ANNUAL REPORT 2021

National Cancer Control Programme
Ministry of Health
Sri Lanka

ANNUAL REPORT

2021

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Sri Lanka

July 2022

National Cancer Control Programme,

Ministry of Health,

Public Health Complex,

No. 555/5,

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Narahenpita,

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Message from the Deputy Director General Non-Communicable Diseases

I am happy to send this message for the Annual Report of the National Cancer Control Programme (NCCP) for year 2021. As the national focal point of cancer control, NCCP plays a main role in coordinating and facilitating activities related to prevention, early detection, diagnosis and treatment, survivorship and palliative care services in relation to cancer control in Sri Lanka. NCCP took necessary leadership in integrating global initiatives on cancer control into local context through developing supplementary strategic plans including 'National Strategic Plan to reach the interim targets of cervical cancer elimination in Sri Lanka 2021-2030' and 'National Strategic Plan on Childhood & Adolescent Cancer Care in Sri Lanka 2021 -2025.

Annual Report of the National Cancer Control Programme 2021 is the reference document which summarizes all the activities conducted by the NCCP despite all the challenges. I am happy to see the progress of the activities according to the National Strategic Plan on Prevention and Control of Cancers in Sri Lanka 2020 to 2024 to achieve the desired out comes of Results Framework of the Strategic Plan.

I would like to appreciate the leadership of Acting Director of NCCP Dr. Janaki Vidanapathirana to implement activities at the national level. The role played by the Consultants in charge of the technical units are also highly appreciated. The dedication of NCCP team for their continued work despite many obstacles are highly regarded. I wish to extend my partnership to achieve the further milestones on prevention and control of cancers in Sri Lanka in future too.

Dr. Champika Wickramasinghe
Deputy Director General (Non-Communicable Diseases)

Message from Director
National Cancer Control Programme

It is with pleasure I issue a message to the Annual Report – 2021 of National Cancer Control Programme. The year under review was the second year of National Strategic Plan on Prevention and Control of Cancers in Sri Lanka, 2020- 2024. Cancer control activities were coordinated nationally despite the changing priorities of health due to Covid 19 pandemic followed by Covid 19 mass Immunization programme. The National Cancer Control Programme being the national focal point for cancer control activities conducted both national level and grass root level activities with the active participation of a wide spectrum of stakeholders.

The guidance of National Advisory Committee of Prevention & Control of Cancers, National Steering Committee on Palliative Care and Technical Advisory Committees on Primary Prevention & Early Detection of Cancers, Oral Cancer Prevention & Control, Diagnosis & Treatment and Cancer Registration & Research were immensely helpful in guiding the National Cancer Control Programme. The administrative guidance given by the Secretary, Additional Secretaries, Director General of Health Services, Deputy Director General (DDG) NCD and all other DDGs are highly appreciated.

I would like to thank Dr. Janaki Vidanapathirana, Acting Director of National Cancer Control Programme for the period 2020-2021 for giving leadership for cancer control activities at national level with the heads of the Technical Units of National Cancer Control Programme. The dedicated hard work of all staff is highly appreciated. In addition, partnership of other Directorates of the Ministry of Health, Provincial Ministries of Health, Directors of both curative and preventive healthcare institutions and their teams at all levels of care are acknowledged. I wish to acknowledge the partnership extended by the Development Partners: World Health Organization, UNFPA, World Bank, International Atomic Energy Agency, International Agency for Cancer Research (IARC), Regional Hub for Cancer Registration in Mumbai India etc.

This report will be useful for further strengthening cancer control activities in the next few years. Therefore, I appreciate your critical assessment and feedback of this document with the intention of improving cancer control activities in the country.

Dr. Eshani Fernando
Director,
National Cancer Control Programme

Acknowledgement

Generating Annual Report of National Cancer Control Programme is identified as an annual activity of National Strategic Plan (NSP) on Prevention and Control of Cancers in Sri Lanka Year 2020 – 2024 under 6.1.4. The year under review is second year of 5-year NSP.

On behalf of Editorial Committee of Annual Report, I would like to thank Dr. Champika Wickramasingha, DDG (NCD) for her guidance in developing this publication and issuing a Message to the Annual Report. Also I would like to thank Dr. Eshani Fernando, present Director of National Cancer Control Programme for her leadership in generating this publication.

The activities conducted under NSP in year 2021 was considered for this report. Since NCCP operates through 5 technical units namely (i) Primary Prevention & Early Detection, (II) Oral Cancer Prevention & Control (III) Diagnosis & Treatment (IV) Palliative Care (V) Strategic Information Management, the activities conducted in each unit were considered separately for the Annual Report. Therefore, I would like thank all the Unit heads (Dr. Upuli, Dr. Udaya, Dr.Muzrif, Dr. Irosha & Dr. Suraj) and the team members of each Technical Unit for the provision of Unit Report. In addition, I would like to thank Dr. Dumidu for the performance report of Cancer Early Detection Centre.

The information on financial status and actual expenditure were summarized by the office staff of NCCP namely Mrs. Geethika, Mrs. Lakmini, Mrs. Renuka and Ms. Sarangi.

The suggestions made by Dr. Sashiprabha Navaratne, editor of Annual Report - 2020 of National Cancer Control Programme in year 2020 was really beneficial. Also, I would like to appreciate Dr. Nadisha Ratnasekara for the proof reading of the document.

The dedicated creative work of Dr. Chathurika Jayamani of Strategic Information Management Unit is highly appreciated for all the editorial work of this report.

Appreciate the feedback of readership about this report. It will be helpful for further improvement of Annual Report in next year.

Dr. Suraj Perera
Consultant Community Physician
Strategic Information Management Unit
National Cancer Control Programme

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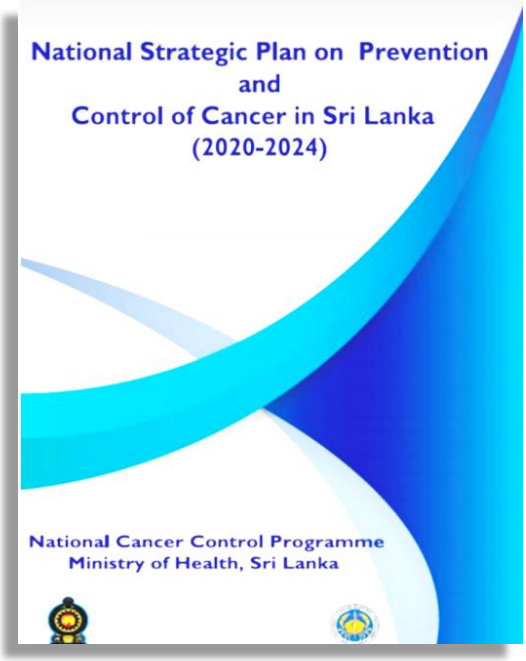
OUR VISION

