

**Standard Operating Procedures for Cancer Registration**  
**in**  
**Sri Lanka**



**National Cancer Control Programme**  
**Ministry of Health, Nutrition & Indigenous Medicine**  
**Sri Lanka**



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## Preface

Availability of accurate and timely cancer incidence data and other related information plays a vital role in planning effective interventions to reduce the burden of cancer in a country. Cancer surveillance has been an integral part of the National Cancer Control Programme (NCCP) since its commencement in 1980.

Generating country wide cancer surveillance data and population-based cancer registry data in Colombo District are the two main deliverables of cancer surveillance. In Sri Lanka, cancer surveillance involves active participation of multi-stakeholders in government and private health sector including Cancer Treatment Centres, Pathology Laboratories, Oral & Maxillo Facial units, Medical Records Departments of hospitals & Registrar General's Department. As a result, data abstraction from medical records and data entry are carried out by a spectrum of health care providers. This highlighted the need of a manual of Standard Operating Procedures to ensure efficiency, uniformity and quality assurance at each point of the process of cancer surveillance in Sri Lanka.

This book fulfils this long awaited need. The guidance provided by the International Agency for Research on Cancer (IARC) of World Health Organization at Lyon France; IARC Regional Hub for Cancer Registration at Tata Memorial Hospital, Mumbai India and Department of Epidemiology, Biostatistics and Cancer Registry, Cancer Institute, Adyar, Chennai, India is highly appreciated.



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# 1. Introduction

## 1.1 Cancer Registration

**Cancer Registration** (Surveillance of cancer) is a process of systematic, continuous collection, storage, analysis, interpretation and dissemination of epidemiological information of reportable malignancies in a particular geographic area.

The cancer registry is an organization for conducting cancer registration. It includes both human and physical resources. There are different types of cancer registries as described in table 1.1

**Table 1.1 Different Types of Cancer Registries**

Registry type	Characteristics	Purpose
Hospital-based cancer registry	Collects information on all cases of cancers treated in one or more hospitals	Useful for administrative purposes and for reviewing clinical performance
Pathology-based cancer registry	Collects information from one or more laboratories on histologically diagnosed cancers	Supports the need for laboratory based services and serves as a quick 'snapshot' of the cancer profile
Population-based cancer registry	Systematically collects information on all reportable neoplasms occurring in a geographically defined population from multiple sources.	The comparison and interpretation of population based cancer incidence data support population based actions aimed at reducing the cancer burden in the community

The International Agency for Research on Cancer (IARC) of the World Health Organization (WHO) encourages member countries to maintain population-based cancer registries.

### Objectives of a Population Based Cancer Registry

- To determine cancer patterns in various sub populations.
- To guide planning, implementation and evaluation of cancer control programmes (eg. determine whether prevention, screening and treatment efforts are making a difference).
- To identify priorities for allocating health resources.
- To provide evidence for advanced clinical, epidemiologic and health services research.
- To provide information for a national database of cancer incidence (National Cancer Registry) for national and international comparisons.

## **1.2 Standard Operating Procedures on cancer registration**

A **Standard Operating Procedure (SOP)** is a set of step-by-step instructions compiled by the stakeholders on cancer registration to guide the surveillance staff to carry out routine operations.

SOPs at each point are necessary to ensure efficiency and quality assurance. SOPs also aim to achieve uniformity of performance, while reducing miscommunication and failure to comply with standard practices. SOPs will also be helpful to the new staff as an educational tool for the cancer registration.

## **1.3 Cancer registries in Sri Lanka**

National cancer Control Programme (NCCP) of the Ministry of Health is the focal point for cancer registration in Sri Lanka. Since its inception, the NCCP has been involved with cancer registration and publication of cancer incidence data.

In Sri Lanka two types of cancer registries are in operation at the moment.

### **1.3.1 Sri Lankan Cancer Registry (SLCR)**

This cancer registry commenced as a hospital based cancer registry processing of newly reported cancer incidence data from cancer treatment centres throughout the country over the time to generate national burden of cancers. Later, newly detected cancers at Oral & Maxillo Facial units and pathology laboratories were also incorporated.

### **1.3.2 Population Based Cancer Registry (PBCR)**

Cancer incidence data from multiple sources are collected from selected district or province (initially from the Colombo District from year 2012) to generate more precise estimates of cancer incidence as advised by the IARC.

## **1.4 The process of cancer registration in Sri Lanka**

1. Data abstraction (data collection)
2. Data coding
3. Data entry & verification
4. Data analysis
5. Dissemination of data through publication of cancer incidence data

### **Data abstraction**

Cancer incidence data are extracted from different sources at different points of the disease sequelae as shown in table 1.2.

**Table 1.2 Data Abstraction**

<b>Point of the disease sequelae.</b>	<b>Place</b>	<b>Data abstracting form</b>	<b>Frequency of sending to NCCP</b>
Diagnosis of cancer	Histopathology, Haematology & Oral pathology laboratories in hospitals & universities	Cancer Return Form 1 (H-1290)	Monthly
Treatment of cancer	Clinics of Cancer Treatment Centres	National Cancer Surveillance Form (H-1256)	On-line
	Oral & Maxillo Facial unit	Annual Notification Form of Oral Cancer - OMF units (H-1294)	Annually
	Medical record departments of hospitals	Cancer Return Form 2 (H-1291)	Quarterly
Registration of death due to cancer	Divisional death registrar office	Cancer Return Form 3	Monthly

**Data coding**

After receiving the data from web based database system & extraction forms coding is done according to the International Classification of Diseases for Oncology (ICD-O) 3<sup>rd</sup> Edition by the cancer registry staff of NCCP.

**Data entry & verification**

Coded data are entered to the 'CanReg 5' software. Verification of entered data are then done by the registry staff of NCCP.

**Data analysis**

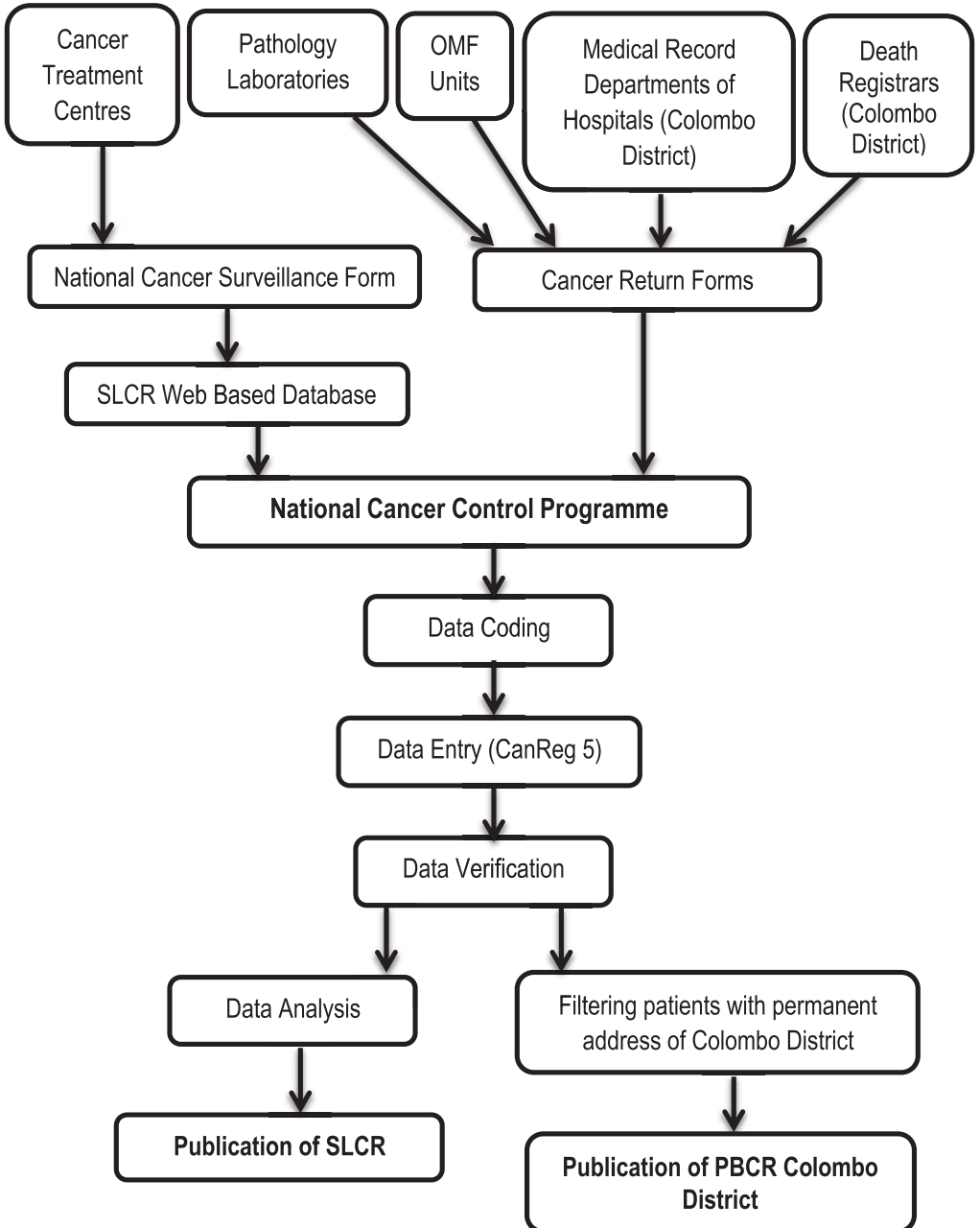
Data analysis is performed by the registry staff at NCCP.

**Dissemination of data through publication of cancer registry**

Analysed information is then disseminated through publication of 'Cancer Incidence Data - Sri Lanka' in electronic and print form.



## 2. Data Flow of Cancer Registration in Sri Lanka



### 3. Cancer Surveillance at Cancer Treatment Centres

- According to the General Circular No. 01-33/2015 of the Ministry of Health, in 2015, National Cancer Surveillance Form (H 1256) was introduced to Cancer Treatment Centres. This is used to extract cancer incidence data from clinic files.

**Table 3.1: State Cancer Treatment Centres in Sri Lanka**

Province	Cancer Treatment Centres
Western	Apeksha Hospital, Maharagama (National Cancer Institute) Teaching Hospital Colombo North (Ragama) District General Hospital Gampaha Base Hospital Avissawella District General Hospital Kalutara University Hospital, Kotelawala Defence University (KDU)
Central	Teaching Hospital Kandy District General Hospital Nuwaraeliya
Southern	Teaching Hospital Karapitiya (Galle) District General Hospital Hambanthota
Northern	Base Hospital Thellipalai (Jaffna) District General Hospital Vavuniya
Eastern	Teaching Hospital Batticaloa District General Hospital Ampara District General Hospital Trincomalee
North Western	Provincial General Hospital Kurunegala District General Hospital Chilaw
North Central	Teaching Hospital Anuradhapura District General Hospital Polonnaruwa
Sabaragamuwa	Teaching Hospital Rathnapura District General Hospital Kegalle
Uva	Provincial General Hospital Badulla District General Hospital Monaragala



**Figure 3.1: Distribution of State Cancer Treatment Centres in Sri Lanka**

# 3.1: National Cancer Surveillance Form (H1256)

H 1256



## NATIONAL CANCER SURVEILLANCE FORM



Hospital / Institute  Clinic File No.   
 Consultant :  Date of Registration:

### රෝගියාගේ විස්තර நோயாளர் விபரங்கள் Patient Details

සමස්ත නම:  
 முழுப்பெயர்:  
 Full Name:

වයස:  
 වයස:  
 Age:   
 උපන් දිනය:  
 பிறந்த திகதி:  
 Date of Birth:

ස්ත්‍රී පුරුෂ භාවය:  
 பால்:  
 Sex :   
 1. පිරිමි / ஆண் / Male   
 2. ගැහැණු / பெண் / Female   
 ජාතික හැඳුනුම්පත් අංකය:  
 தேசிய அடையாள அட்டை இல:  
 National Identity Card No :

ස්ථිර ලිපිනය:  
 நிரந்தர முகவரி:  
 Permanent Address:   
 දැනට පදිංචි ලිපිනය (ස්ථිර ලිපිනයට වඩා වෙනස් නම් පමණක්)  
 தொடர்பு கொள்ளும் விலாசம் (நிரந்தர விவரத்துடன் மாறுபட்டது மட்டும)  
 Contact Address (Only if different from permanent address)

දිස්ත්‍රික්කය:  
 மாவட்டம்: .....  
 District: .....  
 ප්‍රාදේශීය ලේකම් කොට්ඨාසය:  
 பிரதேச செயலாளர் பிரிவு: .....  
 Divisional Secretariat Division: .....  
 ග්‍රාම නිලධාරී කොට්ඨාසය:  
 கிராம சேவையாளர் பிரிவு: .....  
 Grama Niladari Division: .....  
 දුරකථන අංකය:  
 தொலைபேசி இலக்கம்: .....  
 Telephone No : .....  
 ජංගම දුරකථන අංකය:  
 தொலைபேசி இலக்கம்: .....  
 Mobile No : .....  
 රැකියාව:  
 தொழில்: .....  
 Occupation: .....

