of cancers after the year 2008 is listed below.

### Overall interventions

#### 1. Launching of National Policy and Strategic Framework on Cancer Prevention & Control

National policy and strategic framework on cancer prevention and control was launched in 2015 and it is the main guiding document on prevention and control of cancers in Sri Lanka. It is available on line at [www.nccp.health.gov.lk](http://www.nccp.health.gov.lk).

## Vision of the national policy

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

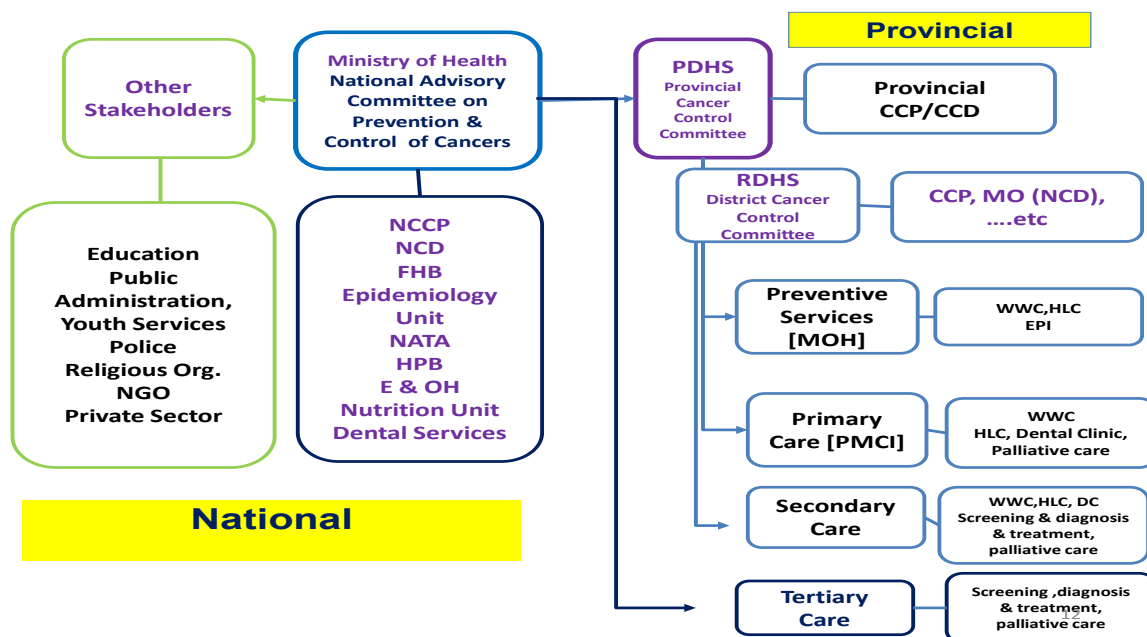
### 2. Establishing National Advisory Committee on Prevention & Control of Cancers

National Advisory Committee on Prevention & Control of Cancers chaired by the Secretary of Health functions as the main statutory body on planning, implementation and monitoring of the National policy and strategic framework. National Cancer Control Programme (NCCP) acts as the secretariat to the National Advisory Committee. Ministry of Health officials, provincial ministry of health officials, cancer treatment centres, professional colleges, and development partners are the members of this committee. National Advisory Committee meets in every three months.

### 3. Conducting annual district reviews on prevention & control of cancers

In each district annual review meeting on prevention & control of cancers were conducted with the participation of National Cancer Control Programme, provincial or district cancer centres, Regional Director of Health Services (RDHS) and other key personnel at district level.

### 4. Strengthening planning, implementation, monitoring & evaluation framework of cancer control activities



## Primary Prevention of Cancers

### 1. Practicing common risk factor approach for primary prevention of cancers

Healthy lifestyles to prevent cancers were promoted through common risk factor approach coordinated by the Directorate of Non Communicable diseases and the National Multi Sectoral Action Plan for the Prevention & Control of Non Communicable Diseases of year 2016 – 2020.

**2. Promoting healthy life styles through advocacy programmes & education interventions**

Advocacy programmes (eg. Commemoration of ‘World Cancer day- 4th of February’, programmes for religious leaders.....etc ) were regularly conducted to promote healthy life styles. National level training of trainer programmes (TOTs), mass media programmes, IEC material development etc were conducted.



