

National Cancer Control Programme

Sri Lanka

**National Strategic Plan
2020-2024**

**National Strategic Plan on Prevention
and
Control of Cancer in Sri Lanka
(2020-2024)**

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





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| | A | B | C | D | E | F | G | H |
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| i9 | 3.3.2.Provide quality care at CEDC | Ensure screening facilities (infrastructure and medical devices) and staff are available in CEDC for early detection of cancer breast, cervix and oral cancer | DDG-MS, DDG-LS, DDGDS, D-NCCP | | X | X | X | X |
| i10 | | Monitor the use of referral, back-referral pathways are being followed as given in the updated guideline | D-NCCP | | X | X | X | X |
| i11 | Strategic Direction 3.4 Ensure cancer patients have access to timely and accurate diagnosis and linked to treatment & care | | | | | | | |
| i12 | 3.4.1. Ensure all treatment centers are able to confirm suspected cases of breast, oral and cervical cancer and managed | Develop guidelines for diagnosis and management of breast, cervical and oral pre-cancerous lesions | DDG-MS, DDG-NCD, DDGDS, D-NCCP | | | | | |
| i13 | | Provide mammogram facilities in treatment centers to confirm diagnosis of breast cancer | DDG-MS, DDG-LS, D-NCCP | X | X | X | | |
| i14 | | Provide biopsy facilities to confirm breast cancer at treatment centers | DDG-MS, DDG-LS, D-NCCP | | X | X | | |
| i15 | | Provide medical diagnostic facilities and devices required for confirmation of oral cancer at treatment centers | DDG-MS, DDG-LS, DDG-DS, D-NCCP | | X | X | | |
| i16 | | Establish clinical standards and procedures for colposcopy & SOPs to diagnose cervical pre-cancerous lesions | DDG-MS, DDG-NCD, D-NCCP | | X | X | | |
| i17 | | Map the histopathology labs to which the treatment centers including colposcopy clinics will send biopsy specimens | DDG-MS, DDG-LS, DDGDS, D-NCCP | | | X | | |
| i18 | | Develop SOPs for histopathology laboratories receiving specimens from colposcopy clinics and specimens for oral and breast cancer | DDG-MS, DDG-LS, D-NCCP | | | X | | |
| i19 | | Conduct a capacity assessment of the laboratories including HR, equipment and infrastructure requirement | DDG-MS,DDG-LS, DDGDS, D-NCCP | | | X | | |
| i20 | | Develop communication mechanism between colposcopy clinics, treatment centers, dental clinics where biopsies for breast, cervical and oral cancer is done and histopathology laboratories to minimize client visits | DDG-NCD, DDG-LS, D-NCCP | | | X | | |
| i21 | | Develop a training programme in colposcopy leading to certification | DDG-NCD, DDG-LS, D-NCCP | | | X | X | |
| i22 | | Provide basic and advanced colposcopy training | DDG-ET&R, DDG-LS, D-NCCP | | | | X | |
| i23 | | Document follow up procedure | DDG-MS, D-NCCP | | | X | | |
| i24 | | Ensure all pre-cancerous lesions are referred to treatment centers | DDG-MS, D-NCCP X | X | X | X | X | X |
| i25 | 3.4.2.. Develop partnerships with STD/HIV clinics to refer suspect cases of cancer cervix / abnormal pap smear cases to CoE | Conduct Advocacy meetings to refer samples/suspected cases and provide relevant data | D-NCCP, D-NSACP | X | X | X | | |
| i26 | Strategic Direction 3.5 Building public/private partnerships for screening and early diagnosis of cancers to increase coverage | | | | | | | |
| i27 | 3.5.1.Advocacy to provide screening (breast, cervix, oral) in the private sector hospitals/ clinics | Advocacy meetings with private sector hospitals and private practitioners annually | DDG-NCD, DDG-DS, D-NCCP & Private Hospital Directorate | X | X | X | | |

Early detection of cancers

To improve early detection of cancers: Building public / private partnerships for screening and early diagnosis of cancers to increase coverage

One Priority

Advocacy to provide screening (breast, cervix, oral) in the private sector hospitals/clinics

Progress

Stakeholder meetings conducted with the participation of private health top level administrators and ministry of health officials

Several initiatives were taken in order to improve the screening in private sector

Appoint a Coordinating officer from each institute

Improve data flow between NCCP and private sector with nondisclosure agreement

Arrange capacity building programmes

Challenges

Difficult to implement some decisions, priority variations.