ජන වර්ගය:  
 இனம்:  
 Ethnic Group:  
 1. සිංහල/சிங்களம்/Sinhala   
 2. දෙමළ/தமிழ்/Tamil   
 3. මුස්ලිම්/முஸ்லீம்/Moor   
 4. වෙනත්/மற்றையோர்/Other   
 ආගම:  
 மதம்:  
 Religion:  
 1. බෞද්ධ/பௌத்தம்/Buddhist   
 2. ක්‍රිස්තියානි/கிறிஸ்தவம்/Christian   
 3. හින්දු/இந்து/Hindu   
 4. ඉස්ලාම්/இஸ்லாம்/Islam   
 5. වෙනත්/ஏனைய/Other   
 විවාහක/ලේවානක වට:  
 திருமணமாளவரூ /பிற:  
 Marital Status :  
 1. අවිවාහක/திருமணமாகாதவர்/Unmarried   
 2. විවාහක/திருமணமானவர்/Married   
 3. දික්කසාද/விவாகரத்து செய்தவர்/Divorced   
 4. වැන්දඹු/விதவை/Widowed   
 5. වෙන්වූ /பிரிந்து வாழ்பவர்/Separated

මෙහි ලක්ෂ්‍ය ඇතිකලට පිළිකාවක් වැළඳී තිබේ ද?  
 உங்கள் குடும்பத்தில் வேறு யாராவது புற்றுநோயினால் பீடிக்கப்பட்டுள்ளாரா?  
 Has any family member suffered from cancer  
 ඔව්:  නැත:   
 ஆம்: Yes:  இல்லை: No:

පිළිතුර "ඔව්" නම්,  
 விடை "ஆம்" எனில்"  
 If answer is "yes",  
 මමට ඇති ඇති සම්බන්ධය:  
 உறவு முறை:  
 Relationship:   
 පිළිකාව වැළඳුන ස්ථානය:  
 புற்றுநோய் தாக்கிய இடம்:  
 Site of Cancer:

යොමුකරන ලද රෝහල / பரிந்துரைத்த வைத்தியசாலை / Hospital Referred

## Tumour Details

For the use of NCCP only

Primary Site of Cancer (Topography)

ICDO Code

Histology (Morphology)

ICDO Code

**Behaviour**

- (0) Benign
- (1) Uncertain Behaviour
- (2) In Situ
- (3) Malignant Primary Site
- (6) Malignant Metastatic Site

**Differentiation / Grade**

- (1) Well / Low Grade
- (2) Moderate/ Intermediate Grade
- (3) Poor /High Grade
- (4) Undifferentiated/ Anaplastic
- (5) T-cell
- (6) B-cell
- (7) Null cell
- (8) NK cell
- (9) Not Stated

**Laterality**

- (1) Not a paired site
- (2) Right
- (3) Left
- (5) Right or Left unknown
- (6) Bilateral Involvement

**Most valid basis of diagnosis**

- 0 Death Certificate Only
- 1. Clinical Only ( Without Investigations )
- 2. Clinical, Investigation Including X-Ray, USS, CT Etc.( Imaging Only )
- 3. Exploratory Surgery ( Without histology eg. Laparatomy )
- 4. Specific Biochemical / Immunological test Only ( eg. PSA )
- 5. Cytology / Hematology Only
- 6. Histology of Metastasis
- 7. Histology of Primary
- 8. Autopsy with concurrent histology
- 9. Unknown

Date of diagnosis (Date of Incidence)

Y  Y  Y  Y  M  M  D  D

{ Date of first unequivocal (definite) clinical diagnosis is the most valid date of diagnosis }

TNM Status

T  N  M

Clinical Staging (Choose the correct stage from the list below and enter the code)

Stage 0	(1) 0						
Stage I	(2) I	(3) IA	(4) IA1	(5) I A2	(6) I B	(7) I B 1	(8) IB2
Stage II	(9) II	(10) II A	(11) IIB				
Stage III	(12) III	(13) III A	(14) III B	(15) III C			
Stage IV	(16) IV	(17) IV A	(18) IVB	(19) IVC			<input style="width: 20px; height: 15px;" type="checkbox"/>

Multiple Primary (Separate forms need to be filled)

Site

Histology

Date of Diagnosis

Y  Y  Y  Y  M  M  D  D

Recurrence

Site

Date of recurrence

Y  Y  Y  Y  M  M  D  D

**Treatment**

- 1. Cancer directed surgery
- 2. Radiotherapy
- 3. Chemotherapy
- 4. Hormone therapy
- 5. Other

**Remarks**

Referred to

Date of last contact

Y  Y  Y  Y  M  M  D  D

Status as at last contact

Alive

Dead

Name

Signature

(This form was developed by the NCCP in consultation with the cancer treatment centres.)

## 3.2. Instructions to fill the National Cancer Surveillance Form

- National Cancer Surveillance Form should be filled accurately and completely.
- Accurate details of cancer patients are essential for cancer surveillance in Sri Lanka.
- For each patient, a new sheet of National Cancer Surveillance Form should be used.
- The National Cancer Surveillance Form has two pages. Page 1 contains introductory details and patient details. Page 2 contains tumour details and follow up details.
- Introductory details and 'Patient Details' should be filled by the Nursing Officer who first registers the patient at the cancer clinic. 'Tumour Details' should be filled by the Medical Officers treating the patient at the cancer clinic or a trained Cancer Registrar.
- National Cancer Surveillance Form should be completed at the end of six months of registration.
- Consultants and Head of the Institution are to facilitate and supervise the process of filling and returning the National Cancer Surveillance Form, which is endorsed by the General Circular No. 01-33/2015
- Following instructions will be helpful in filling the form.

### 3.2.1: Introductory Details

Hospital / Institute

Name of the hospital /institute

Clinic File No.

Registration number given by the clinic

Consultant :

Consultant under whom the patient is registered

Date of Registration:

Y Y Y Y M M D D

Date of first registration at the clinic

### 3.2.2: Patient Details

Collect patient's identification details correctly. If the required information is not available at the first visit, obtain them contacting the patient in subsequent visits. Accurate patient identification details are essential to eliminate duplicate entries to the Cancer Registry Database. This is crucial in ensuring accuracy of cancer surveillance data.

සම්පූර්ණ නම:  
முழுப்பெயர்:  
Full Name:

Full name of the patient. It should be recorded as first name / personal name, followed by the family name

වයස:  
 වයස:  
 Age:

In completed years at the date of registration. (for infants in completed months & for neonates in completed days)

උපන් දිනය:  
 பிறந்த திகதி:  
 Date of Birth:

Enter as, Year / Month/ Date. This is needed as a unique identifier to link multiple notifications

ස්ත්‍රී පුරුෂ භාවය:  
 பால்:  
 Sex :

1. පිරිමි /ஆண் /Male

2. ගැහැණු /பெண் /Female

The relevant cage should be ticked off.

ජාතික හැඳුනුම්පත් අංකය:  
 தேசிய அடையாள அட்டை இல:  
 National Identity Card No.:

If the patient doesn't have the National Identity Card at the time of registration, should inform to bring it in the next visit. This is very important information to link multiple notifications.

ස්ථිර ලිපිනය:  
 திரை முகவரி:  
 Permanent Address:

දැනට පදිංචි ලිපිනය (ස්ථිර ලිපිනයට වඩා වෙනස් නම් පමණක්)  
 தொடர்பு கொள்ளும் விவரம் (திரை முகவரிக்கு மாறும்)  
 Contact Address (Only if different from permanent address)

Ask the patient his / her **'permanent address'**. Inquire whether the patient has stayed more than one year in that address. If 'yes', document it as the 'permanent address'. If 'no', ask for the previous permanent address where the patient has stayed for more than one year and mention it as the 'permanent address'.  
 (This is useful in filtering patients for PBCR Colombo district, GIS mapping etc.)

Patient's **'current address'** is the address where the patient stays during treatment, if that is not the same as permanent address.

E.g. If a patient from Matara visits Colombo for the treatment and stays temporarily with friends or relatives, the Colombo address should be documented as contact address. Matara address should be documented as the permanent address.

දිස්ත්‍රික්කය:  
 மாவட்டம்: .....  
 District:  
 ප්‍රාදේශීය ලේකම් කොට්ඨාසය:  
 பிரதேச செயலாளர் பிரிவு: .....  
 Divisional Secretariat Division:  
 ග්‍රාම නිලධාරී කොට්ඨාසය:  
 கிராம சேவையாளர் பிரிவு: .....  
 Grama Niladari Division:

To be filled according to the permanent address. These details are required for mapping purposes.

දුරකථන අංකය:  
 தொலைபேசி இலக்கம்: .....  
**Telephone No.:**  
 ජංගම දුරකථන අංකය:  
 தொலைபேசி இலக்கம்: .....  
**Mobile No.:**

Land phone number & mobile phone number of the patient. If the patient has no telephone number, enter a number of a family member through which patient can be contactable

රැකියාව:  
 தொழில்: .....  
**Occupation:**

If employed, current occupation. If retired, previous occupation.

ජන වර්ගය: இனம்: <b>Ethnic Group:</b> 1 සිංහල/சிங்களம்/Sinhala <input type="checkbox"/> 2 දෙමළ/தமிழ்/Tamil <input type="checkbox"/> 3 මුස්ලිම්/முஸ்லிம்/Moor <input type="checkbox"/> 4 වෙනත්/மற்றையோர்/Other <input type="checkbox"/>	ආගම: மதம்: <b>Religion:</b> 1 බෞද්ධ/பௌத்தம்/Buddhist <input type="checkbox"/> 2 ක්‍රිස්තියානි/கிறிஸ்தவம்/Christian <input type="checkbox"/> 3 හින්දු/இந்து/Hindu <input type="checkbox"/> 4 ඉස්ලාම්/இஸ்லாம்/Islam <input type="checkbox"/> 5 වෙනත්/ஏனைய/Other <input type="checkbox"/>	විවාහක/අවිවාහක බව: திருமணமானவரா/பிற: <b>Marital Status:</b> 1 අවිවාහක/திருமணமாகாதவர்/Unmarried <input type="checkbox"/> 2 විවාහක/திருமணமானவர்/Married <input type="checkbox"/> 3 දික්කොට/விவாகரத்து செய்தவர்/Divorced <input type="checkbox"/> 4 වැන්දඹු/விதவை/Widowed <input type="checkbox"/> 5 වෙන්වූ/பிரிந்து வாழ்பவர்/Seperated <input type="checkbox"/>
---	---	---

The relevant cage should be ticked off.

