

Surveillance of Cancers
Reported at Oral &
Maxillo-Facial Units in
Sri Lanka
2020



**National Cancer Control
Programme
Ministry of Health, Sri Lanka
2022**



Surveillance of Cancers Reported at Oral & Maxillo-Facial Units in

Sri Lanka

2020



National Cancer Control Programme

Ministry of Health, Sri Lanka

2022



Message from the Director, National Cancer Control Programme



Oral cancer is the most common cancer among males and cancer with a high mortality rate. Surgery is the mainstay of treatment with or without adjuvant therapy such as chemotherapy and radiotherapy. Early stage oral cancers are treated by surgical management alone. The majority of oral cancer surgeries are carried out in Oral and Maxillo–Facial (OMF) units distributed island-wide. Therefore, OMF units are an important source of oral cancer data. All OMF units routinely forward oral cancer data through the Register for Oral Cancer Incidence Data and recently the electronic database software CanReg 5 has been introduced to these units to improve timeliness and data quality.

Though the information provided by these units has been analyzed together with all other cancer treatment centres in the process of developing the Annual Cancer Registry, data provided by these units have not been analyzed in isolation. By analyzing data provided by these units the National Cancer Control Programme (NCCP) hopes to find new areas to focus on regarding oral cancer prevention and control.

A special word of thanks goes out to the OMF units for taking time off their busy schedules to provide valuable data and to the NCCP team for data cleaning, analysis and report generation.

I sincerely hope this publication would be an eye-opener for not only Health Ministry Officials, and Administrators but for all cancer researchers in general.

Dr. Eshani Fernando

BDS, MSc, MD (Community Dentistry)

Director, National Cancer Control Programme

Contributors

Data collection

All Oral and Maxillo-Facial units in Sri Lanka

Data coding

Dr. K.G. Ruhunage

Dr. Imalka Suriyapperuma

Data entering

Mrs. Nimesha Prasadi

Mrs. Nayomi Weerasinghe

Data verification

Dr. Mihiri Gunasinghe

Dr. K.G. Ruhunage

Dr. Thushani Wijesiri

Dr. Asanga Abeynayake

Dr. Tharani Rajendra

Statistical analysis and report writing

Dr. Udaya Usgodaarachchi

Dr. Suraj Perera

Dr. Mihiri Gunasinghe

Dr. K. G. Nirmala Jayanthi

Dr. Asanga Abeynayake

Final editorial work

Dr. Mihiri Gunasinghe

Joint publication of Strategic Information Management unit & Oral Cancer Prevention & Control unit of National Cancer Control Programme, Sri Lanka.

Executive summary

According to the Cancer Registry 2019, lip, tongue and mouth cancers were the top ranked cancers among males in Sri Lanka accounting for 15% out of all male cancers. Since majority of these cancers get reported from Oral and Maxillo-Facial (OMF) units, it is important to analyze this data separately in order to take necessary steps to control the high incidence.

Newly diagnosed cancer data in 2020 of all the 32 OMF units were used for the analysis. After checking the data quality and removing the duplicates, a total of 1634 cancer data were available for the final analysis.

Around 80% of the total cancer patients were males according to cancer data 2020. Most of the cancers were reported among more than 50-year-old population generally (n=1364, 83.5%). The highest number of newly diagnosed cancer patients were reported from OMF unit of PGH Badulla (n=140). However, the highest number of newly diagnosed cancer patients were from the Rathnapura district (n=160). The district was not mentioned in 300 cancer cases. A majority of cancer patients were residing within the district of the OMF unit visited.

The most common sites of cancer observed were the tongue (n=471) and the cheek mucosa (n=425). The stage of the cancer was not reported in 88% of (n=1444) patients. Out of the cancers with staging data available, 57% belonged to late stages (stage III: 24.7%, stage IV: 32.6%).

As there is a high district variation in cancers reported, it is essential to focus on additional cancer prevention and control activities in districts having high cancer incidence. Since there is a lack of completeness of data reported from OMF units, it is important to take necessary measures to improve data quality.