What, if any, tools or expertise do you need to help continue

Continuous monitoring and evaluation

Early detection of cancers

4.3.4. Ensure quality of care at Breast Clinics

One Priority

Establish Breast Clinic in all major hospitals

Progress

Decided on NAC and Directive from Secretary Health on establishing breast clinics
Started 24 breast clinics in the country
Partnership with Sri Lanka Breast Surgeons Associations
Several training sessions conducted for field, hospital and clinic staff
Easy access for patients and fast track investigation and treatment with limited resources.

Challenges

Finding resources: Place, Staff and equipment's
Training: Covering all clinics
Limited Mammography facilities
M&E: Limited IT facilities and skills

What, if any, tools or expertise do you need to help continue

Support on establishing new clinics: Logistics and capacity building
Monitoring and Evaluation

Diagnosis and Treatment Unit

4.3.1.1. Provide External Beam Radiation therapy by installing Linear Accelerators (LINAC)

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| One Priority | Providing radiotherapy treatment facilities at all provinces |
| Progress | <p>Able to initiate some nonfunctioning machines at provincial level</p> <ul style="list-style-type: none">-Completion of Bunkers-Safety features including Lead doors and dosimetries for radiation monitoring-Initiate treatment with IMRT planning at Jaffna, Batticaloa, kandy and Karapitiya- Start treatment in 3 single energy machines at NCIM and one machine at NH Kandy |
| Challenges | <p>Lack of funding opportunities</p> <p>No new procurement since 2019</p> <p>Balance 20% payment for machines purchased already</p> |
| What, if any, tools or expertise do you need to help continue | <p>Development of Radiotherapy strategic plan for Sri Lanka</p> <p>Seeking for soft loans and grants</p> |

Oral Cancer

Screening and early detection of Oral Potentially Malignant Disorders (OPMD) and oral cancer

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| One Priority | Capacity building of the medical officers to carry out screening and early detection of Oral Potentially Malignant Disorders (OPMD) and oral cancer in the absence of a dental surgeon |
| Progress | <ol style="list-style-type: none">1. Discussions are being carried out among the stakeholders to include a clinical exposure module for the curriculum of undergraduate medical students in screening and early detection of OPMD and oral cancer2. In the process of revising the National Guideline for Management of OPMD in order to empower the medical officers on screening and early detection of OPMD and oral cancer. Two consultative meetings were held to discuss the way forward. |
| Challenges | <ol style="list-style-type: none">1. Inclusion of a separate module into the curriculum is a complicated process that requires time.2. Doubts in allocation of money for printing of the revised National Guideline for Management of OPMD due to prevailing situation in SL |
| What, if any, tools or expertise do you need to help continue | <ol style="list-style-type: none">1. This is progressing after negotiating with the relevant stakeholders2. Printing of the revised National Guideline for Management of OPMD |

Palliative Care

Integration of specialist palliative care

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| One Priority | To facilitate effective integration of specialist palliative care across all levels of health care |
| Progress | <ul style="list-style-type: none">• Ministry of Health issued a circular to major hospitals with the instructions to implement Palliative Care Consult Services with an interdisciplinary approach in hospitals in 2020.• In 2021, the Ministry of Health has identified the cadre positions for MO Palliative Medicine.• Appointing Public Health Nursing Officers attached to primary care institutions for home-based care.• Proper documentation: Shared Care Clinical Record H1314• Advocacy meetings conducted with relevant administrators• Postgraduate, undergraduate training and incorporating aspects of palliative care into basic/in-service training programmes. |
| Challenges | To get the priority for palliative care in the health delivery system and implementation of the services Establish monitoring and evaluation system |
| What, if any, tools or expertise do you need to help continue | Experience sharing: How to overcome/prioritize palliative care in the health care delivery system |

Strategic Information Management (Cancer Registry)

Hospital Based Cancer Registry (HBCR)

One Priority

Strategic Direction 6.4 Establish Hospital Based Cancer Registry (HBCR) in all cancer treatment centres and ensure reporting to Sri Lanka Cancer Registry (SLCR)

Progress

- **WHO IARC CanReg5 Software was introduced** to each cancer centre after including minimum follow up data (Date of completion of treatment & Status till 5 years) as an interim measure
- Working with Directorate of Health Information to incorporate Cancer Registry module to Hospital Information Management System (HMIS)
- Training programmes conducted for cancer registry staff at cancer centres

Challenges

Identifying designated officers at cancer treatment centres for cancer registry.

What, if any, tools or expertise do you need to help continue

Experience sharing with successful HBCR initiatives