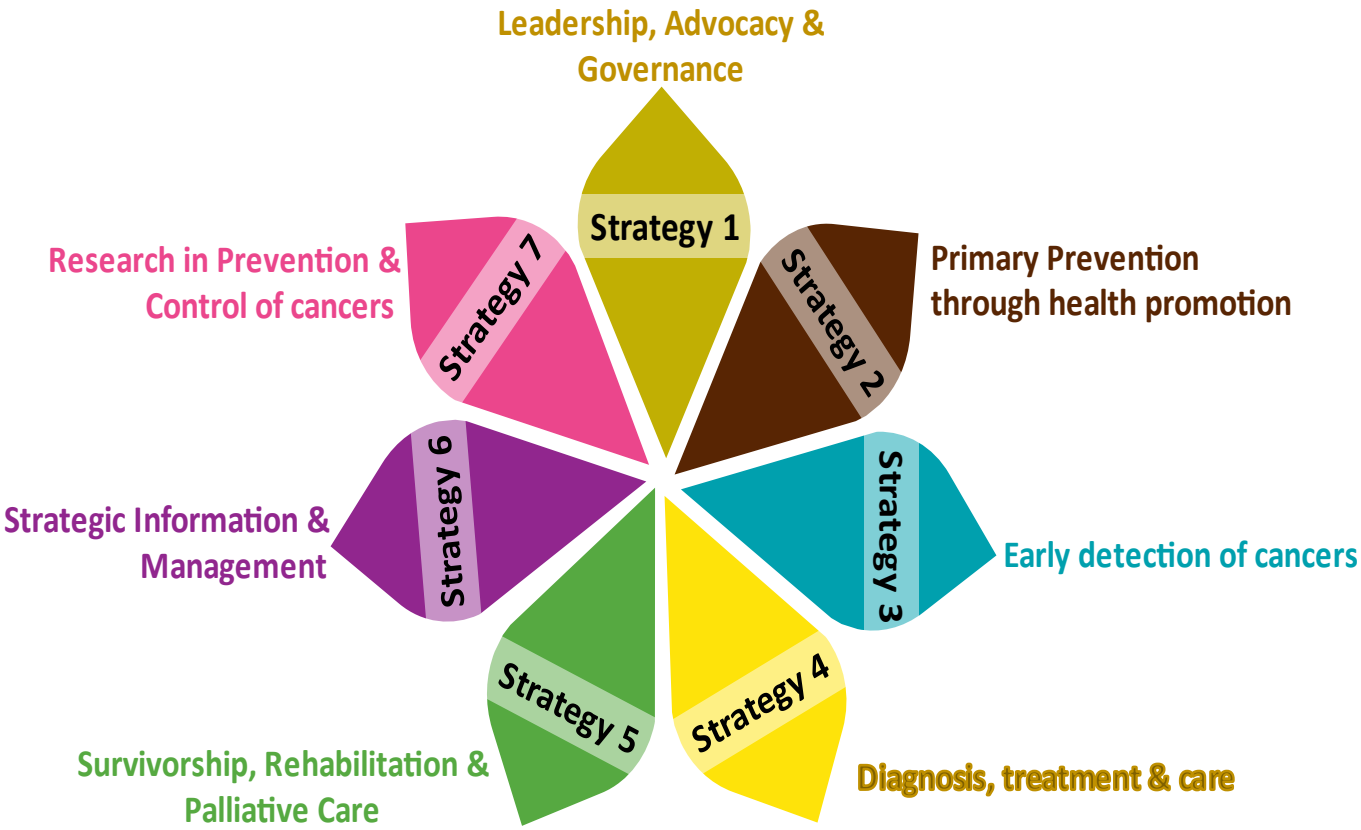
A country with a low incidence of preventable cancers and high survival rates with good quality of life and minimal disabilities /suffering from effects of cancers

OUR MISSION

To reduce the incidence of cancers by controlling and combating determinants of cancers, ensuring early detection, and providing a holistic and accessible continuum of cancer care which addresses curative treatment options to end of life care through an evidence-based approach

National Strategic Plan on Prevention & Control of cancer in Sri Lanka (2020 – 2024)





ABOUT US

National Cancer Control Programme is the National Focal Point for Prevention & Control of Cancers in the country. It is also responsible for policy, advocacy, monitoring and evaluation of prevention and control of cancers and conducting surveillance of cancers and facilitating research related to cancers.

INTRODUCTION

The National Cancer Control Programme of the Ministry of Health is the main government organization which coordinates the national response to cancer control activities in Sri Lanka.

National Cancer Control Programme (NCCP) is a specialized public health programme. It is under the Non-Communicable Disease Bureau of the Ministry of Health and comes under the Deputy Director General of Non-Communicable Diseases of the Ministry of Health,

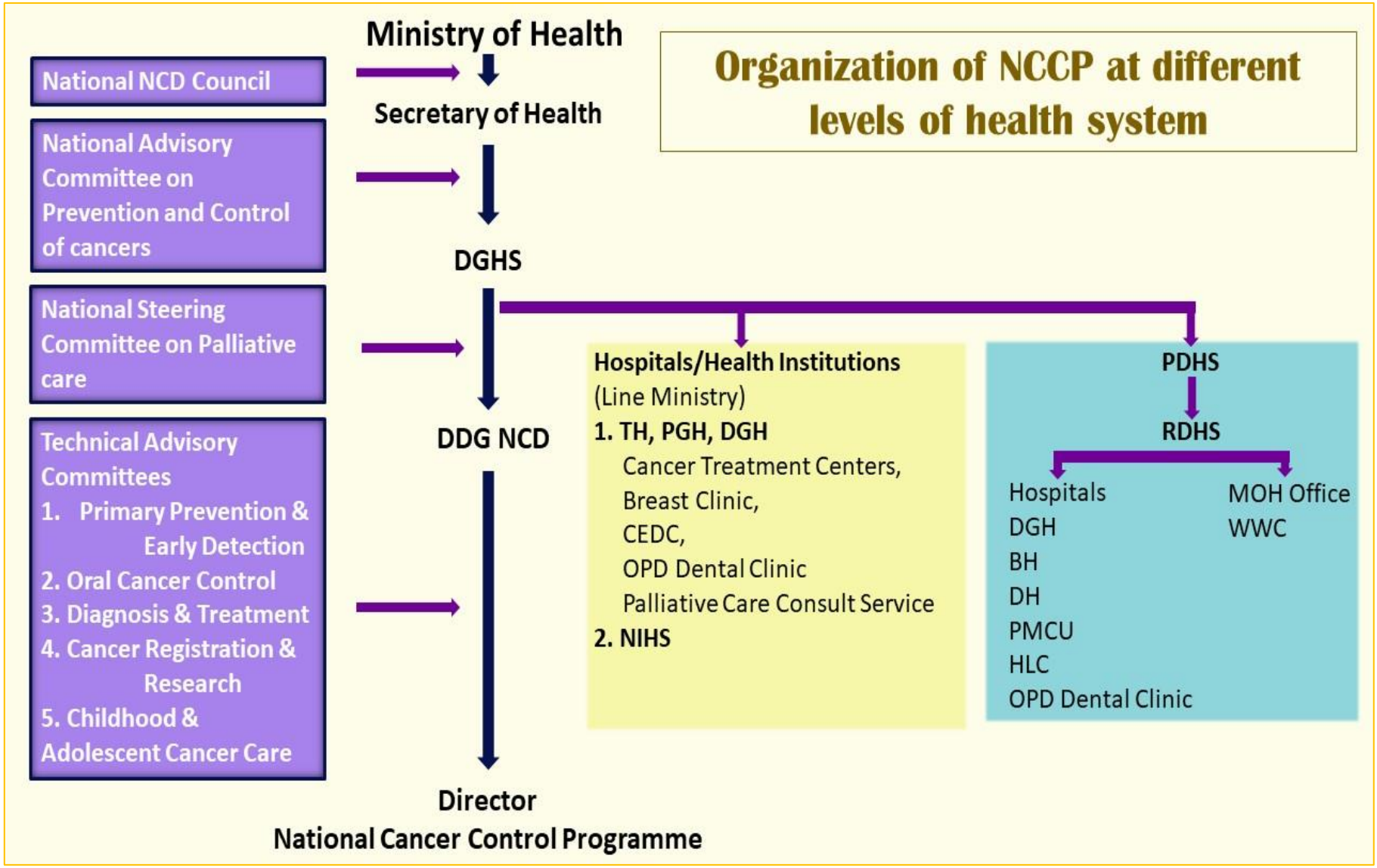
The National Cancer Control Programme aims to provide a comprehensive programme of cancer control in Sri Lanka, by integrating evidence-based strategies and improving health systems, by focusing on primary prevention, early detection, diagnosis and treatment, rehabilitation, survivorship and palliative care, taking into account the cancer morbidity and mortality pattern and the current healthcare infrastructure in the country.