Table of contents

1	Introduction.....	1
2	Methods.....	4
3	Results.....	5
3.1	Distribution of newly diagnosed cancers reported by each OMF unit.....	5
3.2	Distribution of cancer patients according to sex.....	6
3.3	Distribution of cancer patients according to the age.....	7
3.4	Distribution of cancer patients according to the district.....	9
3.5	Distribution of cancer patients according to the site of the cancer.....	11
3.6	Distribution of cancer patients according to the staging of cancer.....	14
4	Conclusions.....	15
5	Recommendations.....	16

List of tables

Table 1.1 Distribution of OMF units in Sri Lanka	3
Table 3.1 Distribution of newly diagnosed cancers according to OMF units in the year 2020.	5
Table 3.2 Distribution of newly diagnosed cancers according to 5-year age categories and sex reported to OMF units in the year 2020.....	7
Table 3.3 Distribution of newly diagnosed cancers according to district and sex reported to OMF units in the year 2020	9
Table 3.4 District origin of newly diagnosed cancer patients visiting each OMF unit (within the district or outside the district)	10
Table 3.5 Distribution of newly diagnosed lip, tongue and mouth cancers according to ICD 10 classification and sex reported to OMF units in the year 2020.....	12
Table 3.6 Distribution of newly diagnosed other cancers (not categorized under lip, tongue and mouth cancers) according to ICD 10 classification and sex reported to OMF units in the year 2020	13
Table 3.7 Distribution of newly diagnosed cancers according to the clinical staging and sex reported to OMF units in the year 2020.....	14

List of figures

Figure 1-1 Process of cancer registration in Sri Lanka	2
Figure 3-1 Distribution of cancer patients according to sex.....	6
Figure 3-2 Number of newly diagnosed cancer patients according to the age category and sex	8
Figure 3-3 Distribution of newly diagnosed cancer patients according to the site of origin of the cancer	11
Figure 3-4 Percentage of newly diagnosed cancers according to the staging of the disease .	14

List of abbreviations

NCCP	National Cancer Control Programme
OMF	Oral and Maxillo-Facial
PGH	Provincial General Hospital
PBCR	Population Based Cancer Registry
TH	Teaching Hospital
CSTH	Colombo South Teaching Hospital
DGH	District General Hospital
BH	Base Hospital
NH	National Hospital
CNTH	Colombo North Teaching Hospital

Surveillance of Cancers at Oral & Maxillo-Facial Units in Sri Lanka

1 Introduction

The National Cancer Control Programme (NCCP) of the Ministry of Health is responsible for providing a comprehensive programme for the prevention and control of cancers in Sri Lanka.

It coordinates the surveillance of cancers in Sri Lanka, with the active participation of other stakeholders including cancer treatment centres, pathology laboratories and Oral and Maxillo-Facial (OMF) units in the country. The data flow for National Cancer Surveillance Programme is shown in figure 1-1.

Cancer surveillance is a process of systematic, continuous collection, storage, analysis, interpretation and dissemination of epidemiological information on cancers occurring in a country or a specific geographic area. The information generated from the cancer registration is essential for planning, implementation, monitoring and evaluation of cancer control activities in the country. Surveillance of cancers was introduced to OMF units with the collection of cancer incidence data in the year 2006. Data on newly confirmed cancer patients of the Oral & Maxillo-Facial surgery units are received annually through the Annual Notification Form of Oral Cancer (H -1294). There are 32 OMF units situated around the country (table 1.1).

A total of 2173 lip, tongue and mouth cancers have been newly diagnosed out of 31,848 cancer patients reported in 2019 in Sri Lanka. Lip, tongue and mouth cancers were the top-ranked cancers among males accounting for around 15% of all male cancers reported in 2019. Further, these types of cancers show a rising trend over the past decades indicating a growing cancer burden to the country. A majority of lip, tongue and mouth cancers are reported through OMF units. Though they are analyzed and reported in the Cancer Registry annually, it is important to analyze the data separately to assess the patterns to target prevention and control activities of cancers to reduce the high burden.