Fig. Flex banner on healthy lifestyles were distributed among all schools in the country

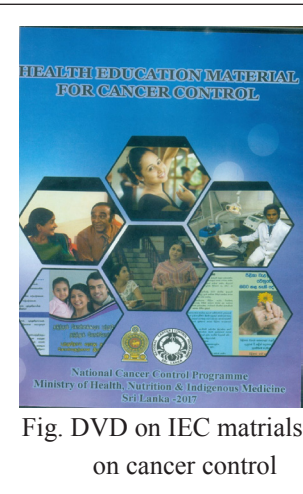
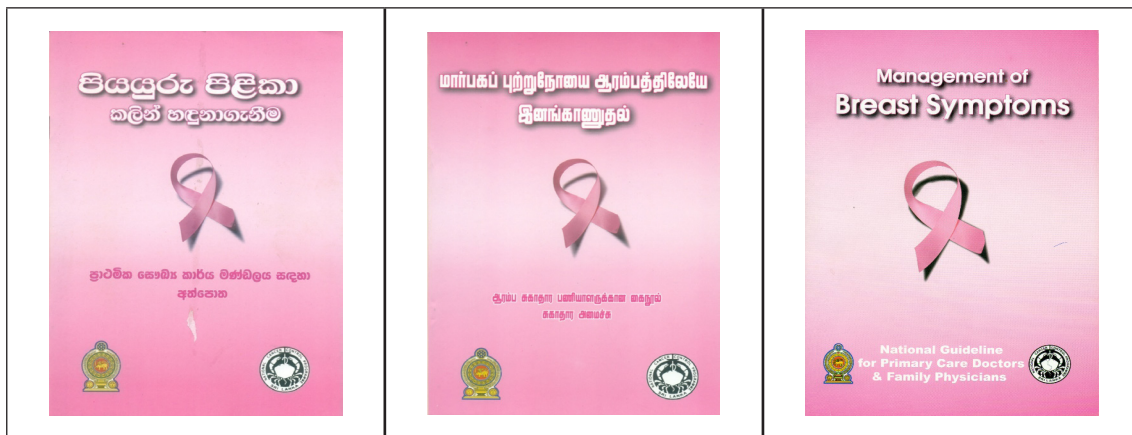


Fig. DVD on IEC materials on cancer control

**Early detection of cancers**

**Early detection of breast cancer**

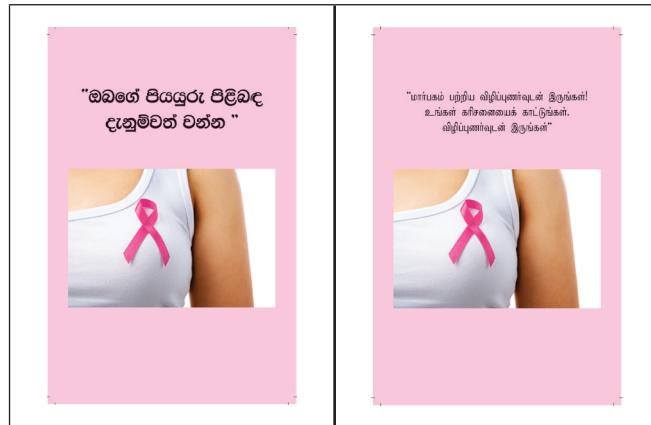
**1. Launching of guidelines /guidebooks on early detection of breast cancers at the primary care**



**2. Introduction of ‘Be breast aware’ concept as a method of early detection of breast cancer**

In addition to self breast examination, more client friendly method of ‘Be breast aware’ concept was introduced (“Every woman should know what is normal for her, able to identify a change promptly and attentive to seek medical advices without delay”). To describe key concepts of ‘be breast aware’ a booklet was developed in Sinhalese & Tamil languages and distributed throughout the country.





**3. Promotion of Self Breast Examination**

Flashcards on self breast examination were printed and distributed among field public health staff & hospital health education units throughout the country.