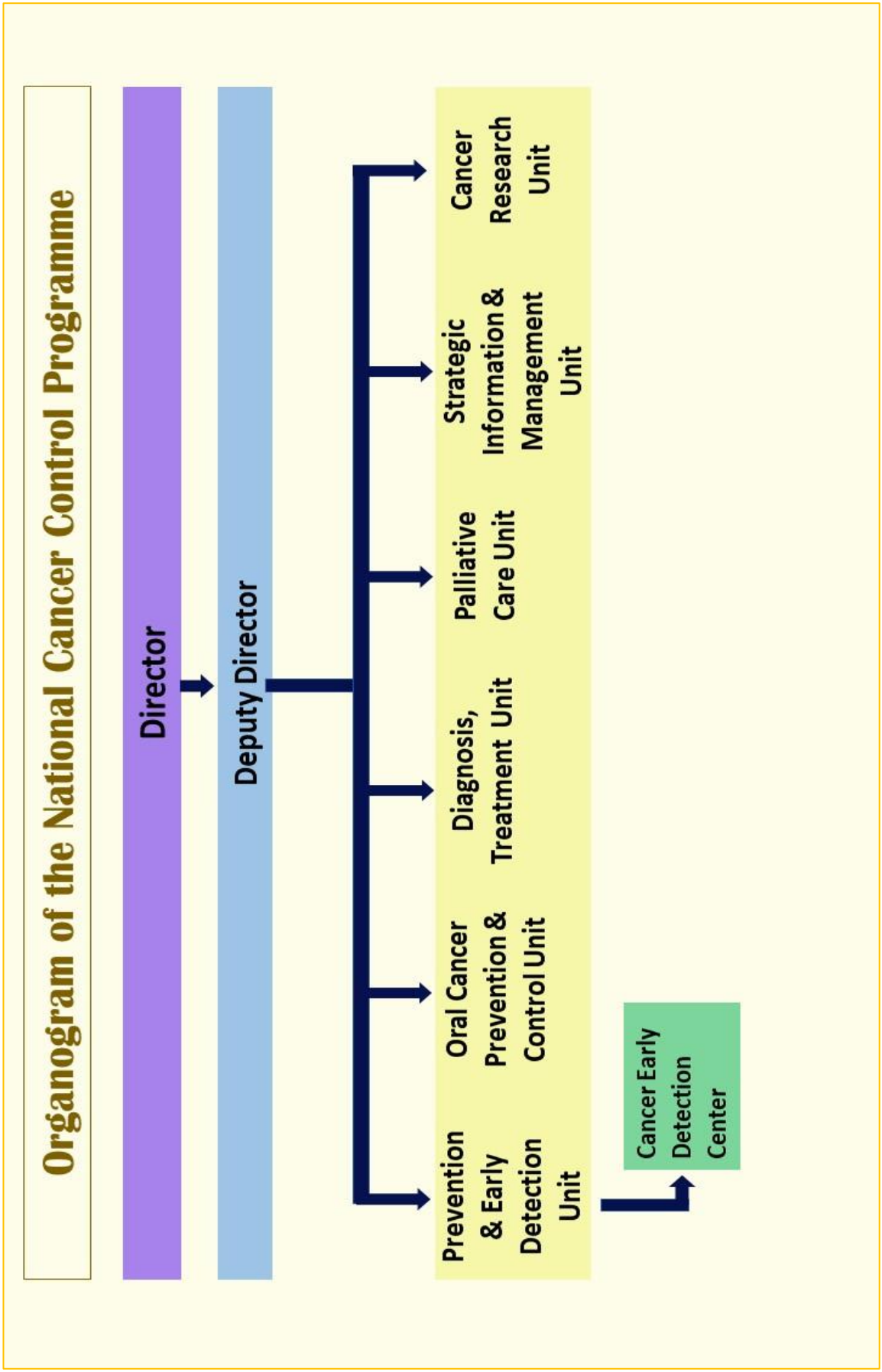
Around 30000 new cancer cases are diagnosed annually in Sri Lanka.

National Cancer Control Planning and Governance

The National Advisory Committee on Prevention and Control of Cancers is the main platform within the Ministry of Health where high-level decision making is done regarding cancer control. The Technical Advisory Committees (TAC) with representation of all areas of cancer assist in the development of plans in their respective areas and make recommendations for NAC. Each TAC has its own Terms of Reference approved by the Secretary of Health. It is ensured that NAC meetings are held quarterly with the participation of relevant specialties.

- National Steering Committee on Palliative Care
- Technical Advisory Committee on Prevention & Early detection
- Technical Advisory Committee on Diagnosis & Treatment
- Technical Advisory Committee on Cancer Registration & Research
- Technical Advisory Committee on Oral Cancer Prevention
- Technical Advisory Committee on Childhood & Adolescent Cancer Care


Organization of NCCP at different levels of health system
Ministry of Health
Secretary of Health
DGHS
DDG NCD
Director
National Cancer Control Programme
National NCD Council
National Advisory Committee on Prevention and Control of cancers
National Steering Committee on Palliative care
Technical Advisory Committees
1. Primary Prevention & Early Detection
2. Oral Cancer Control
3. Diagnosis & Treatment
4. Cancer Registration & Research
5. Childhood & Adolescent Cancer Care
Hospitals/Health Institutions
(Line Ministry)
1. TH, PGH, DGH
Cancer Treatment Centers,
Breast Clinic,
CEDC,
OPD Dental Clinic
Palliative Care Consult Service
2. NIHS
PDHS
RDHS
Hospitals
DGH
BH
DH
PMCU
HLC
OPD Dental Clinic
MOH Office
WWC


Organogram of the National Cancer Control Programme
Director
Deputy Director
Prevention & Early Detection Unit
Oral Cancer Prevention & Control Unit
Diagnosis, Treatment Unit
Palliative Care Unit
Strategic Information & Management Unit
Cancer Research Unit
Cancer Early Detection Center

Road map to 2021

1980 – National Cancer Control Programme was established

1989 – First cancer treatment centre outside Colombo was established

1990 – First National Cancer Incidence Data publication using cancer incidence data of 1985 was launched

2004 – Cancer Early Detection Centre was established at Narahenpita

2007 – National Cancer Control Programme was brought to Public Health Complex at Narahenpita

2008 – First International Atomic Energy Agency / World Health Organisation (IAEA / WHO) Integrated Missions of Programme of Action for Cancer Therapy (imPACT) review in Sri Lanka was conducted

2009 – National Advisory Committee for Cancer Prevention and Control was re-established
2010 – Commencement of the Commemoration of Breast Cancer Awareness Month in Sri Lanka

2011 – Commencement of the Commemoration of World Cancer Day in Sri Lanka – 4th February

2011 – Introduce Palliative Care services in a structured manner

2012 – Surveillance system for Oral cancer and Oral Potentially Malignant Disorders (OPMD) for Oral and Maxillo Facial units and Dental clinics in hospitals was introduced

2012 – National Steering Committee for Palliative Care Services was established

2012 – Population based cancer registry was initiated in Colombo District

2015 – National Policy and Strategic Framework on Cancer Prevention and Control in Sri Lanka was launched