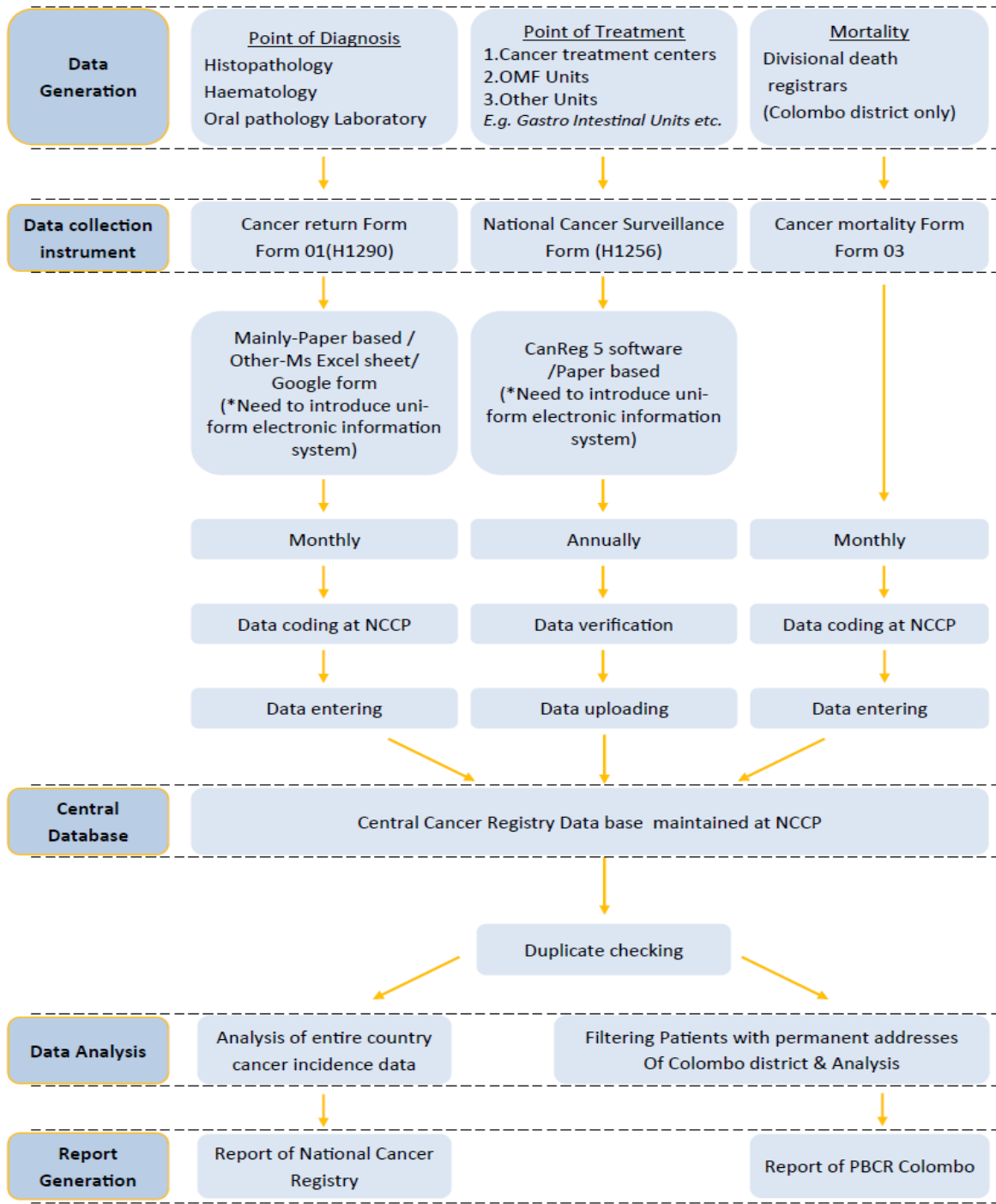


Figure 1-1 Process of cancer registration in Sri Lanka

Table 1.1 Distribution of OMF units in Sri Lanka

Province	District	OMF unit
Western	Colombo	National Dental Hospital (Units A, B, C & D)
		CSTH Kalubowila
	Gampaha	DGH Avissawella
		CNTH Ragama
		DGH Gampaha
		DGH Negombo
	Kalutara	TH Kalutara
		BH Panadura
Central	Kandy	NH Kandy
		Dental Hospital Peradeniya
	Matale	DGH Matale
	Nuwara-Eliya	DGH Nuwara-Eliya
Southern	Galle	TH Karapitiya
	Matara	DGH Matara
	Hambantota	DGH Hambantota
Northern	Jaffna	TH Jaffna
	Vavuniya	DGH Vavuniya
Eastern	Batticaloa	TH Batticaloa
	Ampara	DGH Ampara
	Trincomalee	DGH Trincomalee
North Western	Kurunegala	TH Kurunegala
		TH Kuliypitiya
	Puttalam	DGH Chilaw
North Central	Anuradhapura	TH Anuradhapura
	Polonnaruwa	DGH Polonnaruwa
Uva	Badulla	PGH Badulla
Sabaragamuwa	Ratnapura	TH Ratnapura
		DGH Embilipitiya
	Kegalle	DGH Kegalle

2 Methods

Newly diagnosed cancer data in all the 32 OMF units in 2020 were received through the Annual Notification Form of Oral Cancer (H – 1294) to the NCCP. The cancer data were coded according to the site (topography) and histology (morphology) as per the instructions given in the International Classification of Diseases for Oncology 3rd edition (ICD – O3). Next, the data were entered into the CanReg 5 database by trained data entry operators. Duplicates of the data were removed and the quality of data was checked. Data were cross-checked randomly with original data and erroneous codings were corrected where necessary.