Fifty self-breast examination mannequins were distributed to selected RDHS Offices, MOH offices, health educations units of the hospitals and all Nurses Training Schools in the country.

**4. Commencement of clinical breast examination at the healthy life style clinics (HLCs)**

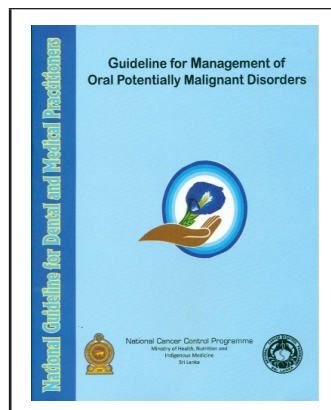
With the concurrence of Director NCD, clinical breast examination was commenced in healthy life style centres (HLCs) where female staff is available. It will be included to the all HLCs with the availability of female staff including public health nursing officers (PHNO)

**5. Commemoration of breast cancer awareness month**

From year 2010 onwards annually ‘Breast cancer awareness month – October’ is commemorated throughout the country. Special circular signed by the Director General of Health Services is issued annually to request all health staff to actively participate in activities to promote early detection of breast cancers. At national level every year media seminar is conducted and ‘pin on badge was introduced’ to all female primary health care staff to be worn during the month of October.

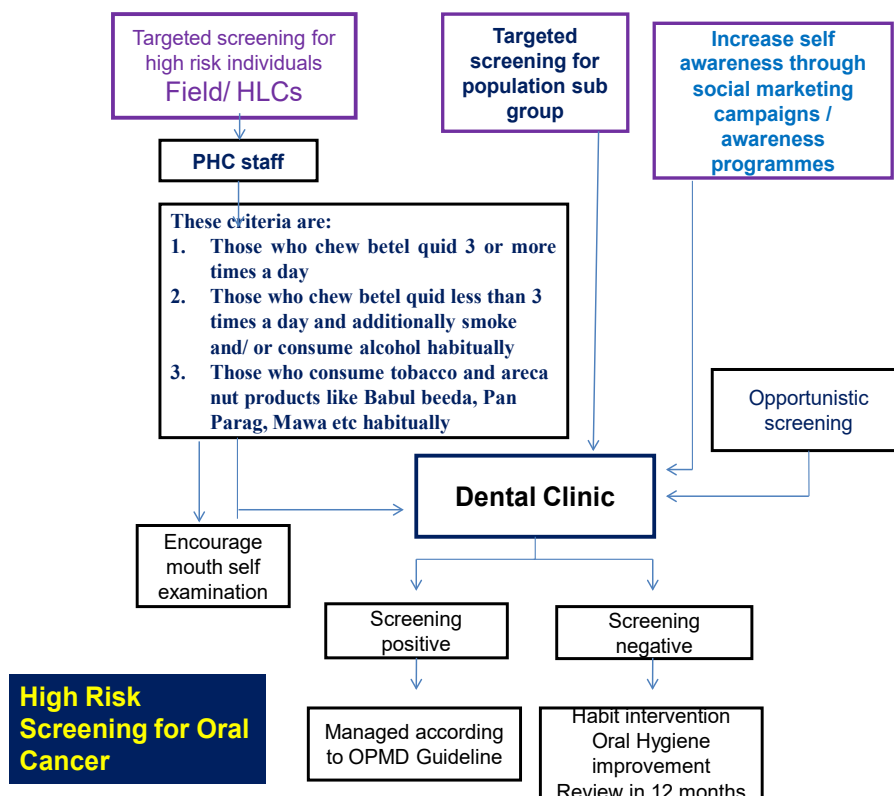
**Early detection of Oral Cancer**

**1. Launching national guidelines for early detection of orally potential malignant disorders (OPMD) / oral cancer for dental surgeons and medical officers**





## 2. Introduction of high risk screening programme for OPMD/Oral cancer



## 3. Advocacy & community mobilization for early detection of oral cancers

World Head & Neck Cancer Day – 27th July was commemorated through conducting press conferences, issuing circulars signed by the Director General of Health Services encouraging active participation for prevention and early detection of oral cancers, conducting all island art exhibitions among school children ..... etc.