2018 – Postgraduate Diploma in Palliative Care introduced

2019 – Restructured the unit system of National Cancer Control Programme as follows:

- Cancer Prevention and Early Detection Unit
- Diagnosis and Treatment Unit
- Palliative Care Unit
- Strategic Information Management Unit
- Oral cancer prevention and control unit

2019 – Second International Atomic Energy Agency / World Health Organisation (IAEA / WHO) Integrated Missions of Programme of Action for Cancer Therapy (imPACT) review in Sri Lanka was conducted

2019 – National Strategic Framework for Palliative Care Development in Sri Lanka (2019-2023) was launched

2019 – Technical Advisory Committees Established

2020 – National Strategic plan on Cancer prevention and Control 2020-2024 was launched

2021 - National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030 was launched

2021 - National Strategic Plan on Childhood & Adolescent Cancer Care in Sri Lanka 2021-2025 was launched

2021 - Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka was launched

Former Directors of National Cancer Control Programme

Dr. S. Sivayoham
MBBS
Director
Cancer Control Programme
1980 - 1983

Dr. Marcus Fernando
L.R.C.P;L.R.C,;(I), M.PH.(California)
Director
Cancer Control Programme
1983 - 1985

Dr. B.D.P. Gunawardana
MBBS
Director
Cancer Control Programme
1985 - 1987

Dr. Bernard Randeniya
MBBS, MSc (PH)
Director
National Cancer Control Programme
1988 - 1999

Dr. Y. Ariyaratne
Director
National Cancer Control Programme
1999 – 2007
2007 - 2008

Dr. N. Paranagama
MBBS
Director
National Cancer Control Programme
2009 - 2014

Dr. Eshani Fernando
BDS, MSc, MD (Com Dent)
Acting Director
National Cancer Control Programme
2014 - 2015

Dr. D.S.D. Samaraweera
MBBS, MSc, MD (Com Med), PhD
Director
National Cancer Control Programme
2015 - 2019

Dr. Janaki Vidanapathirana
MBBS, MSc, MD (Com Med)
Acting Director
National Cancer Control Programme
2019 - 2021

01

Prevention & Early Detection

The Cancer Prevention & Early Detection Unit:

- Ensure implementation, appropriate extension and be accountable for prevention, & early detection as per national level protocols and provide technical guidance
- Coordinate and work in partnership with public, private, civil society organizations, and development partners at local, national and international level to improve prevention & early detection services
- Training and capacity building of individuals / institutions in the public, private and civil society organizations on prevention & early detection services
- Manage the Cancer Early Detection Centre at Narahenpita as the National Centre of excellence and provide guidance, support and monitor the regional Cancer Early Detection Centres

Cancer prevention and early detection unit is responsible for the promotion and improvement of cancer prevention, early detection services with close liaison with all development, partners and bilateral and multilateral donors in Sri Lanka.

Introduction

Cancer prevention and early detection unit plans and coordinates activities related to cancer prevention and early detection in Sri Lanka. Based on the National Strategic Plan, a detail annual action plan was developed for the year of 2021. It was a new experience to carry out these activities when there are restrictions due to COVID 19 situations. More attention was paid to capacity building activities among regional level staff on cancer prevention and control. When carrying out these activities maximum assistance was obtained from new online communication platforms. Development and launching of National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination can be taken as the highlight of the activities conducted by the cancer prevention and early detection unit. This landmark document is considered to be the first such document developed by a Southeast Asian County.

Programme Strengthening

Technical Advisory Committee for Cancer Prevention and Early Detection

The National Cancer Control Programme has conducted three Technical Advisory Committee (TAC) meetings on cancer prevention and early detection for the year 2021. The meetings were chaired by the Deputy Director General Non-Communicable Diseases, Dr. Champika Wickramasinghe with the participation of approximately 25 members from different disciplines mainly as hybrid seminars (both virtual and physical).

The first TAC meeting for the year was conducted on 15th of March 2021 and a presentation by the Principal Agriculture Scientist (Soil science) on “Use of fertilizers for agriculture, level of contamination of food items with toxic residues and legal provisions to ensure food safety” as decided in a previous meeting was successfully completed within the many other important discussions.

The second TAC meeting was held on 10th June 2021 and the Director, National Cancer Control Programme presented the “New evidence generated from the cancer registry” to the gathering.

During the third TAC meeting which was conducted on 29th September 2021, the Consultant Community Physician from Environmental and Occupational Health addressed the gathering on “Hospital based toxic waste disposal” while the overview of the “National Strategic Plan to achieve interim targets for cervical cancer elimination by 2030 was presented by the NCCP.

During the TAC meetings important key decisions were taken and were forwarded to the National Advisory Committee on Cancer Prevention and Control to improve the service provision in Sri Lanka.

Capacity Building on Cancer Prevention and Early Detection

Development and printing of National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination

Cervical cancer is the commonest gynaecological malignancy and the fourth most common cancer among females in Sri Lanka. It is a highly preventable cancer and also curable if detected early and adequately treated.

According to World Health Organization (WHO), nearly 90% of deaths from cervical cancer occurred in low- and middle-income countries. This could be reduced through a comprehensive approach which is comprised of prevention, early diagnosis, effective screening and treatment programmes. The early detection of cervical cancer helps in good prognosis, thereby improve the quality of life of the cancer patients.

Considering these facts, in 2020, WHO has declared a global strategy to accelerate the elimination of cervical cancer as a public health problem which would be the first cancer to be eliminated from the world.

In line with the global strategy, all countries must reach and maintain an incidence rate of below 4 per 100,000 women. Three main pillars identified to achieve this strategy are:

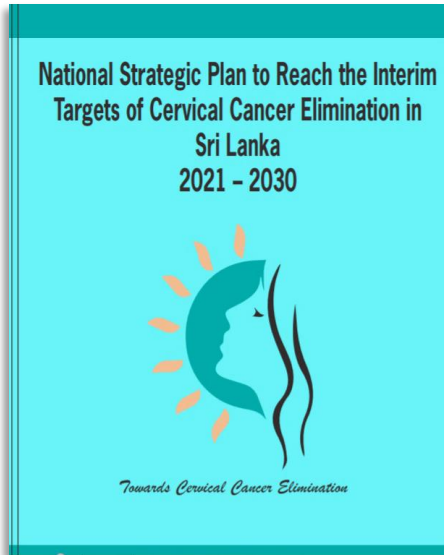
- Prevention of oncogenic HPV infection through vaccination
- Screening and treatment of cervical precancerous lesions
- Treatment and palliative care for invasive cervical cancer

All three pillars must be implemented collectively at scale to achieve the goal of elimination. Based on the three key pillars of the global strategy, WHO recommends a set of interim targets that each country should meet by 2030 to get on the path to eliminate cervical cancer within the century. These are:

- 90% of girls fully vaccinated with HPV vaccine by the age of 15
- 70% of women screened using a high-performance test by the age of 35 and again by the age of 45
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

Sri Lanka being the partner of this global strategy has committed to reach this goal with the whole world by achieving the interim targets by 2030. Thus, it is essential to develop national strategies, guidelines and streamline the treatment pathways for an effective cervical cancer prevention and control service provision in the country. The development of this National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030 is a pioneer step in moving towards this goal.