Cancer data analysis was carried out using MS Excel. Cancer data were presented according to the distribution of cancers among OMF units, sex, age, district, site of cancer and the stage of cancer.

3 Results

A total of 1634 cancer patients were reported from all OMF units around the country in 2020.

3.1 Distribution of newly diagnosed cancers reported by each OMF unit

Table 3.1 Distribution of newly diagnosed cancers according to OMF units in the year 2020

OMF Unit	No of the patients reported
National Dental Hospital Colombo (Units A, B, C & D)	100
CSTH Kalubowila	42
DGH Avissawella	45
CNTH Ragama	77
DGH Gampaha	60
DGH Negombo	11
TH Kalutara	31
BH Panadura	27
NH Kandy	66
Dental Hospital Peradeniya	60
DGH Matale	46
DGH Nuwara-Eliya	32
TH Karapitiya	89
DGH Matara	44
DGH Hambantota	51
TH Jaffna	101
DGH Vavuniya	24
TH Batticaloa	61
DGH Ampara	46
DGH Trincomalee	19
TH Kurunegala	122
TH Kuliypitiya	21
DGH Chilaw	9
PGH Badulla	140
TH Anuradhapura	55
DGH Polonnaruwa	59
PGH Ratnapura	136
DGH Embilipitiya	6
DGH Kegalle	54
Total	1634

The highest number of newly diagnosed cancer patients were reported from OMF unit of PGH Badulla (n=140) while OMF unit of TH Rathnapura reported 136 newly diagnosed cancer patients. Further, TH Kurunegala (n=122), TH Jaffna (n=101) and National Dental Hospital (n=100) have also reported a higher number of newly diagnosed cancer patients.

3.2 Distribution of cancer patients according to sex

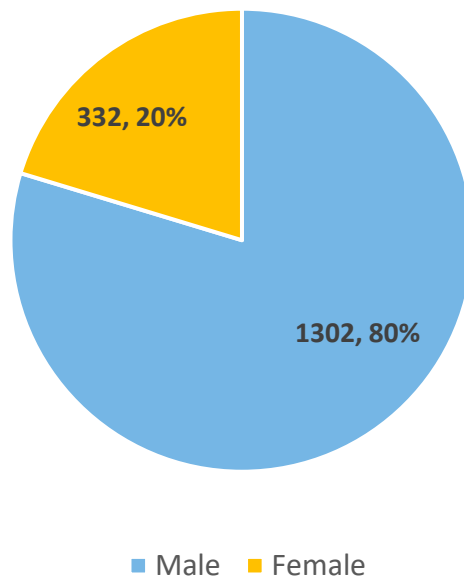


Figure 3-1 Distribution of cancer patients according to sex

Out of 1634, around 80% (n=1302) of the cancer patients reported from OMF units were males.

3.3 Distribution of cancer patients according to the age

Table 3.2 Distribution of newly diagnosed cancers according to 5-year age categories and sex reported to OMF units in the year 2020

Age group	Male (%)	Female (%)	Total (%)
15-19	1 (0.1%)	1 (0.3%)	2 (0.1%)
20-24	0 (0%)	4 (1.2%)	4 (0.2%)
25-29	4 (0.3%)	3 (0.9%)	7 (0.4%)
30-34	13 (0.9%)	7 (2.1%)	20 (1.2%)
35-39	39 (2.9%)	5 (1.5%)	44 (2.7%)
40-44	63 (4.8%)	13 (3.9%)	76 (4.6%)
45-49	98 (7.5%)	19 (5.5%)	117 (7.2%)
50-54	189 (14.5%)	35 (10.6%)	224 (13.7%)
55-59	187 (14.3%)	37 (11.2%)	224 (13.7%)
60-64	185 (14.2%)	50 (15%)	235 (14.4%)
65-69	190 (14.6%)	42 (12.7%)	232 (14.2%)
70-74	152 (11.6%)	57 (17.2%)	209 (12.8%)
75+	181 (13.9%)	59 (17.8%)	240 (14.7%)
Total	1302 (100.0%)	332 (100.0%)	1634 (100.0%)

There were no cancers reported in the 0–14-year-old age category. The highest number of male cancer patients were reported among the 65–69-year-old age category while the highest number of female cancer patients were reported among the ≥ 75 -year-old age category.