## 4. Declare ‘arecanut’ as a carcinogen & introduction of modified betel tray without carcinogens

Arecanut was declared as a carcinogen based on evidence from IARC/WHO. An alternative betel tray was prepared removing tobacco and areca nut and introducing herbal items. This was presented to chief Buddhist priests .



Fig. Poster declare ‘arecanut’ as a carcinogen

Fig. Poster on approved betel tray

**5. Regulations to control smokeless tobacco & betel chewing**

Circular issued on banning of selling and chewing betel quid and smokeless tobacco and areca nut products in hospital premises and other health care facilities.

**6. Empowering oral cancer survivors as change agents**

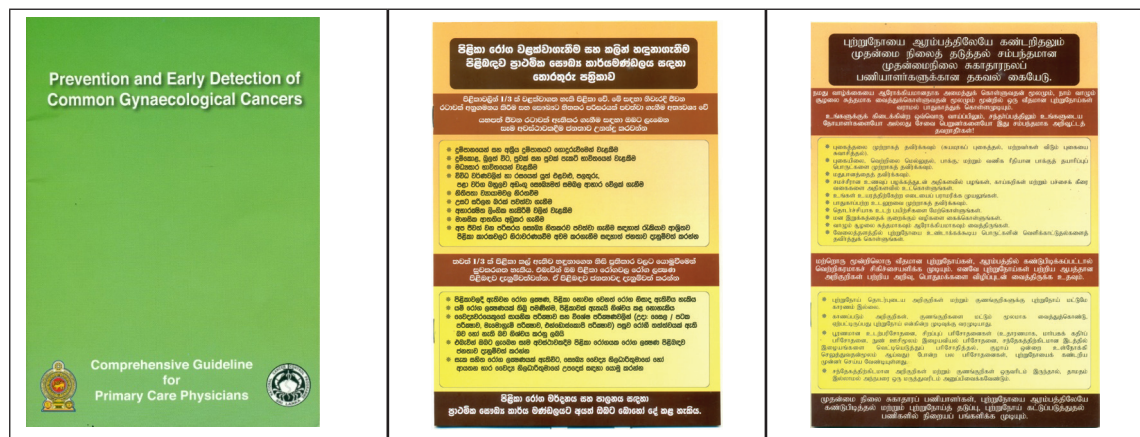
NCCP collaborated with National Authority on Tobacco & Alcohol (NATA) and cancer treatment units to empower oral cancer survivors to act as change agents for prevention of oral cancer (‘Blue pea movement’).

**Early detection of other cancers**

**1. Providing technical support for cervical cancer screening programme conducted through the Well Women Clinic Programme of Family Health Bureau**

**2. Launching of Guidelines /guidebooks on early detection of other cancers at the primary care**

Early detection guidelines on gynecological cancers, thyroid cancer, colorectal cancer, prostate cancer and oesophageal cancer have been developed.



**Diagnosis & Treatment**

**1. Strengthening of diagnostic & treatment facilities for cancer care**

The responsibility of strengthening these services are vested with other units of the Ministry of Health and NCCP facilitated those processes coordinating with respective health institutions.

Eg. Digital mammography facilities for diagnostic mammography at every province Colposcopy facilities further evaluation for cervical cancer screening programme follow up services Histopathology, haematology, immunohisto chemistry etc for diagnosis of cancers Chemotherapy, radiotherapy facilities for cancer care

**2. Developing guidelines on management of cancers**

Management guideline of oral cancer was developed already.