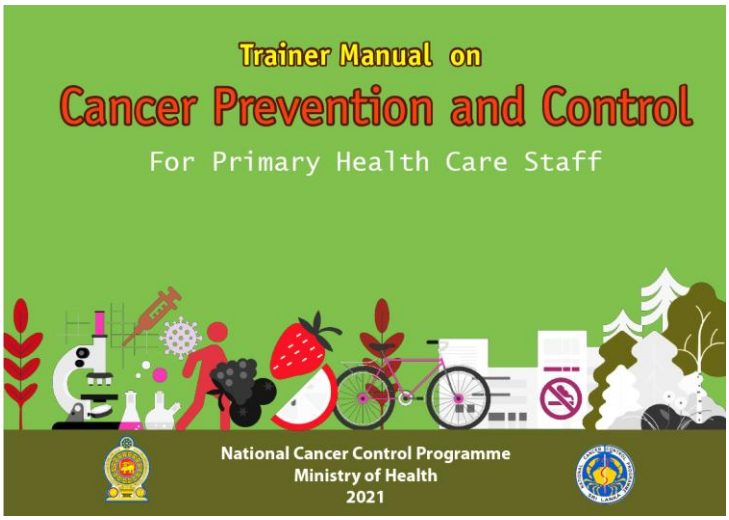
The initial draft of this National Strategic Plan (NSP) was developed based on the several national and international policies, strategies, guidelines including the global strategy to accelerate the elimination of cervical cancer as a public health problem, regional implementation framework for elimination of cervical cancer as a public health problem 2021-2030 and National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024). Afterwards, NCCP has conducted several meetings with the stakeholders including Family Health Bureau, Epidemiology Unit, Non-Communicable Diseases unit, etc. The expert opinion was taken from all the relevant stakeholders including members of the National Advisory Committee, Technical Advisory Committee of the cancer prevention and control, relevant professional colleges, local WHO partners and the international reviewers in the WHO SEARO office as well. The finalization of the NSP document was done with participation of all the relevant stakeholder including the representatives of the Ministry of Health, UN agencies, professional colleges and Non-Governmental Organizations. This developed National Strategic Plan will serve as a guiding document for Sri Lanka to achieve the set of interim targets by 2030 which is within the global strategy. This is the first National Strategic Plan developed in the WHO SEARO region to reach interim targets for the cervical cancer elimination. The technical partnership given by the WHO SEARO office and the WHO local office is greatly acknowledged.



Development and printing of flash cards on cancer prevention and control

Primary Health Care staff plays a vital role in empowering communities on cancer prevention and control. Frequently they conduct health education programmes in low resource settings where electronic technologies are scarce. In addition, NCCP has observed that the key messages delivered by them are not uniform throughout the country. Considering all these factors NCCP developed and printed a set of flash cards to be distributed among Primary Health Care institutions.

Development and printing of TOT manual on cancer prevention and control



Capacity building of the healthcare staff is an essential component in national strategic plan of NCCP. NCCP took several initiatives to build the capacities of the preventive and curative healthcare staff. The primary care health staff plays a vital role in providing preventive, diagnostic, treatment, and palliative care services related to cancer care in Sri Lanka as first contact healthcare professionals. NCCP developed guidelines and conducted several training programmes to improve the up-to-date knowledge and skills among primary care physicians in Sri Lanka and currently in the process of developing a distant training programme for them. Similarly, there was a high demand for a structured and uniform training programme to build capacities among other members of Primary Health Care staff including nurses, Public Health Midwifes and Public health Inspectors. NCCP, with the partnership of other stakeholders developed a trainer manual to train regional level staff as trainers. It is expected to provide the required training to Primary Health Care staff through the trained regional level staff. This training programme consists of six modules and each module consists of Power Point presentations and video clips. These resources were developed and pretested through several stakeholder meetings.

This programme has been designed to provide a comprehensive training on cancer prevention and control covering all key aspects. Special attention has been paid to present the content in a simple and comprehensible manner. All resources have been provided with Sinhala, Tamil, and English languages.

The development of these guidelines and resources became a realty due to the hard work of the team of contributors. Considerable amount of time and resources were spent for this project. We hope primary care health staff will get the maximum out of it and contribute their best to reduce the burden of cancer in Sri Lanka.

National Cancer Control Programme appreciates the commitment provided by the contributors of this project. The financial assistance provided by the WHO Sri Lanka office for the development of this module is greatly acknowledged.

Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka

Social Behaviour Change Communication (SBCC) Strategy which was a prioritized action of the National Strategic Plan on Cancer Prevention and Control 2020 – 2024 was developed in partnership with the United Nations Population Fund (UNFPA) in Sri Lanka and all other stakeholders. This SBCC strategy was developed to improve health literacy of people, behaviour change of population and individuals to reduce cancer related risk factors and to reduce the occurrence of cancer by adapting healthy lifestyles. The availability of services, accessing services and legal milieu in the country which protects people from being exposed to cancer related risk factors is addressed in this strategy.

Conducting workshops to key stakeholders

I. Training of Trainer Workshop on Cancer Prevention and Control for Sarvodaya Organization

A two-day, two Training of Trainer Workshops on Cancer Prevention and Control was conducted in March 2021 for the district level officers of the Sarvodaya organization expecting to improve awareness in the community on cancer prevention and control. The workshop was conducted on the common cancers including breast, cervical, oral and palliative care services. Around fifty participants were trained representing all parts of the country during these two programmes where we got the opportunity to improve awareness across Sri Lanka in general public.

II. Training of Trainer Workshop on Cancer Prevention and Control for Tri forces

A two-day Training of Trainer Workshop on Cancer Prevention and Control was conducted on 24th and 26th November 2021 with the participation of healthcare staff of tri forces and the police at Army Hospital, Colombo. This programme was organized in collaboration with the Sri Lanka College of Military Medicine aiming the capacity building of the healthcare staff in these institutions on cancer prevention and control.

Development of distant training programme on cancer early detection and referral pathways

Based on "National Guidelines on Early Detection & Referral pathways of Common Cancers in Sri Lanka", distant training programme was designed and developed with the partnership of WHO and Health Informatics Society of Sri Lanka. The objective of this project is to provide online training on cancer early detection and referral pathways for primary care doctors in Sri Lanka.

IFCPC-IARC Colposcopy and Cervical Cancer Prevention Training course

National Cancer Control Programme in collaboration with World Health Organization and Consultant Gynaecological oncologists at Apeksha Hospital, Maharagama has conducted a training of trainer programme on colposcopy and cervical cancer prevention for 10 selected Consultant VOGs representing the whole country. The theory component of this training programme has been completed during the year while the practical component is currently ongoing. The objective of this training programme is to strengthen and streamline the colposcopy service provision in the country, thereby minimizing the underutilization of colposcopy services.

Training programme on Colposcopy for Post Graduate Trainees of Gynaecology and Obstetrics

National Cancer Control Programme and Consultant Gynaecological oncologists at Apeksha hospital, Maharagama in partnership with United Nations Population Fund (UNFPA) conducted two training programmes for Post Graduate Trainees of Gynaecology and Obstetrics. The objective of this training programme was to streamline the colposcopy service provision in the country by improving the knowledge and skills on colposcopy among post graduate trainees. Around fifty participants were trained in these two training programmes.