මෙහි ඉහත දැක්වූ පිළිකාව වැළඳී තිබේ ද?  
 உங்கள் குடும்பத்தில் வேறு யாராவது புற்றுநோயினால் பீடிக்கப்பட்டுள்ளாரா?  
 Has any family member suffered from cancer?

මඹි:  
 ஆம்:   
**Yes:**

නැත:  
 இல்லை:   
**No:**

පිළිතුර "මඹි" නම්,  
 விடை "ஆம்" எனில்,  
 If the answer is "yes",  
 මබව දැනී දැනී කමිබන්ටය:  
 உறவு முறை:  
**Relationship:**  
 .....  
 .....

පිළිකාව වැළඳුන ස්ථානය:  
 புற்றுநோய் தாக்கிய இடம்:  
**Site of Cancer:**  
 .....  
 .....

If the answer is "yes", the relationship of the other relative to the patient should be mentioned. For example, if the patient's mother had a breast cancer enter the relationship as 'mother'

Site of the cancer in the relative (not in the patient).



The hospital from where the patient was referred to the clinic. If the patient was not referred from anywhere, keep this blank

### 3.2.3: Tumour Details

Information on tumor details are on the second page of the National Cancer Surveillance Form. A Medical Officer treating the patient at the clinic or by a trained Cancer Registrar should complete this section.

#### 3.2.3.1: Primary Site of Cancer

##### Primary Site of Cancer (Topography)

Primary site of cancer should be mentioned as anatomical site with subsite (e.g. Breast, upper outer quadrant).

Review all medical reports carefully to decide the origin of the tumor. This is very important as the cancer diagnosis may be determined by a pathologist reviewing tissue from a secondary site (e.g. a primary carcinoma of lung diagnosed by excision and microscopic review of lymph nodes). Attention should be given to identify the primary site (e.g. Lung). It is also possible to deduce a primary site from the determination of a specific morphology (e.g. a nodular melanoma of the neck indicates a malignancy of the skin of the neck).

Sites such as 'head', 'thorax', 'limb', 'pelvis', and 'abdomen' are poor descriptors of the anatomical site, since a tumour may arise from a number of tissues (skin, soft tissue, bone) within the same anatomical site. Therefore, it is important to review all the diagnostic information available in the record to decide the anatomical site.

If both primary site and secondary site are known, only primary site should be documented. If primary site is unknown document it as 'unknown primary' irrespective of secondary site is known. If information on the primary site is available on a later date, enter these details when available.

#### 3.2.3.2: Histology (Morphology)

##### Histology (Morphology)

Record the complete histological diagnosis as stated in the final comment of the pathology report. In the presence of differential diagnosis, histology should be confirmed as far as possible. To confirm the most likely histology for which treatment was given, compare with the clinician's notes on clinical management. Histology should be compatible with the site of

origin (e.g.: in lymph nodes, brain, bone and liver). If the histological diagnosis is stated using only non-specific terms such as 'malignant neoplasm', 'cancer' or 'malignant tumour', document these terms until more detailed information is available.

### 3.2.3.3: Behaviour of the Tumour

<b>Behaviour</b>
(0) Benign
(1) Uncertain Behaviour
(2) In Situ
(3) Malignant Primary Site
(6) Malignant Metastatic Site

The behaviour of a tumour is the way it acts within the body. Refer Table 3.2 for the behaviour codes for neoplasms.

**Table 3.2: Behaviour Code for Neoplasms**

Code	Description	Criteria
0	Benign	A tumour that can grow in place without the potential for spread
1	Uncertain Behaviour	Uncertain whether benign or malignant (Borderline malignancy, Low malignant potential, Uncertain malignant potential).
2	In Situ	A tumour that can be malignant but still the growth is limited to the site of origin (Carcinoma in situ, Intra epithelial, Non-infiltrating, Non-invasive)
3	Malignant Primary Site	A tumour that invades surrounding tissues (Invasive, Infiltrating) and the primary site is known. Such cases should be coded as 3 (malignant primary site)
6	Malignant Metastatic Site	A tumour that invades surrounding tissues and the primary site is unknown, this should be coded as malignant metastatic site. For example, if a person has a malignancy that has spread to the lung and the histological confirmation was obtained from lung, but the site of origin is unknown, the appropriate code is 6 (malignant metastatic site).

### 3.2.3.4: Differentiation/ Grade

Differentiation / Grade	
(1) Well / Low Grade	(5) T-cell
(2) Moderate/ Intermediate Grade	(6) B-cell
(3) Poor /High Grade	(7) Null cell
(4) Undifferentiated/ Anaplastic	(8) NK cell
	(9) Not Stated

Histological differentiation or grading describes how much a tumour resembles the normal tissue from which it arose.

In general, the greater the differentiation, the more a tumour resembles the normal tissue from which it arose and the aggressiveness of the tumour is less. When a tumour is less differentiated, the aggressiveness is more.

Differentiation / grade should be recorded as stated in the final comments of the pathology report. When a diagnosis indicates two different degrees of differentiation/ grading, the higher number should be used as the grading code (eg:- moderately differentiated squamous cell carcinoma with poorly differentiated areas should be given the grading code"3").

**Table 3.3: Code for Differentiation / Grade**

Code	Description	
1	Well differentiated Differentiated, NOS	Grade I (Low Grade)
2	Moderately differentiated Moderately Well differentiated Intermediate differentiation	Grade II (Intermediate Grade)
3	Poorly differentiated	Grade III (High Grade)
4	Undifferentiated Anaplastic	Grade IV
5	T – cell	For Lymphoma and Leukemia
6	B – cell (Pre – B, B – precursor)	
7	Null cell (Non T – non B)	
8	NK cell (Natural killer cell)	
9	Grade/ differentiation or cell type (in Leukemia and Lymphoma) not determined, not stated or not applicable	

### 3.2.3.5: Laterality

**Laterality**

- (1) Not a paired site
- (2) Right
- (3) Left
- (5) Right or Left unknown
- (6) Bilateral Involvement

Laterality indicates the side (right or left) of paired organs or paired sites of the body on which the tumor originated (e.g. Thyroid, Lung, Breast, Ovary, Testis, Cheek). This applies to the primary site only. But in cancer registration, if the primary site is unknown (C80.9), record laterality as 1 (not a paired site).

**Table 3.4: Code for Laterality**

Code	Description	Criteria
1	Not a paired site	Unpaired sites or primary site is unknown
2	Right	Right side of a paired site
3	Left	Left side of a paired site
5	Right or Left unknown	In a paired site, when the side is unknown
6	Bilateral Involvement	In a paired site, when both sides are involved

### 3.2.3.6: Basis of Diagnosis

**Most valid basis of diagnosis**

- 0 Death Certificate Only
- 1. Clinical Only ( Without Investigations )
- 2. Clinical, Investigation Including X-Ray, USS, CT Etc.( Imaging Only )
- 3. Exploratory Surgery ( Without histology eg. Laparotomy )
- 4. Specific Biochemical / Immunological test Only ( eg. PSA )
- 5. Cytology / Hematology Only
- 6. Histology of Metastasis
- 7. Histology of Primary
- 8. Autopsy with concurrent histology
- 9. Unknown

Examine clinic records very carefully to determine the different methods used to confirm the cancer diagnosis. Refer the Table 3.5 for the code for basis of diagnosis.

**Table 3.5: Code for Basis of Diagnosis**

Code	Description	Criteria
0	Death certificate only	These are the cases where the only information available on cancer is the Death Certificate. There is no other document to corroborate. This category does not include cases initially bringing to the Registry's attention by means of a Death Certificate mentioning cancer, for which other basis of diagnosis are also available.
1	Clinical only (without investigations)	Diagnosis is made clinically only. There are no supportive investigations. That is, diagnosis is made before the death, but without the benefit of any of the following (2-7).
2	Clinical investigation including X-ray, USS, CT etc.(imaging only)	Diagnosed is made with the support of investigations but without a tissue diagnosis (e.g. Brain cancer)
3	Exploratory surgery (without histology)	When the diagnosis is made by surgery without having any histology reports. (e.g. Exploratory laparotomy)
4	Specific biochemical/ immunological test only	When the diagnosis is made based on a biochemical and /or immunological marker that is specific for a tumour site. (e.g. PSA in Prostatic cancer)
5	Cytology/ haematology only	Examination of cells from a primary or secondary site, including fluids aspirated using endoscopes or needles (e.g. Fine Needle Aspiration Cytology (FNAC)). This also includes the microscopic examination of peripheral blood films or trephine bone marrow aspirates.
6	Histology of metastasis	When a histology examination confirms cancer of a metastasis, and was not from the site of origin (primary site) of the tumour. (e.g. a primary carcinoma of lung diagnosed by excision and microscopic review of lymph nodes)
7	Histology of primary	<b>This is the most valid basis of diagnosis.</b> Histological examination of tissue from the primary tumour, irrespective of how was it obtained (including all cutting techniques and bone marrow biopsies).
8	Autopsy with concurrent histology	When cancer is diagnosed only after death from histology of autopsy specimens.
9	Unknown	When basis of diagnosis is not available in the records.

**Hierarchy of reporting – 7 > 6 > 5 > 2** (All other categories are of similar importance).

### 3.2.3.7: Date of Diagnosis (Date of Incidence)

Date of diagnosis (Date of Incidence)

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

{ Date of first unequivocal (definite) clinical diagnosis is the most valid date of diagnosis }

The first date when the malignancy was confirmed, is the 'date of diagnosis'. It may be either the date of the histology/cytology report of cancer diagnosis (date of reporting in the pathology report) or dates such as cancer directed surgery or clinical investigations (e.g. X-Ray, US-scan, CT-scan etc.). The earliest date out of above dates should be taken as the date of diagnosis. In the absence of above details, the date of registration is considered as the date of diagnosis.

### 3.2.3.8: TNM Status

TNM Status

T  N  M

Record the disease stage under 'TNM status'. Use the three-digit code of the TNM system. This is usually mentioned in the pathology report. However, the TNM system is not used for coding the extent of lymphomas, leukaemias, brain tumours and childhood cancers (defined as < 15 years of age at diagnosis).

### 3.2.3.9: Clinical Staging

Clinical Staging (Choose the correct stage from the list below and enter the code)							
Stage 0	(1) 0						
Stage I	(2) I	(3) IA	(4) IA1	(5) IA2	(6) IB	(7) IB1	(8) IB2
Stage II	(9) II	(10) IIA	(11) IIB				
Stage III	(12) III	(13) IIIA	(14) IIIB	(15) IIIC			
Stage IV	(16) IV	(17) IVA	(18) IVB	(19) IVC			<input type="text"/>

Record the stage of the disease as it is found in the case record. Choose the correct stage of malignancy from the given list. Staging should be done at the time of the initial diagnosis. It is based on information that can be either clinical, which is the stage before any treatment, or pathological, which is the post-surgical histopathological classification. In the absence of surgery, staging is based upon examinations and or investigations carried out prior to medical treatment

Refer UICC TNM Classification of Malignant Tumours (8<sup>th</sup> edition) or the information card on TNM classification and clinical staging of Breast, Cervical, Lip & Oral cavity and Pharyngeal cancers which is printed by the National Cancer Control Programme .