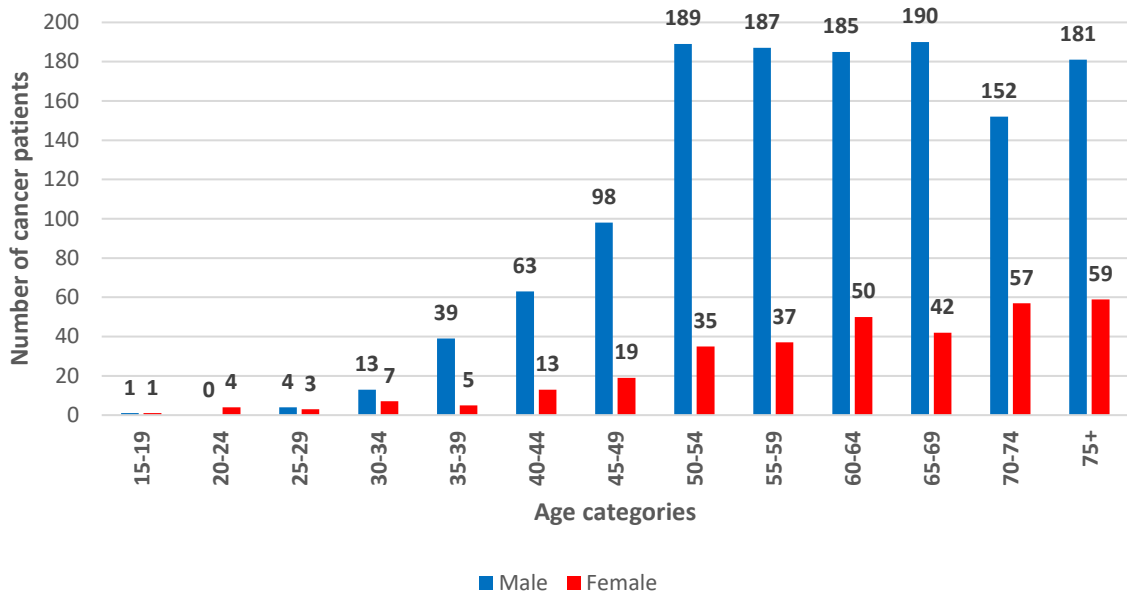


Figure 3-2 Number of newly diagnosed cancer patients according to the age category and sex

Most of the oral cancers were reported among ≥ 50 -year-old population (n=1364, 83.5%).

3.4 Distribution of cancer patients according to the district

Table 3.3 Distribution of newly diagnosed cancers according to district and sex reported to OMF units in the year 2020

Province	District	Sex		Total
		Male	Female	
Western Province	Colombo	67	18	85
	Gampaha	87	23	110
	Kalutara	54	5	59
Central Province	Kandy	35	18	53
	Matale	28	7	35
	Nuwara-Eliya	12	4	16
Southern Province	Galle	38	12	50
	Matara	40	15	55
	Hambantota	41	5	46
Northern Province	Jaffna	61	17	78
	Mannar	3	2	5
	Vavuniya	9	4	13
	Mullaitivu	7	0	7
	Kilinochchi	7	2	9
Eastern Province	Batticaloa	25	17	42
	Ampara	30	15	45
	Trincomalee	10	7	17
North-Western Province	Kurunegala	107	17	124
	Puttalam	20	3	23
North Central Province	Anuradhapura	49	10	59
	Polonnaruwa	53	8	61
Uva Province	Badulla	79	18	97
	Monaragala	27	10	37
Sabaragamuwa Province	Ratnapura	132	28	160
	Kegalle	40	8	48
District not mentioned		241	59	300
Total		1302	332	1634

The highest number of newly diagnosed cancer patients were reported from the Rathnapura district (n=160) while Kurunegala (n=124) and Gampaha (n=110) also contributed to a high number of cases. The district was not mentioned in 300 cases.