Strengthening Services for Cancer Prevention and Early Detection

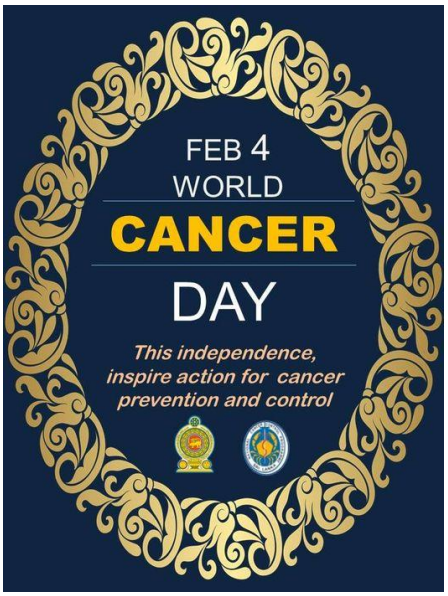
Distribution of Clinical Breast Examination mannequins

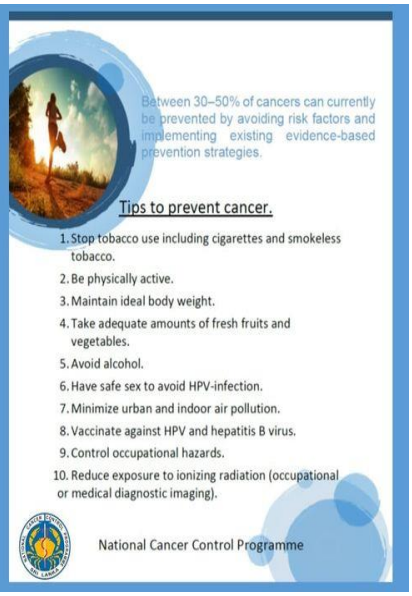
26 Clinical Breast Examination (CBE) Mannequins were procured and distributed to all the RDHS offices through the coordination with the MO/NCDs. The purpose of distributing these CBE mannequins to RDHS level is to conduct capacity building of the relevant staff members in their district, thus improving the breast cancer early detection facilities across the country.

Conducting Public Awareness on Cancer Prevention and Early Detection

Commemoration of "World cancer day – 4th February 2021"

Every year, 4th February is celebrated as the World Cancer Day and the theme of this year is "I am and I will". For the commemoration of this day, a circular was distributed to all healthcare institutions, including Medical Officers of Health, Regional Directors of Health Services, Provincial Directors of Health Services, Base hospitals, District General Hospitals, Teaching Hospitals, National level programmes and campaigns, Heads of Departments of Ministry of Health. The aim of the circular was to create awareness among general public and healthcare workers on the current cancer burden in the country and in the world. Requests were sent to conduct various activities to strengthen the cancer prevention and control to commemorate World Cancer Day 2021.





Commemoration of "World Breast Cancer Awareness Month – October 2021"

Whole world is commemorating the "World Breast Cancer Awareness Month" in October every year with the aim of strengthening the awareness, early detection, treatment and palliative care services for breast cancer.

As the national focal point on cancer prevention and control, the National Cancer Control Programme has conducted several activities towards enhancing awareness on importance of breast cancer prevention and early detection among the public.

A press conference was organized and conducted in collaboration with the Health Promotion Bureau adhering to the health etiquette to prevent COVID-19. A fact sheet and IEC material were distributed among the participants.

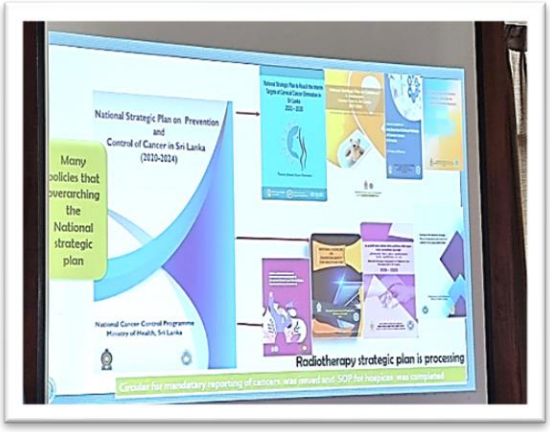
A training programme was conducted island wide with the contribution of regional level officers and the clinicians to Primary Health Care staff mainly Public Health Midwives at district level.

A social media campaign was conducted in line with the World Breast Cancer Awareness month to improve the knowledge on breast cancers among public.

Other Activities

Knowledge sharing session in the Sri Lankan Initiative to Achieve Interim Targets of Cervical Cancer Elimination and the Launching Ceremony of the Latest Publications of the National Cancer Control Programme

This launching ceremony and the knowledge sharing session was conducted on 10th December 2021 at Water's Edge in partnership with the United Nations Population Fund (UNFPA) with the participation of all relevant stakeholders.

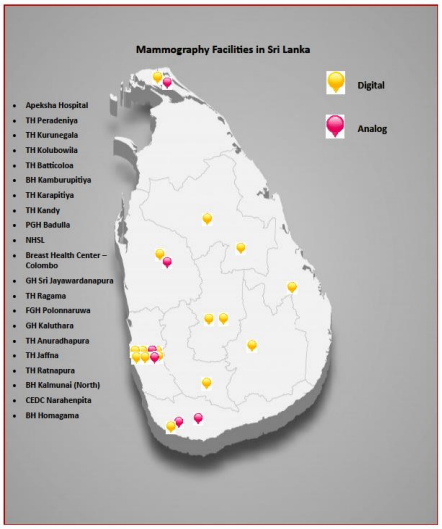


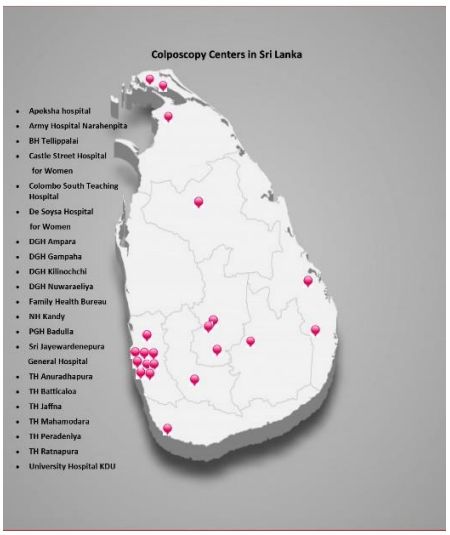
Monitoring and Evaluation of Cancer Prevention and Early Detection

Monitoring and Evaluation of Island wide mammography and colposcopy services

The monitoring and evaluation of the mammography service provision was conducted by compiling the information gathered from all the mammography centres in the country on a quarterly basis.

The colposcopy service provision was monitored and evaluated on a quarterly basis by the NCCP compiling the gathered information collected from all the colposcopy clinics in Sri Lanka.





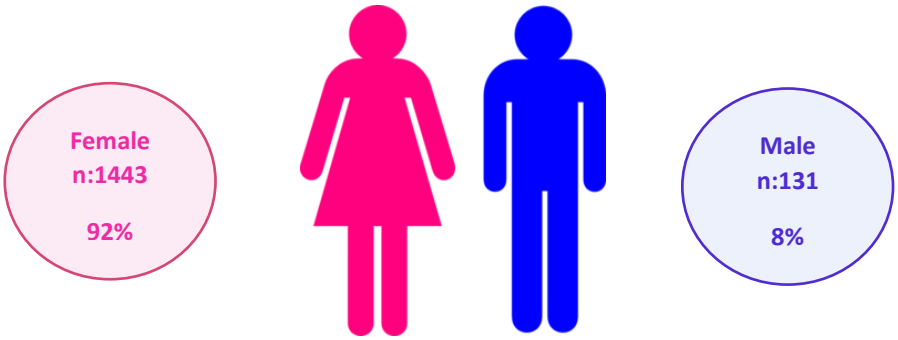
Cancer Early Detection Centre

Cancer Early Detection Centre (CEDC) of the National Cancer Control Programme located in Narahenpita, Colombo; provide early detection services for breast, cervical and oral cavity cancers, to the general public, with the inclusion of clinical-breast examination, mammography, ultrasound scanning, Pap and HPV DNA testing.