### 3.2.3.10: Multiple Primary

Multiple Primary (Separate forms need to be filled)

Site  Histology  Date of Diagnosis  Y  Y  Y  Y  M  M  D  D

The Cancer registry counts tumours, not persons. Therefore, if a single person develops more than one cancer independent of each other, during his lifetime, each of these cancers are counted separately. Multiple primary cancers are usually defined as primary malignant tumors of different histological origins in one person. In the presence of previous malignancy, the site, histology and the date of diagnosis of the previous malignancy should be mentioned. **Separate forms should be filled for each cancer of multiple primaries.**

### 3.2.3.11: Recurrence

Recurrence

Site  Date of recurrence  Y  Y  Y  Y  M  M  D  D

When a cancer reactivates after a period of remission, it is considered as a “recurrence”. A cancer recurrence is possible since in spite of the best efforts to treat or clear off a cancer, some cells may remain dormant and reactivate after a period of time. The recurrence of cancer may occur at the same place where the first cancer originated (primary tumor) or at another place in the body. In the presence of a recurrence, site & date of diagnosis of recurrence should be mentioned.

### 3.2.3.12: Treatment

Treatment	
1. Cancer directed surgery	<input type="checkbox"/>
2. Radiotherapy	<input type="checkbox"/>
3. Chemotherapy	<input type="checkbox"/>
4. Hormone therapy	<input type="checkbox"/>
5. Other	<input type="checkbox"/>

Record all treatments described in the patient’s clinic records. This includes therapy given at the reporting hospital as well as those given in other facilities. Treatment is considered as

a specific therapy which controls or destroys cancer tissues both at the primary and metastatic sites. Treatment includes surgery, radiotherapy, chemotherapy and hormonal therapy. Any other treatment the patient has received also should be recorded. Codes for treatment of neoplasms are described in Table 3.6.

**Table 3.6: Code for Treatment of Neoplasms**

Code	Description	Criteria
1	Cancer directed surgery	Surgical intervention related to oncology management. (e.g. Mastectomy, Wertheims Hysterectomy, Abdominoperineal Resection) Exceptions – Jejunostomy (Symptom relieving), Laporotomy, Colostomy, Node dissection without reaching the primary tumour.
2	Radiotherapy	Include 1) External or beam radiotherapy 2) Internal radiation e.g.: Brachytherapy, Radioactive iodine - I <sup>131</sup> therapy
3	Chemotherapy	Chemotherapy is usually given as an intravenous injection or drip. Sometimes, they are administered in the form of an oral formulation. (e.g. :- 5 Fluorouracil, Cisplatin, Cyclophosphamide)
4	Hormone Therapy	Hormonal therapy is whole-body (systemic) treatment for hormone - receptor positive cancers, such as certain breast and prostate cancers. It can be medical or surgical. (e.g.:- Tamoxifen for Breast cancer, Bilateral Orchidectomy in Prostate cancer)
5	Other	Record any other treatment that the patient has received. (e.g. :- Immunotherapy)

### 3.2.3.13: Remarks

Remarks

Note if there are any other important comments that may be relevant.



### 3.2.3.14: Institution to which the patient was referred

Referred to	<input type="text"/>
-------------	----------------------

If the patient was referred to any other cancer treatment center or health institution mention it here.

### 3.2.3.15: Date of last contact

Date of last contact	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="D"/>	<input type="text" value="D"/>	Status as at last contact	Alive	<input type="checkbox"/>	Dead	<input type="checkbox"/>
----------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	---------------------------	-------	--------------------------	------	--------------------------

Refers to the latest date for which there is ANY information about the patient. It may be,

- The date he/she was last known to be alive
- In case of patient's death, the date of death

The date and details of the last contact should be entered at six months after registration and it should be updated in every six months.

### 3.2.3.16: Name and the signature of the filling officer

Name	<input type="text"/>	Signature	<input type="text"/>
------	----------------------	-----------	----------------------

Six months after the registration, completeness of the form should be checked by a Medical Officer at the oncology clinic. This Medical Officer who certifies that the form is complete should place the name and signature here.

- After six months of registration, completed forms should be handed over to the officer identified to be in charge of the web-based cancer registry database (eg. Officer in charge of medical statistics, Development Officer etc.) for data entry purpose.

**If there are any doubts/ issues while completing the form, the Officer in charge of the Cancer Surveillance Unit of the NCCP should be contacted through 011-2368627.**

### 3.3: Circular for National Cancer Surveillance Form

දුරකථන ) 011 2669192 , 011 2675011  
දුරකථන ) 011 2698507 , 011 2694033  
Telephone ) 011 2675449 , 011 2675280

ෆැක්ස් ) 011 2692866  
ෆැක්ස් ) 011 2693869  
Fax ) 011 2692913

විද්‍යුත් තැපෑල, ) postmaster@health.gov.lk  
විද්‍යුත් තැපෑල (පුද්ගලික) )  
e-mail )

වෙබ් අඩවිය ) www.health.gov.lk  
වෙබ් අඩවිය )  
Website )



සුවසිරිපාය  
கவசிரிபாய  
SUWASIRIPAYA

මගේ අංකය )  
எனது இல ) D/NCCP/SUR / 2/2012  
My No. )

ඔබේ අංකය )  
உமது இல )  
Your No. )

දිනය ) 24  
திகதி ) 24/09/2015  
Date )

සෞඛ්‍ය" පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය  
சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No. 01 -33 /2015

Director/ National Cancer Institute  
Director / Teaching Hospital Karapitiya, Kandy, Anuradhapua, Jaffna,  
Batticaloa, Kurunegala  
Director / Provincial General Hospital Badulla, Rathnapura  
All Consultant Oncologists,  
All Consultant Oncosurgeons,  
All Consultant Gynaeoncologists

#### **Introduction of National Cancer Surveillance Form for Strengthening Cancer Surveillance at the Cancer Treatment Centres**

Cancer Surveillance (Cancer Registration) is a process of systematic, continuous collection, storage, analysis, interpretation and dissemination of epidemiological information on cancer cases occurring in a particular geographic area. National Cancer Control Programme (NCCP) of Ministry of Health coordinates surveillance of cancers in Sri Lanka in collaboration with the cancer treatment centres.

Strengthening of cancer surveillance is a need to obtain timely information. Therefore NCCP has initiated the process of supporting each cancer treatment centre in consultation with the director, consultants and all other stakeholders in the cancer treatment centres.

Following activities have been conducted already at each cancer treatment centre by the National Cancer Control Programme.

1. A desktop computer was given by the National Cancer Control Programme to the each cancer treatment centre.
2. Introduction of NCCP SL database for cancer surveillance at the Oncology Clinic.
3. Need of a 'National Cancer Surveillance Form' to facilitate cancer surveillance was identified at the consultative meetings held at each cancer treatment centre. This would be beneficial for the hospital administrators as well as clinicians in the patient management. Draft summary sheet had been developed in consultation with oncology teams in the cancer treatment centres and the finalized 'National Cancer Surveillance Form' was printed centrally to be distributed among all cancer treatment centres.

Each cancer treatment centre is expected to;

1. Introduce the 'National Cancer Surveillance Form' to the cancer patients' clinic files.
2. The personal information of the patient (Patient Details – Page 1) to be filled by the nursing officers in the oncology clinic.
3. The tumor details and treatment details (Page 2) to be filled by the medical officers in the oncology clinic.
4. The form to be completed within 6 months after the registration.
5. After 6 months of registration pre identified officer (Nursing officer / Medical Record Officer / Development Officer) needs to enter the data to the NCCPSL database. (This electronic database will be updated to a web based system in future enabling the NCCP to closely monitor the process of cancer surveillance centrally.)

I appreciate your kind cooperation, guidance & close supervision for this activity. This process will facilitate in generation of timely cancer frequency data of each cancer centre and national cancer incidence data.

If you need further information, kindly contact Director / NCCP through tel.no 011 - 2368627 or e mail – [nccp@health.gov.lk](mailto:nccp@health.gov.lk) .

Thank you



**Dr. P. G. Mahipala**  
Director General of Health Services  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suwasiripaya"  
385, Ven. Baddegama Wimalawansa Thero Mv  
Colombo 10.

**Dr. Palitha Mahipala**

Director General of Health Services

- Cc: 1 Secretary, Ministry of Health, Nutrition & Indigenous Medicine  
2. All DDGs  
3. Director – National Cancer Control Programme  
4. Director – Health Information  
5. Director – Organization Development

#### 4. Surveillance of Cancers at the Oral & Maxillo Facial (OMF) Units

- The General Circular No. 01-33/2012 of Ministry of Health, was issued for the purpose of extending cancer surveillance to OMF Units.
- Cancer incidence data from the OMF Units of tertiary and secondary care hospitals are obtained using the Annual Notification Form of Oral Cancer – OMF units (H 1294).
- Oral cancer incidence data obtained from OMF Units are being incorporated in to the Cancer Incidence Data since 2006.

**Table 4.1: List of State Sector Oral and Maxillo Facial Units in Sri Lanka**

National Dental Hospital (Teaching)	OMF Unit – TH Kandy
OMF Unit – Csth Kalubowila	Faculty of Dental Sciences – Peradeniya
OMF Unit – NCTH Ragama	OMF Unit – DGH Matale
OMF Unit – DGH Gampaha	OMF Unit – DGH Nuwaraeliya
OMF Unit – BH Avissawella	OMF Unit – DGH Trincomalee
OMF Unit – DGH Kalutara	OMF Unit – DGH Ampara
OMF Unit – BH Panadura	OMF Unit – TH Batticaloa
OMF Unit – DGH Negombo	OMF Unit – TH Jaffna
OMF Unit – DGH Chilaw	OMF Unit – DGH Vavuniya
OMF Unit – PGH Rathnapura	OMF Unit – TH Karapitiya
OMF Unit – DGH Kegalle	OMF Unit – DGH Matara
OMF Unit – TH Anuradhapura	OMF Unit – DGH Hambantota
OMF Unit – DGH Polonnaruwa	OMF Unit – PGH Kurunegala
OMF Unit – PGH Badulla	OMF Unit – BH Kuliyaipitiya
Csth – Colombo South Teaching Hospital	
NCTH – North Colombo Teaching Hospital	
DGH – District General Hospital	
PGH – Provincial General Hospital	
TH – Teaching Hospital	
BH – Base Hospital	

- Accurate data on cancer patients registered at the OMF Units is essential for cancer surveillance.
- To get correct information, following instructions should be followed at the OMF Units.

- Report all newly identified cancers managed at the OMF Units .
- Complete the Annual Notification Form of Oral Cancer (H-1294) accurately and completely.
- For each year, use a new sheet of the Annual Notification Form of Oral Cancer.
- **Cancer registry counts tumours not persons.** Therefore, in the presence of multiple primaries two separate rows should be filled for each cancer of the same patient.

- Duly filled Annual Notification Form of Oral Cancer (H – 1294) should be certified with the name, signature and the official stamp of the OMF Surgeon.
- Annual Notification Form of Oral Cancer should be prepared & send annually to the National Cancer Control Programme before the end of the first quarter of the subsequent year.

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

**In case of any doubts/ issues while completing the form, the coordinating Dental Surgeon at the Oral Cancer Prevention and Control Unit of the National Cancer Control Programme should be contacted through 011-2368627.**

# 4.1: Annual Notification Form of Oral Cancer - OMF Units (H1294)

H 1294

Annexure 03

## Annual notification form of oral cancer – OMF units

Institution .....	Patient Details		Tumour Details					Treatment done	Referred to									
	Name	Address	NIC No.	Age	Sex M/F	Incidence Date	Site			Primary/ Secondary/ Unknown	Details of Diagnosis Histology/ Morphology	TMM	Stage					
BHT No./ Reg.No																		

Year 20 .....

## 4.2: Instructions to Fill Annual Notification Form of Oral Cancer - OMF Units

**Annual notification form of oral cancer – OMF units**

Institution ..... Year 20 .....