Table 3.4 District origin of newly diagnosed cancer patients visiting each OMF unit (within the district or outside the district)

Province	District	OMF Unit	District origin			Total
			Within district	Outside district	Not mentioned	
Western	Colombo	National Dental Hospital (Units A, B, C & D)	30 (30.0%)	30 (30.0%)	40 (40.0%)	100
		CSTH Kalubowila	31 (73.8%)	11 (26.2%)	0 (0.0%)	42
		DGH Avissawella	15 (33.3%)	30 (66.7%)	0 (0.0%)	45
	Gampaha	CNTH Ragama	34 (44.2%)	4 (5.2%)	39 (50.6%)	77
		DGH Gampaha	49 (81.7%)	1 (1.7%)	10 (16.7%)	60
		DGH Negombo	8 (72.7%)	3 (27.3%)	0 (0.0%)	11
	Kalutara	TH Kalutara	25 (80.6%)	2 (6.5%)	4 (12.9%)	31
		BH Panadura	22 (81.5%)	3 (11.1%)	2 (7.4%)	27
	Central	Kandy	NH Kandy	19 (28.8%)	23 (34.8%)	24 (36.4%)
Dental Hospital Peradeniya			28 (46.7%)	31 (51.7%)	1 (1.7%)	60
Matale		DGH Matale	20 (43.5%)	8 (17.4%)	18 (39.1%)	46
Nuwara-Eliya		DGH Nuwara-Eliya	0 (0.0%)	0 (0.0%)	32 (100.0%)	32
Southern	Galle	TH Karapitiya	47 (52.8%)	33 (37.1%)	9 (10.1%)	89
	Matara	DGH Matara	35 (79.5%)	3 (6.8%)	6 (13.6%)	44
	Hambantota	DGH Hambantota	34 (66.7%)	17 (33.3%)	0 (0.0%)	51
Northern	Jaffna	TH Jaffna	78 (77.2%)	17 (16.8%)	6 (5.9%)	101
	Vavuniya	DGH Vavuniya	12 (50.0%)	10 (41.7%)	2 (8.3%)	24
Eastern	Batticaloa	TH Batticaloa	42 (68.9%)	11 (18.0%)	8 (13.1%)	61
	Ampara	DGH Ampara	24 (52.2%)	1 (2.2%)	21 (45.7%)	46
	Trincomalee	DGH Trincomalee	16 (84.2%)	1 (5.3%)	2 (10.5%)	19
North Western	Kurunegala	TH Kurunegala	90 (73.8%)	13 (10.7%)	19 (15.6%)	122
		TH Kuliypitiya	17 (81.0%)	4 (19.0%)	0 (0.0%)	21
	Puttalam	DGH Chilaw	6 (66.7%)	0 (0.0%)	3 (33.3%)	9
North Central	Anuradhapura	TH Anuradhapura	46 (83.6%)	1 (1.8%)	8 (14.5%)	55
	Polonnaruwa	DGH Polonnaruwa	55 (93.2%)	3 (5.1%)	1 (1.7%)	59
Uva	Badulla	PGH Badulla	96 (68.6%)	34 (24.3%)	10 (7.1%)	140
Sabaragamuwa	Ratnapura	TH Ratnapura	131 (96.3%)	1 (0.7%)	4 (2.9%)	136
		DGH Embilipitiya	4 (66.7%)	2 (33.3%)	0 (0.0%)	6
	Kegalle	DGH Kegalle	23 (42.6%)	0 (0.0%)	31 (57.4%)	54
Total			1037 (63.5%)	297 (18.2%)	300 (18.3%)	1634

A majority of cancer patients were residing within the district of the OMF unit visited. The OMF unit in DGH Avissawella (66.7%) and OMF units in Dental Hospital Peradeniya (51.7%)

have treated a higher percentage of newly diagnosed cancer patients residing outside the district of the OMF unit situated.

3.5 Distribution of cancer patients according to the site of the cancer

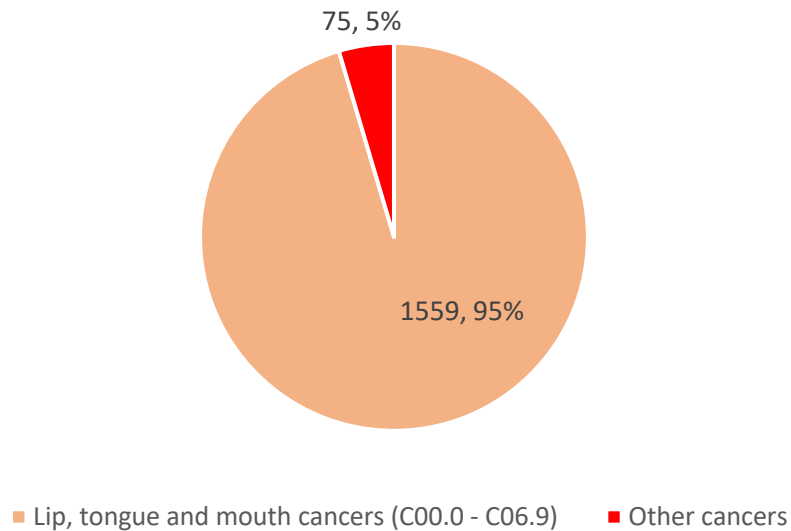


Figure 3-3 Distribution of newly diagnosed cancer patients according to the site of origin of the cancer

A higher percentage of newly diagnosed cancers reported from OMF units belonged to ICD coding C00.0-C06.9, namely the broad category of lip, tongue and mouth cancers (n=1559, 95%). The detailed breakdown of cancer site based on ICD coding is given in Table 3.5.