Raising awareness among the public about cancer as well as other health information is a main objective of the CEDC. Many people are benefitted by the services provided through CEDC which is a walk-in clinic where a referral from another healthcare provider is not required. The easy accessibility and availability of services from 8.30 am to 3.30 pm on all working days are other factors for the popularity of the CEDC among the public.

Apart from the doctors and nurses working at CEDC, a visiting radiographer and medical laboratory technicians attached to the National Hospital, Sri Lanka and the Family Health Bureau respectively are also involved in the provision of services. Around 30 clients can receive the services per day at CEDC.

Approximately 50 mammography tests and 80 ultrasound scans are conducted at CEDC per month. Around 2500 people receive the services from CEDC each year. In addition, a Healthy Lifestyle Clinic is also conducted at CEDC to detect non-communicable diseases.



Total visits: 1572

Sessions: 123

Figure 01: Summary of client visits in Cancer Early Detection Centre in 2021

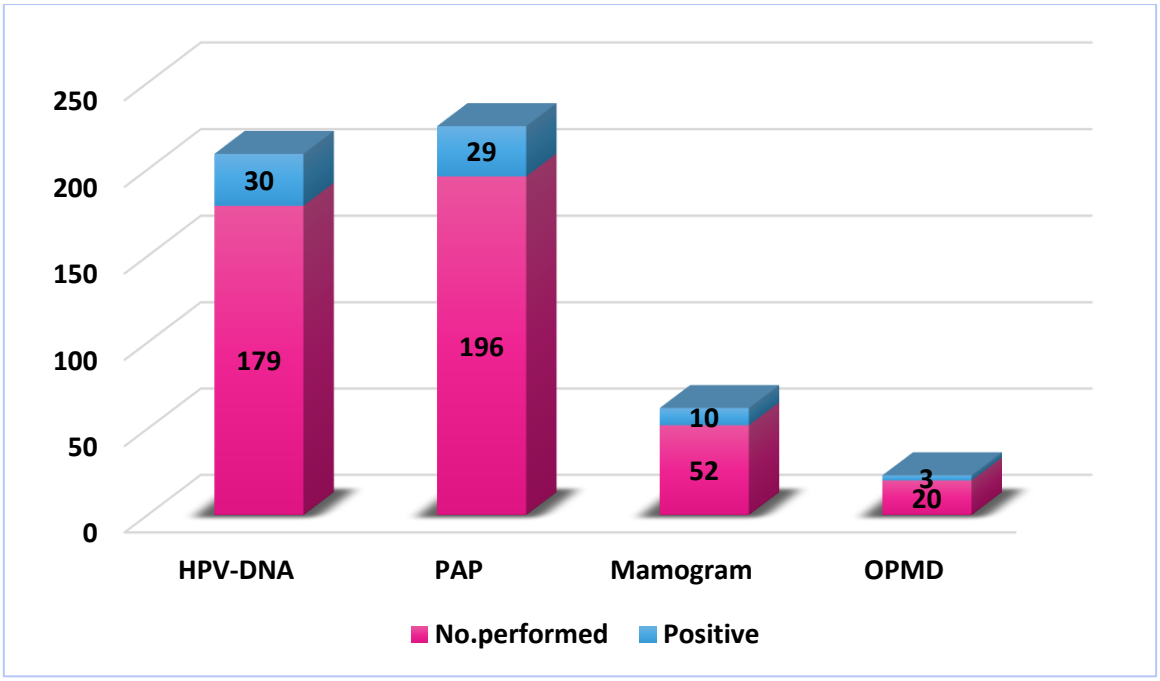


Figure 02: Summary of activities conducted by Cancer Early Detection Centre in 2021

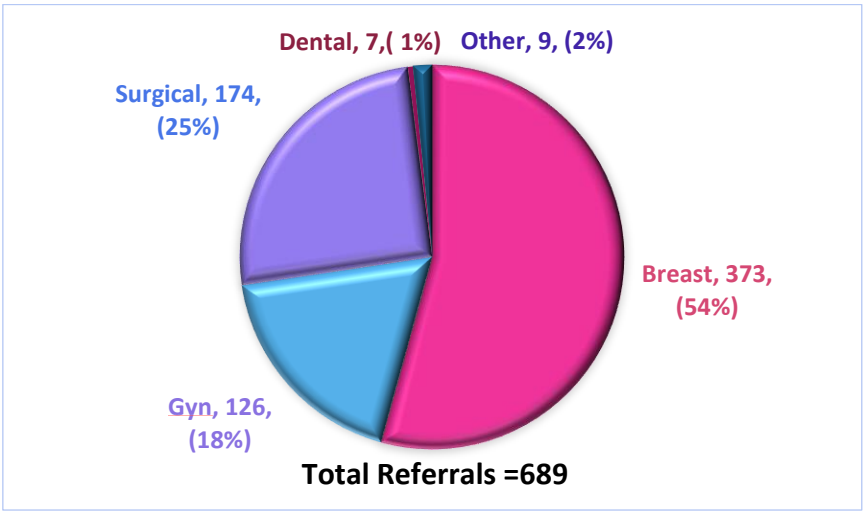
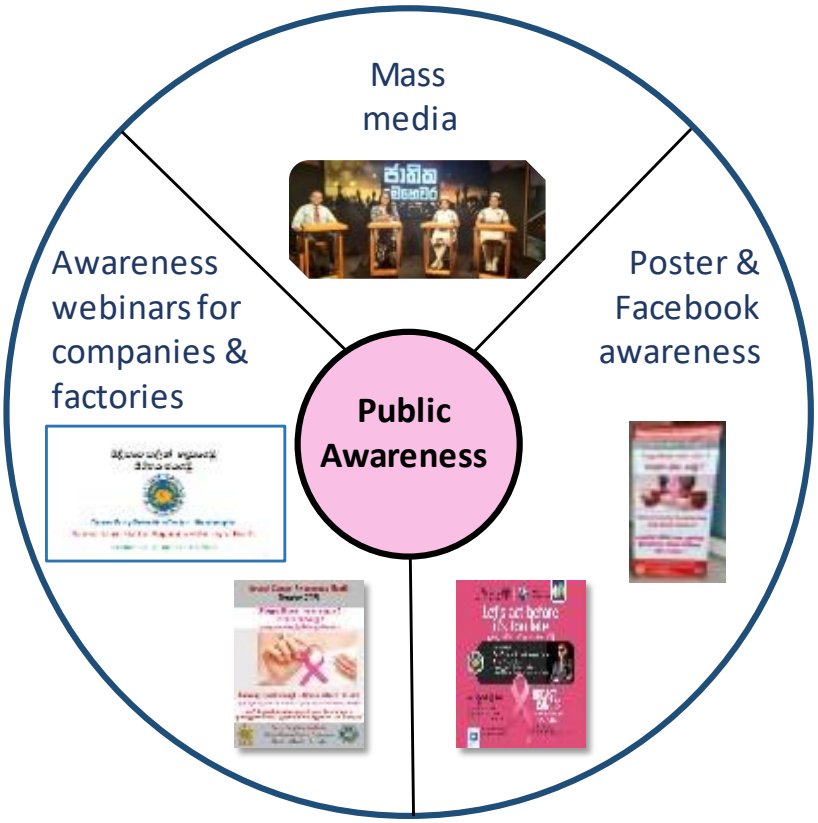


Figure 03: Summary of referrals done by Cancer Early Detection Centre in 2021

Around 10 breast cancer patients are diagnosed per month by the Breast clinic of the National Hospital of Sri Lanka, out of which approximately two cases are referred by the CEDC, with a 20% contribution to the diagnosing of breast cancers at the National Hospital of Sri Lanka, via referrals.