BHT No./ Reg. No	Patient Details					Tumour Details						Treatment done	Referred to	
	Name	Address	NIC No.	Age	Sex M/F	Incidence Date	Site	Primary/ Secondary / Unknown	Details of Diagnosis Histology/ Morphology	TNM	Stage			

**Annexure 03** **H 1294**

Name of the Hospital or Institution

Relevant year

Surgery/ Other

Referred to Cancer Treatment Centre or Hospital

Bed Head Ticket Number/ Registration Number

Patient's permanent residential address

Full Name of the patient. It should be recorded as first name/ personal name, followed by family name

National Identity Card Number

Age mentioned in the BHT/ Clinic file

Reporting date of the biopsy is the most valid incidence date. If it is not available, need to consider other dates such as date of surgery, specific bio chemical/ immunological tests, clinical investigations including X-Ray, USS, CTS etc. carried out. Date of admission should be considered in the absence of all above details

It should be clarified whether site of cancer is primary, secondary (metastatic) or unknown.

Anatomical site with subsite (Topography). Primary site should be mentioned. Carefully review all reports and clinical records to identify the site where the tumour is originated.

Record stage of cancer. (Refer the information card provided by the NCCP on TNM classification and clinical staging) Staging should be done at the time of initial diagnosis. It is based on information that can be either clinical, which is the stage before any treatment, or pathological, which is the post-surgical histopathological classification. In the absence of surgery, staging is based upon examinations carried out prior to medical treatment.

The extent of disease should be recorded in terms of the three-digit code of the TNM system

Record the complete histological diagnosis as stated in the final comment of the Pathologist's report. Confirmed histology should be documented. In the presence of differential diagnosis histology should be confirmed as far as possible.



## 5. Data Collection from Pathology Laboratories

- The General Circular Letter No. 02/61/2002 of Ministry of Health, was issued to commence Pathology laboratory-based cancer surveillance. The process was further strengthened with the General Circular No. 01/22/2012.
- Cancer incidence data from Histopathology, Haematology & Oral pathology laboratories in hospitals and universities are obtained using Cancer Return Form – 1 (H 1290).
- These data are incorporated to generate cancer incidence data for the country since 2008.
- Accurate documentation of data on cancer cases diagnosed at the laboratories is essential for cancer surveillance.
- Below mentioned instructions should be followed to report expected information accurately.

- Report all newly identified cancers.
- Complete Cancer Return Form – 1 accurately and completely.
- Use a new sheet of the Cancer Return Form – 1 for each month.
- **Identification details** of the patient mentioned in the request form should be entered correctly. Whenever the information is missing, it is necessary to contact the treating unit or the patient and obtain required information. Patient identification details are essential to eliminate duplicate entries at the cancer registry database.
- Fill **Tumour details** based on histology / cytology report for individual sample.

- Prepare the Cancer Return Form monthly and send to the National Cancer Control Programme before the end of next month. Address:

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

**In case of any doubts/ issues while completing the form, the coordinating officer at the Surveillance Unit of the National Cancer Control Programme should be contacted through 011-2368627.**



## 5.2. Instructions to Fill Cancer Return Form - 1

H 1290

Reference No. given to the individual sample by the lab

Relevant month & year

Lab identification number given by National Cancer Control Programme [Refer Annex 1]

**CANCER RETURN FORM - 1**

..... (Month & Year) ..... (Name of the Institution) Lab Number

Lab. Ref. No.	Patient Details					Tumour Details				H/O Previous Malignancy		
	Name	Address/Town /Village	Age	Sex M/F	Identification	Site of Cancer	Details of Diagnosis			Yes /No	Diagnosis	
							Date	Primary/ Secondary/ Transformation/ Recurrence / Unknown	Morphology (Histology/ Cytology)			
				NIC No. PHN	BHT No.							

Full Name of the patient. It should be recorded as first name/ Personal name, followed by the family name

Bed Head Ticket number

Date of the pathology/ cytology report (date of reporting)

Exact histology / cytology type with behaviour and differentiation. Confirmed histology should be documented. In the presence of differential diagnosis histology should be confirmed as far as possible. Histology should be compatible with the site of origin. (eg:- especially in lymph nodes, brain, bone, liver)

National Identity Card Number as mentioned in the Bed Head Ticket. If Personal Health Number (PHN) available, it should be documented

Age mentioned in the BHT/ Clinic file

Anatomical site with subsite (Topography). In the presence of multiple specimens the site of origin of cancer should be clearly mentioned. (eg. in TAH + BSO clarify whether the site is uterus, cervix or ovaries)

Patient's permanent residential address. If address is not known, at least documentation of the town or village living is beneficial to identify the residing district

Name and signature of the officer who prepared the return. A designated officer attached to path lab can extract these data from individual pathology/ cytology reports maintained at the laboratory. Each form completed needs to be signed by the officer-in-charge of this activity.

Each form completed needs to be certified by the Consultant Pathologist, Haematologist or Oral Pathologist.

Signature of the administrative head of the institution

History of previous malignancy is important in duplicate entry checking at the cancer registry database. In the presence of previous malignancy, the site and the morphology should be mentioned.

It should be clarified whether site of cancer is primary, metastatic or site unknown. If the specimen examined contained a metastasis, and was not from the site of origin (primary site) of the tumour, mention it clearly as secondary. (eg:- a primary carcinoma of lung diagnosed by excision and microscopic review of lymph nodes). In the presence of transformation or recurrence, it should also be documented. These details will be helpful to eliminate duplicate entries at the cancer registry database.

Prepared ..... Certified ..... Signature of Head of the Institution

(Consultant Pathologist/Haematologist/Oral Pathologist)

## Annex 1: Lab Identification Numbers of the Pathology Laboratories

Lab No.	Name of the Pathology Laboratory	Lab No.	Name of the Pathology Laboratory
001	NHSL - Histopathology	037	Asiri Hospital
002	NHSL - Hematology	038	Faculty of Medicine - Ruhuna
003	Colombo Medical Faculty	039	TH Mahamodara
004	Colombo Medical Faculty - Haematology	040	BH Wathupitiwala
005	De Soyza Hospital for Women	041	BH Homagama
006	Castle Street Hospital for Women	042	BH Avissawella
007	Colombo South Teaching Hospital	043	BH Horana
008	Colombo North Teaching Hospital	044	BH Balapitiya
009	Apeksha Hospital (CIM)	045	BH Balangoda
010	Lady Ridgeway Hospital	046	PGH Badulla
011	Medical Research Institute	047	DGH Monaragla
012	DGH- Gampaha	048	PGH Chilaw
013	PGH-Rathnapura	049	DGH Nawalapitiya
014	DGH -Kaluthara	050	Roseth (Pvt) Hospital
015	TH Karapitiya	051	BH Mulleriyawa
016	DGH -Negambo	052	Kethumathi Hospital for Women
017	PGH Kurunegala	053	BH Tangalle
018	TH Kandy	054	BH Embilipitiya
019	Faculty of Medicine, Peradeniya - Haematology	055	BH Gampola
020	Faculty of Medicine, Peradeniya - Histopathology	056	DGH Hambanthota
021	BH Matale	057	TH Peradeniya
022	TH Anuradhapura	058	DGH Matara
023	TH Sri Jayawardenepura	059	DGH Vavuniya
024	National Eye Hospital	060	BH Dambulla
025	National Hospital for Respiratory Diseases - Welisara	061	BH Karawanella
026	Faculty of Medicine - Ragama	062	Gomez Hospital Avissawella
027	Faculty of Medicine – Sri Jayawardenepura	063	BH Puttalam

028	BH Panadura	064	BH Elpitiya
029	BH Kegalle	065	DGH Polonnaruwa
030	Faculty of Dental Science - Peradeniya	066	BH Kuliypitiya
031	Durdan's Hospital	067	TH Batticaloa
032	Nawaloka (Pvt) Hospital	068	DGH Kilinochchi
033	Rathnam's Hospital	069	DGH Nuwaraeliya
034	Delmon's Hospital	070	TH Jaffna
035	The Central Hospital	071	DGH Trincomalee
036	Oasis (Pvt) Hospital		

NHSL – National Hospital of Sri Lanka

DGH – District General Hospital

PGH – Provincial General Hospital

TH – Teaching Hospital

BH – Base Hospital

- Numbers for the Pathology laboratories were initially allocated when this process commenced in year 2002.
- When data are sent by a new centre, the National Cancer Control Programme will allocate a number to the new laboratory .

## 6. Data Collection from Medical Record Departments

- Cancer Return Form – 2 (H 1291) was introduced by the General Circular of Ministry of Health dated 20/09/2012.
- In 2012, the National Cancer Control Programme commenced population-based cancer surveillance in Colombo district. As a result, since 2012 Medical Record Departments of tertiary and secondary care hospitals in the Colombo district and other selected hospitals in adjacent districts are identified as an additional source of data for cancer surveillance.
- Cancer incidence data from Medical Record Department of tertiary and secondary care hospitals are obtained using Cancer Return Form – 2.
- Accurate documentation of data on cancer cases treated at the hospital is essential for cancer surveillance. Therefore, it is very important that the Cancer Return Form -2 is completed accurately and completely.
- Report all newly identified patients with cancer that are reported in the Bed Head Tickets (BHT).
- The Cancer Return Form - 2 should be prepared quarterly and send to the National Cancer Control Programme before the end of next quarter. Address:  
Director, National Cancer Control Programme,  
555/5, Public Health Complex, Elvitigala Mawatha,  
Narahenpita, Colombo – 05

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



## 6.2: Instructions to Fill Cancer Return Form - 2

H 1291

**CANCER RETURN FORM - 2**  
**Surveillance of Cancers in Sri Lanka**

Relevant quarter & year

Name of the hospital

Source: Bed Head Ticket (BHT)

Medical Record Office, ..... Hospital

Quarter ..... Year .....

Patient's permanent residential address as mentioned in the BHT

Date	NIC No.	BHT No.	Patient					Cancer			Mode of Discharge
			Name	Address	Sex	Age	Site	Date of Diagnosis	Basis of diagnosis	Histology Finding	
		Bed Head Ticket number	Full Name of the patient. It should be recorded as first name/ Personal name, followed by family name	Anatomical site with subsite. Primary site should be mentioned. Carefully review all reports in the clinical record and report the site in which the tumour is originated. Sites such as 'head', 'thorax', 'limb', 'pelvis', and 'abdomen' are poor descriptors of site, since a tumour may arise in a number of tissues (skin, soft tissue, bone etc.) within these sites. It is important to extract all the diagnostic information available in the record. If the primary site is unknown, secondary site/sites should be documented. The information on the primary site needs to be added at a later date if it becomes available.		Age mentioned in the BHT		[Refer Table 3.5]		Record the complete histological diagnosis as stated in the final comment of Pathologist's report. Confirmed histology should be documented. In the presence of differential diagnosis histology should be confirmed as far as possible. Histology should be compatible with the site of origin. eg:- especially in lymph nodes, brain, bone, liver	

Date of admission

Prepared .....  
(RMO/MRO/MRA/DA/PPA)

Certified .....  
(Director/MS of the Hosp)

Name and signature of the officer who has prepared the return. A designated officer attached to the Medical Record Department of the hospital can extract these data from individual bed head tickets received to the MRO office. Each form completed needs to be signed by the officer-in-charge of this activity.

Date of reporting of the biopsy is the most valid incidence date. If it is not available, need to consider other dates such as dates of surgery, specific biochemical/ immunological tests, clinical investigations including X-Ray, US-scan, CT-scan etc. Date of admission should be considered in absence of all above details.