Table 3.5 Distribution of newly diagnosed lip, tongue and mouth cancers according to ICD 10 classification and sex reported to OMF units in the year 2020

Code	Major site	Code	Site	Male	Female	Total
C00	Lip	C00.0	External upper lip	2	0	2
		C00.1	External lower lip	20	7	27
		C00.3	Mucosa of upper lip	1	1	2
		C00.4	Mucosa of lower lip	6	0	6
		C00.5	Mucosa of lip	3	1	4
		C00.6	Commissure of lip	19	2	21
		C00.9	Lip, NOS	7	2	9
C01	Base of tongue	C01.9	Base of tongue	6	0	6
C02	Other and unspecified parts of tongue	C02.0	Dorsal surface of tongue	14	6	20
		C02.1	Border of tongue	159	40	199
		C02.2	Ventral surface of tongue	30	2	32
		C02.3	Anterior 2/3 of tongue	3	1	4
		C02.9	Tongue, NOS	176	34	210
C03	Gum	C03.0	Upper gum	23	3	26
		C03.1	Lower gum	28	8	36
		C03.9	Gum, NOS	44	22	66
C04	Floor of mouth	C04.0	Anterior floor of mouth	1	0	1
		C04.9	Floor of mouth, NOS	80	18	98
C05	Palate	C05.0	Hard palate	8	4	12
		C05.1	Soft palate, NOS	53	4	57
		C05.8	Overlapping lesion of palate	0	2	2
		C05.9	Palate, NOS	31	13	44
C06	Other and unspecified parts of mouth	C06.0	Cheek mucosa	326	99	425
		C06.1	Vestibule of mouth	22	10	32
		C06.2	Retromolar area	55	7	62
		C06.8	Overlapping lesion of mouth	52	18	70
		C06.9	Mouth, NOS	69	17	86
Total				1238	321	1559

The most common sites of the newly diagnosed lip, tongue and mouth cancers were the tongue (C01-C02) having 471 cases and the cheek mucosa (C06.0) having 425 cases. There were 388 tongue cancers and 326 cheek mucosa cancers in males, while in females, there were 83 tongue cancers and 99 cheek mucosa cancers. The site was not specified for 86 cases (C06.9).

Table 3.6 Distribution of newly diagnosed other cancers (not categorized under lip, tongue and mouth cancers) according to ICD 10 classification and sex reported to OMF units in the year 2020

Code	Major site	Code	Site	Male	Female	Total
C07	Parotid gland	C07.9	Parotid gland	9	2	11
C08	Other and unspecified parts of major salivary gland	C08.0	Submandibular gland	8	1	9
		C08.1	Sublingual gland	0	1	1
		C08.9	Major salivary gland	3	0	3
C09	Tonsil	C09.1	Tonsillar pillar	2	0	2
		C09.9	Tonsil, NOS	3	0	3
C14	Other and ill-defined sites in lip, oral cavity and pharynx	C14.0	Pharynx, NOS	2	0	2
		C14.8	Overlapping lesion of lip, oral cavity and pharynx	1	0	1
C31	Accessory sinuses	C31.0	Accessory sinuses	8	0	8
C32	Supraglottis	C32.1	Supraglottis	1	0	1
C41	Bone, joints and articular cartilage of other and unspecified sites	C41.1	Bone of Skull and face	1	1	2
C43	Malignant melanoma	C43.9	Melanoma	0	1	1
C44	Skin	C44.2	SKIN, external ear	1	0	1
		C44.3	SKIN, other and unspecified parts of face	2	1	3
		C44.4	Skin, scalp and neck	1	0	1
C76	Other and ill-defined sites in lip, oral cavity and pharynx	C76.0	Head, face or neck, NOS	9	3	12
C80	unknown primary site	C80.9	Unknown primary site	13	1	14
	Total			64	11	75

Out of 75 of the newly diagnosed 'other' cancers, most (n=24) were salivary gland cancers (C07-C08). There were 14 newly diagnosed cancer cases where the primary site was unknown.