### 1. Policy interventions

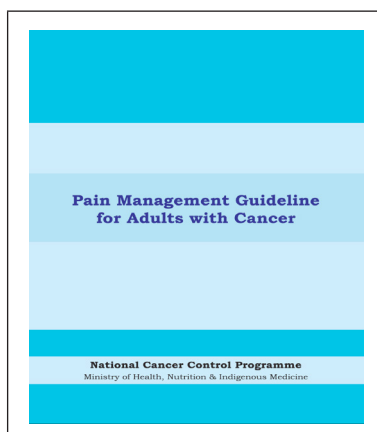
- (i) Inclusion of palliative care at the ‘Sri Lanka National Health Policy 2016 – 2025’, under the broad strategic direction of ‘Promotion of equitable access to quality rehabilitation care’. It is mentioned that ‘The mainstream health system should provide Palliative Care to all patients who are in need of such care for them to live and die with dignity.’
- (ii) Palliative care for cancer patients included as a main strategic objective under the National Policy & Strategic Framework of Prevention & Control of Cancers.
- (iii) NCCP coordinates the development of ‘National Strategic Framework for Palliative Care Development in Sri Lanka 2018 – 2022’. Currently the latest draft is published at the websites of the Ministry of Health ([www.health.gov.lk](http://www.health.gov.lk)) and National Cancer Control Programme ([www.nccp.health.gov.lk](http://www.nccp.health.gov.lk)).

### 2. Capacity building

- (i) Conducting Training of Trainer programmes (TOT) on Palliative care  
Training of trainer programmes (TOT) on palliative care were conducted at national level to improve the capacity of consultants, medical officers, nursing sisters, nursing tutors, nursing officers, social service officers Etc.  
One of the main TOT programme was six weeks Master trainer programme to develop capacity and leadership in palliative care in Sri Lanka (Lien Collaborative for Palliative Care). It was coordinated by the NCCP in collaboration with National Cancer Institute, Maharagama & Asia Pacific Hospice & Palliative Care Network (APHN).
- (ii) Facilitating commencement of Post Graduate / Post basic /Basic training programmes in Palliative care  
NCCP facilitated the initial process of commencement of Post Graduate Diploma in Palliative Medicine for medical officers and the module on palliative care for post basic training programme for public health nursing officers. Currently the Post Basic Diploma in Palliative Nursing is being prepared.

### 3. Facilitating the process of developing guidelines/circulars on delivery of palliative care

- (i) Facilitate in drafting the circular on ‘Prescribing and issuing of morphine for cancer pain management (Gen. Circular no. 01-14/2015).
- (ii) Facilitate the development of pain management guideline for adults with cancer



#### 4. Advocacy on palliative care development & community mobilization for palliative care

- (i) Commemorating World Hospice & Palliative care day (2nd Saturday of October) during the month of October through media seminars, facilitating activities at health institutions and civil society organizations etc
- (ii) Empowerment of care givers through development of care giver education leaflets

### Cancer Surveillance

#### 1. Integration of surveillance of cancers

Several measures have been taken to integrate cancer surveillance activities at health institutions. The data collection units are being expanded over the years including private sector health institutions. Conducting training programmes on cancer registration in collaboration with WHO, introduction of electronic data bases at the cancer treatment units, integrating cancer surveillance forms ..... etc are some of the activities.

	Cancer Centres	Pathology labs	OMF Units	Medical Record Rooms	Death Registrars	Total data collection centres	Publication (Volume)	Year of Publication
1985	3	–	–	–	–	3	I	1990
1986	3	–	–	–	–	3	II	1991
1987	3	–	–	–	–	3	III	1993
1990	3	–	–	–	–	3	IV	1996
1995	3	–	–	–	–	3	V	2002
2000	4	–	–	–	–	4	VI	2006
2001-2005	5	–	–	–	–	5	VII	2009
2006	6	–	4	–	–	10	VIII	2012
2007	6	–	4	–	–	10	IX	2013
2008	7	16	17	–	–	40	X	2014
2009	9	15	17	–	–	41	XI	2015
2010	9	13	17	–	–	39	XII	2016
2011	9	14	13	–	–	36	XIII	2018
2012	9	29	12	13	38	101		
2013	9	36	13	18	38	114		
2014	9	48	12	19	38	126		2018 (interim report)
2015	9	54 (51+2+1)	14	20	38	135		
2016	9	50 (47+3)	8	19	38	124		
2017	20	46 (40+6)	5	18	42	131		

#### 2. Commencement of Population based cancer registries (PBCR)

Through population based cancer registry, cancer incidence data, mortality data and survival data can be generated since the initiative promote obtaining cancer morbidity & mortality data from all possible sources in a specific geographic area. Therefore with guidance of International Agency for Research on Cancer (IARC), NCCP initiated the process of establishing population based cancer registry in the Colombo district.