Each form completed needs to be certified by the Director / MS of the hospital

- 1- Live discharge
- 2- Referral
- 3- Death
- 4- Left against medical advice
- 5- Unknown



## 6.3: Circular for Cancer Return Form - 2

දුරකථන ) 2698475  
දුරකථන ) 2698490  
Telephone ) 2698507  
  
ෆැක්ස් ) 2692913  
ෆැක්ස් ) 2693869  
Fax )  
  
විද්‍යුත් තැපෑල )  
மின்துள்ளி (முகவரி ) postmaster@health.gov.lk  
e-mail )  
  
වෙබ් අඩවිය )  
இணையத்தளம் ) www.health.gov.lk  
website )



මගේ අංකය )  
எனது இல ) D/NCCP/SUR/2/2012  
My No. )  
  
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உமது இல )  
Your No. )  
  
දිනය )  
திகதி ) 20.09.2012  
Date )

### සෞඛ්‍ය සේවාවල சுகாதார அமைச்சு Ministry of Health

All Provincial Directors of Health Services  
All Regional Directors of Health Services  
Director / Private Health Sector Development  
Medical Directors/ Officers In Charge of Private Hospitals  
Officers In Charge of Medical Centres/ Channel Consultation Centres  
Officers In Charge of Medical Laboratories

#### Surveillance of Cancers in Sri Lanka - Provision of Comprehensive Cancer Incidence Data

Surveillance of cancer is an essential strategy for planning, implementation and evaluation of evidence based cancer control programmes.

The National Cancer Control Programme of Sri Lanka which was established in 1980, started surveillance of cancers from 1985 and published cancer registries based on the data collected only from the government cancer treatment centres, as facilities for comprehensive treatment of cancer patients was available only in those institutions at that time. Several volumes have been published by the NCCP utilising the data collected from these institutions up to 2006.

Population based cancer registries with comprehensive data is the accepted form of cancer incidence publication world over, thus National Cancer Control Programme is initiating a Population based cancer registry from year 2012.

Since a considerable number of private health care institutions have started treatment of significant number of cancer patients, collection of data from these institutions has become absolutely essential to include all these data to improve the accuracy and completeness of this

publication. The accuracy of such information on cancer incidence and trends are very important for prevention and control of cancers.

Therefore collection of cancer incidence data from all the points of diagnosis (Pathology labs) and treatment centres, by the National Cancer Control Programme has become mandatory for effective cancer control in Sri Lanka.

**According to the Private Medical Institutions (Registration) PMI Act No. 21 of 2006 clause 10.c;** the Private Health Regulatory Council is vested with the power of collection and publication of relevant health information and statistics. Accordingly, the private health institutions need to share relevant health information with the Ministry of Health for prevention and control of cancers in Sri Lanka.

Section 19.b further states; ‘The reports, returns, statements and other information required to be furnished periodically by a Private Medical Institution to the Ministry of the Minister.’

The essential information that has to be provided by the private health institutions and laboratories which treat and make diagnosis are given in the table below.

**Table 1.1 Variables of the Cancer Surveillance**

Variable	Remark
<b>Patient details</b>	
<i>(Patient identification details is essential in duplicate entry checking at the Cancer Registry Database)</i>	
Name	Full Name
Address	Patient's usual residential address
Age	In years
Sex	Male/ Female
NIC No.	National Identity Card Number
BHT No.	Bed Head Ticket No.
<b>Tumour details</b>	
Site of Cancer (Topography)	Anatomical site with sub site
Incidence date	Date of the first pathology report (the date of biopsy done)
Primary / Secondary/ Unknown	Primary site / Metastatic site/ not known
Histology / Cytology (Morphology)	Exact histology / cytology type with behavior & differentiation
<b>History of Previous Malignancy</b>	
Yes/No	
Diagnosis	

385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත, කොළඹ 10, 385, வணக்கத்தக்கதரிசு பத்மேசுவர விமலவாங்க தேரீரர் மாளிகை, கொழும்பு 10, 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.

The importance of collection of cancer incidence data has been brought to the notice of the Private Health Regulatory Council and is of the view that the data could be provided if the confidentiality of the data being preserved and privacy of the patient is not challenged.

Although personal identification data is included, confidentiality of data will be maintained compulsorily, throughout the process. National Cancer Control Programme would not release personal identification details to any 3<sup>rd</sup> party and all the reports generated using these data would contain only aggregated data.

The filled forms need to be posted to the following address monthly in a sealed cover stated as **"confidential"** on the upper left corner. It will be appreciated if the filled forms of the previous month would be sent before the end of next month.

**National Cancer Control Programme**  
**555/5, Ground Floor**  
**Public Health Complex**  
**Elvitigala Mawatha**  
**Narahenpita**  
**Colombo 5**


The National Cancer Control Programme has developed a software programme for this purpose, which would be used by the Government Cancer Treatment Centres from 2012. Any private hospital interested in providing the data electronically could be provided with the software free of charge by the NCCP on request.

Further information in this regard could be obtained from-

Director, National Cancer Control Programme

Tel.no 011 - 2368627 or e mail [nccpsl@yahoo.com](mailto:nccpsl@yahoo.com) .

Please advice and guide the relevant private health institutions in your respective areas to comply and extend their cooperation for the improvement of health services in Sri Lanka.

  
Y.D.N. Jayathilaka,  
Secretary Health  
Ministry of Health

Copies to;

1. Hon.Minister- Ministry of Health

## 7. Data Collection from Death Registrars

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

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

Cancer	Sarcoma	Glioma
Malignancy	Leukemia	Astrocytoma
Malignant neoplasm	Lymphoma	Blastoma
Malignant tumour	Plasmacytoma	Myelodysplastic syndrome
Carcinoma	Multiple myeloma	

- Use a new sheet of the Cancer Return Form – 3 for each month.
- Death Registrars covering more than one division should fill separate sheet for each division.

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

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

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

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



## 7.2: Instructions to Fill Cancer Return Form - 3

### ශ්‍රී ලංකාවේ පිළිකා ආවේක්ෂණය පුහුණුකරණයේ කාර්යාලය - 3

(ජාතික පිළිකා මර්දන වැඩසටහන, සෞඛ්‍ය අමාත්‍යාංශය සහ රෙජිස්ට්‍රාර් ජෙනරාල් දෙපාර්තමේන්තුව විකාශයට පත් කළ) ලබන වැඩසටහනක්)  
 (දේශීය පුහුණුකරණයේ කාර්යාලයට නිකුත් කළ, සෞඛ්‍ය, වෛද්‍ය සහ ප්‍රජා සෞඛ්‍ය අමාත්‍යාංශය මගින් ප්‍රතිපාදන නායකයන් සහ වෛද්‍යවරුන්ට නිකුත් කළ)

### පිළිකා මරණ වාර්තා කිරීමේ පෝර්මය - 3 පුහුණුකරණයේ කාර්යාලය - 3

Month of death information

Division of the Death Registrar

Year of death information

මරණ ලියාපදිංචි කිරීමේ කළමනාකරණ / වාර්තා ප්‍රතිපාදන :-

මාසය / මාසය :- .....

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ලියාපදිංචි කරන ලද පත්‍ර		නම / වෙබ්	සිවිල් ලිපිනය / නිරන්තර முகவரி	සෞඛ්‍ය සේවක / වෛද්‍ය විද්‍යාඥයාගේ අංකය / වෛද්‍ය විද්‍යාඥයාගේ අංකය	වයස / වයස	ස්ත්‍රී / පුරුෂ / වර්ගය	පිළිකා සෞඛ්‍ය සේවක / වර්ගය / පුහුණුකරණයේ කාර්යාලය / වර්ගය	මරණය සිදු වූ දිනය / මරණය සිදු වූ දිනය
අංකය / අංකය	ලිපිනය / ලිපිනය							
Death registration number	Date of registration of death	Full Name of the dead person. It should be recorded as first name/ personal name, followed by family name	Permanent residential address	National Identity Card Number of the dead person	Age in years at the last birthday	Site of cancer / type of cancer. To decide type & site of cancer it is important to get correct information from the Death Declaration Form, diagnosis cards, clinical records and also from statements of relatives. If the type & site is mentioned in English language, in clinical records better to report it in the same way. It should be clarified whether site of cancer is primary or metastatic	Date of occurrence of death	

මරණ ලියාපදිංචි රෙජිස්ට්‍රාර්ගේ / වෛද්‍යවරයාගේ අත්සන / වාර්තා ප්‍රතිපාදන ප්‍රතිපාදන කාර්යාලය :- .....

නම / වෙබ් :- .....

විල මුද්‍ර / අත්සන / වාර්තා ප්‍රතිපාදන :- .....

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

## ශ්‍රී ලංකාවේ පිළිකා රෝග ආවේක්ෂණය

පිළිකා රෝගය ආශ්‍රිතව ඇතිවූ මරණ පිළිබඳ ආවේක්ෂණය - කොළඹ දිස්ත්‍රික්කය

පිළිකා රෝගයේ වර්තමාන තත්ත්වය පිළිබඳ නිවැරදි තොරතුරු ලබාගැනීම සඳහා අළුතෙන් පිළිකා රෝගය හඳුනා ගත්, පිළිකාව නිසා මියයන සහ පිළිකා රෝගය සමඟ පීඩිත වන පුද්ගලයන් පිළිබඳ විස්තර ඉතාම වැදගත් වේ. මෙලෙස පිළිකා රෝගය හඳුනාගත්, ප්‍රතිකාර කරනු ලබන රෝගීන් සහ පිළිකා රෝගය වැළඳී මිය යන රෝගීන් පිළිබඳ විස්තර ලබාගැනීමේ ක්‍රියාදාමය ජනගහනය මත පදනම් වූ පිළිකා රෝග ආවේක්ෂණය ලෙස හැඳින්වේ. (Population based cancer surveillance)

මෙම ක්‍රියාවලිය සඳහා වන අත්‍යවශ්‍ය පියවරක් වනුයේ පිළිකා රෝගය ආශ්‍රිතව මියගිය අයගේ දත්ත නිවැරදිව ලේඛනගත කිරීමයි. ඒ සඳහා පහත උපදෙස් පිළිපැදීම ඉතා වැදගත් වේ.

- ❖ පිළිකා මරණ වාර්තා කිරීමේ පෝරමය නිසි පරිදි පිරවීමෙන් ලැබෙන වඩා නිවැරදි දත්ත (නිවැරදි නම, ස්ථිර ලිපිනය, හැඳුනුම්පත් අංකය, වයස, ස්ත්‍රී/පුරුෂ භාවය, ශරීරයේ පිළිකාව සෑදුන ස්ථානය/පිළිකාවේ වර්ගය සහ මරණය සිදුවූ දිනය) පිළිකා ආවේක්ෂණය සඳහා වැදගත් වේ.
- ❖ පිළිකා මරණ ලේඛන ගත කිරීම සඳහා පිළිකා මරණ වාර්තා කිරීමේ පෝරමය - 3 භාවිතා කරන්න. වර්ෂයේ එක් එක් මාසය සඳහා අලුත් පෝරමයක් භාවිතා කරන්න. එක් රෙජිස්ට්‍රාර් වරයෙක් එක් කොට්ඨාශයකට වඩා රාජකාරී ආවරණය කරන්නේ නම් එක් එක් කොට්ඨාශය සඳහා වෙන වෙනම පෝරම පිරවිය යුතුය.
- ❖ මෙම වාර්තාවට ඇතුළත් කළයුතු කරුණු පහත දැක්වේ.
  1. මරණ ලියාපදිංචි කිරීමේ නිලධාරී කොට්ඨාශය
  2. මාසය (මරණ පිළිබඳ තොරතුරු ඉදිරිපත් කරන අදාල මාසය සඳහන් කරන්න)
  3. වර්ෂය (මරණ පිළිබඳ තොරතුරු ඉදිරිපත් කරන අදාල වර්ෂය සඳහන් කරන්න)
  4. මරණය ලියාපදිංචි කරන ලද අංකය සහ දිනය
  5. මියගිය තැනැත්තාගේ
    - නම
    - ස්ථිර ලිපිනය
    - හැඳුනුම්පත් අංකය
    - වයස
    - ස්ත්‍රී/පුරුෂභාවය
  6. ශරීරයේ පිළිකාව සෑදුණු ස්ථානය/ පිළිකා වර්ගය
 

පිළිකාවේ වර්ගය/ ස්ථානය තීරණය කිරීම සඳහා මියගිය තැනැත්තාගේ මරණ ප්‍රකාශය, රෝග විනිශ්චය තොරතුරු පත්, සායන වාර්තා මෙන්ම පවුලේ ඥාතීන් ලබාදෙන විස්තර ද ඉතා වැදගත් වේ. මෙහිදී පිළිකාව සෑදුණු ස්ථානය/ වර්ගය ඉංග්‍රීසි භාෂාවෙන් සඳහන්ව ඇත්නම් එම භාෂාවෙන්ම සඳහන් කිරීම වඩාත් උචිත වේ. පිළිකාව හඳුනාගත් ස්ථානය මුලින් හටගත් ස්ථානයද (Primary site) නැතහොත් පැතිරුණු ස්ථානයද (Metastatic site) යන්න සටහන් කිරීමද වැදගත් වේ.