3.6 Distribution of cancer patients according to the staging of cancer

Table 3.7 Distribution of newly diagnosed cancers according to the clinical staging and sex reported to OMF units in the year 2020

	No staging data (%)	Stage I (%)	Stage II (%)	Stage III (%)	Stage IV (%)	Total (%)
Male	1159 (89.0%)	26 (2.0%)	37 (2.8%)	36 (2.8%)	44 (3.4%)	1302 (100%)
Female	285 (85.8%)	10 (3.0%)	8 (2.4%)	11 (3.4%)	18 (5.4%)	332 (100%)
Total	1444 (88.4%)	36 (2.2%)	45 (2.7%)	47 (2.9%)	62 (3.8%)	1634 (100%)

Cancer staging was not reported in 88.4% (n=1444) of cancer patients.

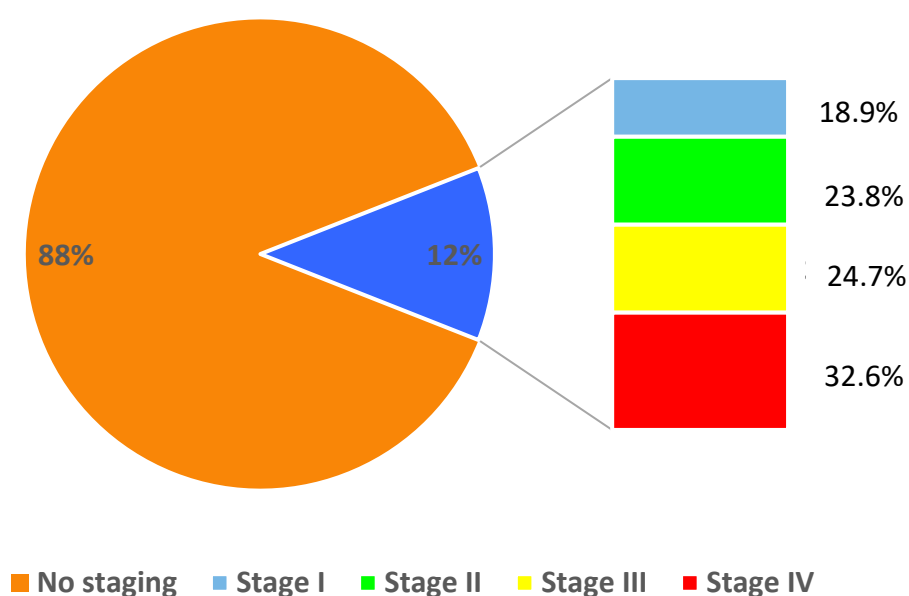


Figure 3-4 Percentage of newly diagnosed cancers according to the staging of the disease

Only 12% of the newly diagnosed cancers had the staging data. Out of the cancers with staging data available, around 57.3% belonged to late stages (stage III: 24.7%, stage IV: 32.6%).

4 Conclusions

- ❖ A total of 1634 cancer patients were reported from all the OMF units in the year 2020.
- ❖ The highest number of cancer patients was reported from OMF unit PGH Badulla (n=140). The OMF units in TH Ratnapura (n=136), TH Kurunegala (n=122), TH Jaffna (101) and National Dental Hospital (n=100) have also reported a higher number of new cancer patients.
- ❖ The majority of the cancer patients reported were males (n=1302, 80%).
- ❖ Most of the oral cancers were reported among ≥ 50 -year-old population (n=1364, 83.5%).
- ❖ The highest number of newly diagnosed cancer patients were reported from the Ratnapura district (n=160) while Kurunegala (n=124) and Gampaha (n=110) also contributed to a high number of cases. The district was not mentioned in 300 cancer cases. A majority of cancer patients were residing within the district of the OMF unit visited.
- ❖ The most common sites of cancers reported were the tongue (n=471) and the cheek mucosa (n=425).
- ❖ Stage of the cancer was not reported in 88% of cancer patients (n=1444). Out of the cancers with staging data available, around 57.3% belonged to late stages; stage III: 24.7% and stage IV: 32.6% respectively.

5 Recommendations

- ❖ The quality of cancer data reported from OMF units should be improved. Completeness of the data, with regard to the residential address and staging of cancer, should be improved to obtain detailed information on cancer patients attending to OMF units in Sri Lanka.
- ❖ Cancer prevention and control activities should be focused more on the areas having a high incidence of cancers.