❖ පිළිකා රෝගය ආශ්‍රිතව ඇතිවූ මරණ හඳුනා ගැනීම සඳහා පහත දැක්වෙන උපදෙස් පිළිපදින්න.

1. රෝහලක සිදුවූ මරණයක් නම් රෝහලෙන් ලබාදෙන මරණ ප්‍රකාශය (Declaration of Death), පිළිකා ආශ්‍රිතව සිදුවූ මරණ හඳුනා ගැනීම සඳහා වැදගත් වේ. මරණ ප්‍රකාශයේ, මරණයට හේතුව සඳහන් කිරීමට දක්වා ඇති අංක 70 අදාලව,

(අ) ක්ෂණික හේතුව (Immediate cause)

(ආ) කලින් තිබූ සහ/ හෝ නිධාන ගත හේතූන් (Antecedent and/ or Underlying causes)

(ඇ) ආධාරකාරී අනිකුත් හේතූන් (Other contributory causes)

යන ස්ථාන තුනෙන් එකක හෝ පිළිකා රෝගය සඳහන් කර ඇත්නම් එම මරණය පිළිකා ආශ්‍රිත මරණයකි.

2. මරණ ප්‍රකාශයට අමතරව මියගිය නැතැත්තාගේ පසුගිය රෝග විනිශ්චය තොරතුරු පත් හෝ පිළිකා සායන වලට සහභාගිවූ බවට ඇති ලේඛනද පිළිකා ආශ්‍රිතව සිදුවූ මරණ හඳුනාගැනීම සඳහා ප්‍රයෝජනවත් වේ.

3. මරණයට හේතුව වෛද්‍යවරයෙකු හෝ හදිසි මරණ පරීක්ෂකවරයෙකු සහතික කර නොමැති අවස්ථාවකදී මරණයට හේතුව සඳහා සිදු කරනු ලබන වාචික පරීක්ෂණය ආශ්‍රිතව ලියාපදිංචි කිරීම් අංක "ආ" 155 පෝරමයට අදාලව මරණයට හේතුවූ රෝගී තත්වය ලෙස පිළිකාව සඳහන් කර ඇති අවස්ථා ද පිළිකා මරණ ලෙස සැලකේ.

❖ පහත සඳහන් වනුයේ පිළිකාවන් හැඳින්වීම සඳහා බහුලව භාවිතා වන වචන වේ. මියගිය නැතැත්තාගේ පසුගිය රෝග විනිශ්චය තොරතුරු පත් පරීක්ෂා කිරීමේදී පිළිකා ආශ්‍රිතව සිදුවූ මරණ හඳුනාගැනීම සඳහා මේවා වැදගත් වේ.

Cancer	Sarcoma	Glioma
Malignancy	Leukemia	Astrocytoma
Malignant neoplasm	Lymphoma	Blastoma
Malignant tumour	Plasmacytoma	Myelodysplastic syndrome
Carcinoma	Multiple myeloma	

❖ පිළිකා මරණ වාර්තා කිරීමේ පෝරමය මාසිකව පිළියෙල කර ඊළඟ මාසයේ 15 දිනට පෙර අධ්‍යක්ෂ, ජාතික පිළිකා මර්දන වැඩසටහන, 555/5, ඇල්විටිල මාවත, නාරාහේන්පිට, කොළඹ 05 යන ලිපිනයට එවීමට කටයුතු කරන්න.

❖ යම් මාසයක පිළිකාව ආශ්‍රිත මරණ කිසිවක් වාර්තා නොවූවද ඒ පිළිබඳව මාසික විස්තර පෝරමයේ "මෙම මාසය තුළ පිළිකා මරණ වාර්තා වී නොමැත" යනුවෙන් සඳහන් කර (NIL return) එවීමට කටයුතු කරන්න.

❖ පිළිකා මරණ වාර්තා කිරීමේ පෝරම අවසන් වීමට පෙර ඒ බව ජාතික පිළිකා මර්දන වැඩසටහන වෙත කල් ඇතිව දැනුම්දී අවශ්‍ය තරම් පෝරම ලබා ගැනීමට කටයුතු කරන්න.

වෛද්‍ය නිලධාරී/මහජන සෞඛ්‍ය හෙද සොයුරිය,  
පිළිකා ආවේක්ෂණ ඒකකය,  
ජාතික පිළිකා මර්දන වැඩසටහන  
දුරකථන අංකය: 0112368627

❖ පෝරමය පිරවීමේදී යම් ගැටළුවක් පැන නැඟුණහොත් ඒ පිළිබඳව ඉහත නිලධාරියා අමතා උපදෙස් ලබාගන්න.

## இலங்கை புற்றுநோய் கண்காணிப்பு

புற்றுநோய் காரணமாக ஏற்பட்ட மரணங்கள் பற்றிய கண்காணிப்பு - கொழும்பு மாவட்டம்

புற்றுநோயின் தற்போதைய நிலை பற்றி சரியான தகவல்களைப் பெற்றுக்கொள்வதற்காக புதிதாக புற்றுநோய் கண்டறியப்பட்ட, புற்றுநோய் காரணமாக மரணிக்கின்ற மற்றும் புற்றுநோயுடன் வாழுகின்ற நபர்கள் பற்றிய தகவல்கள் மிகவும் இன்றியமையாதவையாகும். இவ்வாறு புற்றுநோய் கண்டறியப்பட்டு சிகிச்சை பெற்று வருகின்ற நோயாளிகள் மற்றும் புற்றுநோய் காரணமாக மரணிக்கின்ற நோயாளிகள் பற்றிய விபரங்களை திரட்டுகின்ற செயற்பாடானது சனத் தொகை அடிப்படையிலான புற்றுநோய் கண்காணிப்பு (Population based cancer surveillance) என்றழைக்கப்படுகின்றது.

இச்செயற்பாட்டிற்குரிய அத்தியாவசிய பணியாக அமைவது புற்றுநோய் காரணமாக மரணித்தவர்களின் தரவுகளை சரியான முறையில் ஆவணப்படுத்துவதாகும். அதற்காக பின்வரும் ஆலோசனைகளை கடைபிடிப்பது முக்கியமானதாகும்.

- ❖ புற்றுநோய் மூலமான மரணங்களை அறிவிக்கும் படிவத்தை உரியவாறு நிரப்புவதன் மூலம் கிடைக்கப் பெறுகின்ற மிகவும் சரியான தரவுகளை (சரியான பெயர், நிரந்தர முகவரி, அடையாள அட்டை இலக்கம், வயது, ஆண்/பெண் பால் நிலை, உடம்பில் புற்றுநோய் ஏற்பட்ட இடம் / புற்றுநோயின் வகை, மற்றும் மரணித்த திகதி) என்பன புற்றுநோய் கண்காணிப்பிற்கு மிகவும் அவசியமானவையாகும்.
- ❖ புற்றுநோய் காரணமாக ஏற்பட்ட மரணங்களை ஆவணப்படுத்துவதற்காக புற்றுநோய் பற்றி அறிவிக்கும் படிவம் - 3 ஐப் பயன்படுத்தவும். வருடத்தின் ஒவ்வொரு மாதத்திற்கும் புதிய படிவம் ஒன்றை பயன்படுத்தவும். ஒரு பதிவாளர் ஒன்றிற்கு மேற்பட்ட தொகுதிகளை கண்காணிக்கும் பட்சத்தில் ஒவ்வொரு தொகுதிக்கும் தனித்தனியான படிவங்களை நிரப்பதல் வேண்டும்.
- ❖ இந்த அறிக்கையில் உள்ளடக்கப்பட வேண்டிய விடயங்கள் பின்வருமாறு.
  1. மரணங்களை பதிவு செய்யும் அதிகாரிகளின் தொகுதி
  2. மாதம் (மரணம் பற்றிய தகவல்களை வழங்கும் குறித்த மாதத்தைக் குறிப்பிடவும்)
  3. ஆண்டு (மரணம் பற்றிய தகவல்களை வழங்கும் குறித்த ஆண்டைக் குறிப்பிடவும்)
  4. மரணத்தை பதிவு செய்த இலக்கமும் திகதியும்
  5. மரணித்தவரின்
    - பெயர்
    - நிரந்தர முகவரி
    - தேசிய அடையாள அட்டை இலக்கம்
    - வயது
    - ஆண்/பெண் பால் நிலை
  6. உடம்பில் புற்றுநோய் ஏற்பட்ட இடம் / புற்றுநோய் வகை  
புற்றுநோய் வகை / ஏற்பட்ட இடம் என்பவற்றினைத் தீர்மானிப்பதற்காக மரணித்த நபரின் மரண அறிவிப்பு, நோய் நிர்ணய அட்டை, சிகிச்சை அறிக்கைகள் மற்றும் குடும்ப உறவினர்கள் வழங்கிய தகவல்கள் என்பன முக்கியமானவையாகும். இங்கு புற்றுநோய் ஏற்பட்ட இடம் / புற்றுநோய் வகை என்பன ஆங்கில மொழியில் குறிப்பிடப்பட்டிருப்பின் அதே மொழியில் குறிப்பிடுதல் மிகவும் பொருத்தமானதாகும். புற்றுநோய் ஏற்பட்ட இடம் ஆரம்பத்தில் கண்டறியப்பட்ட இடமா (Primary site) அல்லது நோய் பரவிய மாற்று இடமா (Metastatic site) என்பதனையும் குறிப்பிடுதல் வேண்டும்.

❖ புற்றுநோய் காரணமாக ஏற்பட்ட மரணங்களை கண்டறிவதற்காக பின்வரும் அறிவுறுத்தலை பின்பற்றவும்.

1. மருத்துவமனையில் இடம்பெற்ற மரணம் ஒன்றாயின் மருத்துவமனையினால் வழங்கப்படுகின்ற மரண அறிவிப்பு (Declaration of death), புற்றுநோய் காரணமாக ஏற்படுகின்ற மரணங்களை இனங்காணுவதற்காக முக்கியத்துவம் பெறுகின்றது. மரண அறிவிப்பில், மரணம் ஏற்படுவதற்கான காரணத்தைக் குறிப்பிடுவதற்கு ஒதுக்கப்பட்டுள்ள இலக்கம் 7 உடன் தொடர்புடையதாக,

(அ) உடனடி காரணம் (Immediate cause)

(ஆ) முன்னர் காணப்பட்ட மற்றும் / காரணங்கள்

(இ) பிற தாக்கம் செலுத்தக் கூடிய காரணங்கள் (Other contributory causes)

ஆகிய மூன்ற விடயங்களில் ஏதேனும் ஒன்றிலேனும் புற்றுநோய் பற்றி குறிப்பிடப்பட்டிருப்பின் அந்த மரணமானது புற்றுநோய் சார்ந்த மரணமொன்றாகும்.

2. மரண அறிவிப்பிற்கு மேலதிகமாக மரணித்த நபரின் கடந்த கால நோய் நிர்ணய தகவல் அட்டைகள் அல்லது புற்றுநோய் சிகிச்சைகளில் பங்கேற்றமை பற்றிய ஆவணங்களும் புற்றுநோய் சார்ந்த மரணங்களை கண்டறிவதற்கு உதவுகின்றன.
3. மரணத்திற்கான காரணத்தை மருத்துவர் ஒருவர் அல்லது திடீர் மரண பரிசோதகர் ஒருவர் உறுதிப்படுத்தி இல்லாத சந்தர்ப்பத்தின் போது மரணத்திற்கான காரணத்தை கண்டறிவதற்கான வாய்மூல விசாரணை சார்ந்த பதிவு செய்தல்கள் பற்றி இலக்கம் “ஆ” 155 படிவத்துடன் தொடர்புடையதாக மரணத்திற்குக் காரணமாக அமைந்த நோய் நிலையாக புற்றுநோய் குறிப்பிடப்பட்டுள்ள சந்தர்ப்பங்களிலும் புற்றுநோய் மரணமொன்றாக கருதப்படும்.

❖ கீழே குறிப்பிடப்படுவது புற்றுநோயை குறிப்பதற்காக அதிகம் பயன்படுத்தப்படுகின்ற சொற்களாகும். மரணித்த நபரின் கடந்த கால நோய் நிர்ணய தகவல் அட்டைகளை பரிட்சித்துப் பார்க்கும் போது புற்றுநோய் காரணமாக ஏற்பட்ட மரணங்களை இனங்காணுவதற்காக அவை பெரிதும் உதவும்.

Cancer	Sarcoma	Glioma
Malignancy	Leukemia	Astrocytoma
Malignant neoplasm	Lymphoma	Blastoma
Malignant tumour	Plasmacytoma	Myelodysplastic syndrome
Carcinoma	Multiple myeloma	

❖ புற்றுநோய் மரணங்களை அறிவிக்கும் படிவத்தை மாதாந்தம் தயாரித்து அதற்கு அடுத்த மாதத்தின் 15 ஆம் திகதிக்கு முன்னர் பணிப்பாளர், தேசிய புற்றுநோய் ஒழிப்பு நிகழ்ச்சித் திட்டம், 555/5, எல்விட்டிகல் மாவத்தை, கொழும்பு 05. எனும் முகவரிக்கு அனுப்பி வைக்கவும்.

❖ ஏதேனும் மாதத்தில் புற்றுநோய் சார்ந்த மரணங்கள் ஏதும் இடம்பெறா விடினும் அது பற்றி மாதாந்த விபரப் படிவத்தில் “இந்த மாதத்தில் புற்றுநோய் சார்ந்த மரணங்கள் பற்றி ஏதும் தகவல் கிடைக்கவில்லை” எனக் குறிப்பிட்டு (NIL return) அனுப்பி வைப்பதற்கு நடவடிக்கை எடுக்கவும்.

❖ புற்றுநோய் சார்ந்த மரணங்களை அறிவிக்கும் படிவங்கள் முடிவடைவதற்கு முன்னர் அது பற்றி தேசிய புற்றுநோய் ஒழிப்பு நிகழ்ச்சித் திட்டத்திற்கு முன்கூட்டியே அறிவிப்பதற்கு நடவடிக்கை எடுக்கவும்.

தொடர்புகொள்ள வேண்டிய அலுவலர் : மருத்துவ அதிகாரி/போது சுகாதார தாதி சகோதரி  
புற்றுநோய் கண்காணிப்புப் பிரிவு  
தேசிய புற்றுநோய் ஒழிப்பு நிகழ்ச்சித் திட்டம்  
தொலைபேசி இலக்கம் : 0112368827

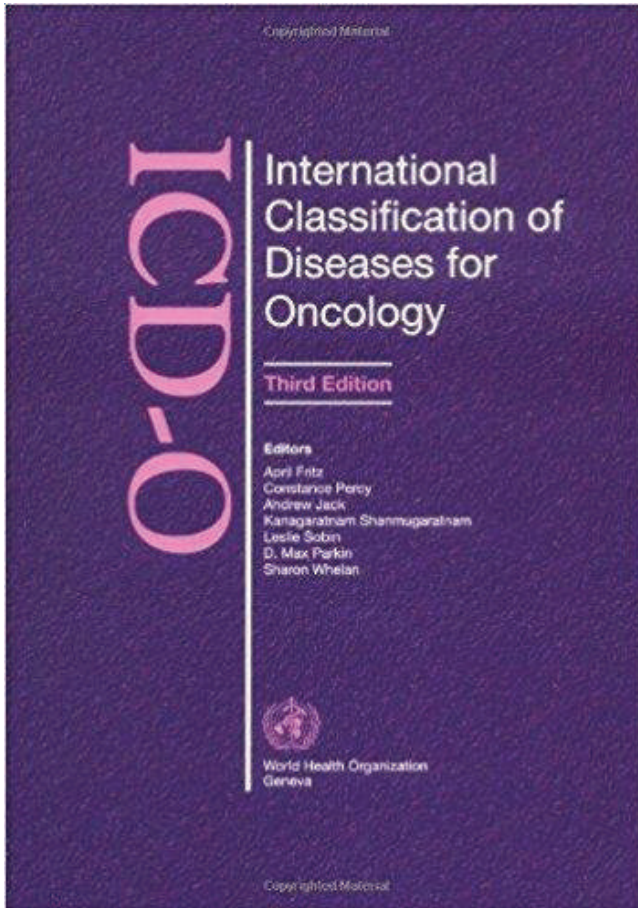
❖ படிவத்தை நிரப்பும் போது யாதேனும் சந்தேகங்கள் ஏற்படின் அது பற்றி மேற்படி அலுவலருடன் தொடர்பு கொண்டு ஆலோசனையினை பெற்றுக் கொள்ளவும்.

## 8. Data Coding

Coding of cancer registry data is done by the registry staff of National Cancer Control Programme. Cancer incidence data are coded by

- (i) Site (Topography)
- (ii) Histology (Morphology)

according to the International Classification of Diseases for Oncology (3rd Edition). Full instructions for coding are given in this book.



## 9. Data Entry

Data entry is done at two points of the data flow system of the Sri Lankan Cancer Registry.

### 1. Cancer Treatment Centres

At the Cancer Treatment Centers, data are entered in to the Sri Lanka Cancer Registry (SLCR) database by a Development Officers or any other officer, to whom the responsibility is assigned. For reference, the user manual can be obtained from the National Cancer Control Programme.

### 2. National Cancer Control Programme

Data received through the National Cancer Surveillance Form and Cancer Return Forms are entered to CanReg version 5 by Data Entry Operators at the National Cancer Control Programme. Data files received through SLCR database or as soft copies files are uploaded to the CanReg version 5 (Fig 9. 1).

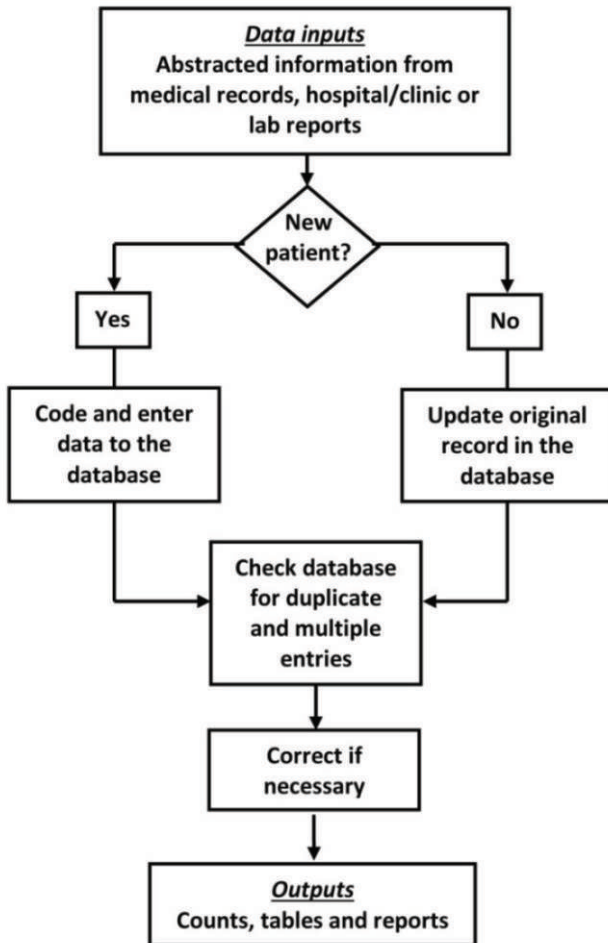


**Fig 9.1: An image of the CanReg Software**

The CanReg system allows input, storage, checking, back up and analysis of cancer registry data. The input process also includes a number of inbuilt checks, to ensure that obvious mistakes are flagged for correction. Incomplete or incorrect registrations cannot be confirmed, and will remain in a pending status until corrected or completed.

**CanReg 5** splits this information in to three tables: Patient, Tumour and Source. For each patient, many tumour records can be stored, and for each tumour many source records can be stored.

CanReg manual provides detailed instructions on data entry procedure, including checking to see if a given patient already has a record, allowing for updating the existing record, and creating new record. Fig 9. 2 shows the basic processes involved.



**Fig 9.2** Flow chart of data entry to database

## 10. Data Verification, Analysis and Publication of the Cancer Registry Data

Verification and analysis of cancer registry data are done by the registry staff of National Cancer Control Programme.

Data quality checks are made during coding of data, data entering to CanReg 5 software and at the basic analysis level. The clinic record numbers of all data sheets suspected with errors are noted and the relevant patient files are re-examined to correct the erroneous entries. In addition, 'IARCcrgTools.zip' file programme is also used to verify the cancer incidence data.

All multiple entries due to patients are being registered at more than one data generation point are identified and removed from the database using the duplicate searching mechanisms in the CanReg 5 software. This is done by matching basic information, demographic variables of the patient, topography and morphology of the tumour. In addition to the duplicate search facility of CanReg 5, 'Linkpro' software and Excel sheets are also utilised to identify duplicate entries that are missed by the Can Reg 5 software. This can be due to minor changes in spellings of names, addresses etc.

Only the cases under behaviour code '3' (malignant primary site) are included in the analysis. To verify the results, cancer incidence data are analyzed in parallel using MS Excel, SPSS software and the cancer registry analysis package developed using 'Foxpro' software by the Chennai Cancer Registry. In addition, analysis facility in CanReg 5 software can also be used for this purpose.

After analysis, information is disseminated through cancer registry publication (Cancer Incidence Data Sri Lanka) in electronic and print media. The National Cancer Control Programme which was established in 1980 made its first publication in 1990, on Cancer Incidence Data for the year 1985. Thereafter, publications were made annually for the years 1986 and 1987. Annual publication of data had stopped in 1987 due to logistic reasons and five-yearly publications had been done from 1990 to 2005. The annual publication of cancer incidence data was recommenced since 2006.

## 11. Bibliography

- Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin DM, Whelan S. (Ed) (2009) International Classification of Disease for Oncology. Third Edition WHO, Geneva.
- World Health Organisation (2010) International Classification of Diseases and Related Health Problems. 10<sup>th</sup> edition, WHO, Geneva.
- Brierley JD, Gospodarowicz MK, Wittekind C. (2017) TNM Classification of Malignant Tumours 8<sup>th</sup> Edition. Union International Cancer Control
- Jensen OM, Parkin DM, MacLennan R, Muir CS, Skeet RG, Editors (1991). Cancer Registration: Principles and Methods. IARC Scientific Publication No. 95. Lyon: IARCPress.
- Esteban D, Whelan S, Laudico A, Parkin DM. (1995) Manual for Cancer Registry Personnel. IARC Technical Report No. 10. Lyon
- Bray F, Znaor A, Cueva P, Korir A, Swaminathan R, Ullrich A, Wang SA, Parkin DM. Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings. IARC Technical Publication No. 43.