Summary of activities of Cancer early detection centre -2021



Involved in the vaccination programmes for the staff of Public Health Complex

Empowering the implementation of CEDCs in the country

Delivering a lecture on setting up a CEDC at the workshop for cancer prevention and control for the tri-forces

Taking part in the opening ceremony of CEDC at Matara

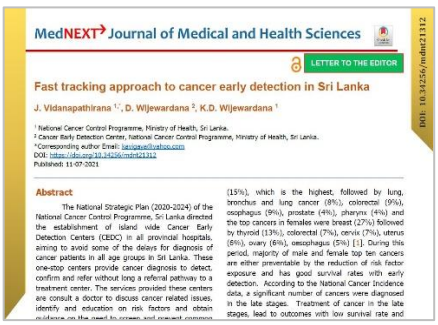
Activities Conducted with Public Private Partnership

Donation of ESR machine to the CEDC by Rotary club

Donation of water dispenser by well wishers

Publications

Publication on Fast track approach to cancer early detection in Sri Lanka



MedNEXT Journal of Medical and Health Sciences

LETTER TO THE EDITOR

DOI: 10.34256/mdnr21312

Fast tracking approach to cancer early detection in Sri Lanka

J. Vidanapathirana [1,*], D. Wijewardana [2], K.D. Wijewardana [1]

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Published: 11-07-2021

Abstract

The National Strategic Plan (2020-2024) of the National Cancer Control Programme, Sri Lanka directed the establishment of island wide Cancer Early Detection Centers (CEDC) in all provincial hospitals, aiming to avoid some of the delays for diagnosis of cancer patients in all age groups in Sri Lanka. These one-stop centers provide cancer diagnosis to detect, confirm and refer without long a referral pathway to a treatment center. The services provided these centers are consult a doctor to discuss cancer related issues, identify and education on risk factors and obtain evidence on the need to screen and prevent common

(15%), which is the highest, followed by lung, bronchus and lung cancer (8%), colorectal (9%), oesophagus (9%), prostate (4%), pharynx (4%) and the top cancers in females were breast (27%) followed by thyroid (13%), colorectal (7%), cervix (7%), uterus (6%), ovary (6%), oesophagus (5%) [1]. During this period, majority of male and female top ten cancers are either preventable by the reduction of risk factor exposure and has good survival rates with early detection. According to the National Cancer Incidence data, a significant number of cancers were diagnosed in the late stages. Treatment of cancer in the late stages, lead to outcomes with low survival rate and

02

Oral Cancer Prevention and Control

The Oral Cancer Prevention and Control Unit:

- Provide technical support, assistance and guidance to provinces, districts and other organizations and agencies in improving quality, supply and access to prevention, early detection & diagnostic services for oral cancers
- Conduct training and capacity building of individuals / institutions in the public, private and civil society organizations
- Conduct surveillance of data related to oral cancer
- Promote and conduct epidemiological and clinical research related to oral cancer and Oral Potentially Malignant Disorders (OPMD) with the collaboration of academic and other relevant research organizations on prevention, early detection and management of oral cancer

The Oral Cancer Unit is responsible for the oral cancer prevention, early detection and improving diagnostic services in Sri Lanka and having close liaison with all development, partners and bilateral and multilateral donors in Sri Lanka.

Activities conducted in year 2021

Capacity Building Programmes

1.1 Capacity building programmes for dental surgeons at district levels

Capacity building programmes were conducted for dental surgeons on updating them on the current situation, of oral cancer as well as enhance their clinical skills for early detection of Oral Potentially Malignant Disorders (OPMD) and Oral Cancer (OC). The Consultant in Community Dentistry at NCCP updated the participants on the current situation of the Oral Cancer status of the country and hands-on training was conducted by the local Oral and Maxillo-Facial (OMF) Surgeon using clinic patients at respective OMF clinics. Issues related to early detection and referral pathways were also addressed with the participation of Regional Dental Surgeon (RDS) and area OMF Surgeon. Due to the COVID situation in the country, only 04 programmes were conducted in DGH Matale, PGH Gampaha, PGH Ampara and TH Kalutara with the participation of 150 dental surgeons.

Dental surgeon training at PGH Matale, DGH Ampara & TH Kalutara

1.2 Technical update for Regional Dental Surgeons

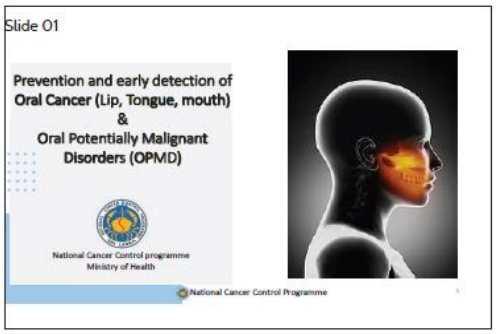
Technical update for RDSs was based on the weaknesses identified during district reviews of oral cancer prevention and control activities. Due to COVID restrictions, three on-line sessions were conducted under following broad areas;

- Current situation of oral cancer control activities at districts and areas for improvement.
- Development of district-based annual action plan for oral cancer prevention and control activities with the development of district data-bases.

- Key areas to be addressed in public awareness programmes on oral cancer prevention and control.

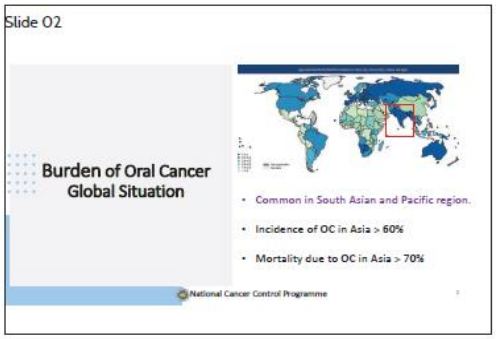
1.3 Development of Training Manual for Primary Health Care staff on early detection and prevention of oral cancers.

With the collaboration of cancer early detection and prevention unit of NCCP, guideline on early detection and prevention of oral cancers was developed for Primary Health Care staff.



Prevention and early detection of Oral Cancer (Lip, Tongue, mouth) &Oral Potentially Malignant Disorders (OPMD)

Summarize the objectives of this presentation.



Burden of Oral Cancer: Global Situation

Oral cancer is common in South Asian and Pacific region.

Incidence of oral cancer in Asia is more than 60%

Mortality due to oral cancer in Asia is more than 70%

1.4 Capacity building of Ayurveda students

NCCP recognized the importance of obtaining the services of all categories of health staff for oral cancer prevention and control activities. As Ayurveda practitioners cater to a particular section of the public, it was decided to develop their capacities regarding creating public awareness on risk factors, early detection and referral of OPMDs. As an initial step, capacity building of Ayurveda students was conducted.

1.5 Training of non-health categories on cancer prevention.

With the collaboration of cancer early detection and prevention unit of NCCP, two training programmes were conducted for district level leaders and volunteers of Sarvodaya and tri-forces personnel on risk habits for oral cancer and importance of prevention & early detection.

Introduction of E-based oral cancer surveillance system

E-based cancer surveillance system was introduced to all OMFS and Oral Pathology Units aiming to improve the timeliness and data quality of oral cancer data. For this purpose, 36 laptops were purchased and distributed with relevant data-entry software (CANREG 5) to all OMFS and Oral Pathology Units. In collaboration with the Strategic Information Management (SIM) Unit of NCCP, series of hands-on training programmes were conducted for dental surgeons of respective Units. It is expected to obtain e-based oral cancer incidence data from 2022 onwards.

Capacity building of Dental Surgeons for e-surveillence

Development of IEC materials

3.1 Posters on the prevention of chewing areca-nut products and promotion of routine oral examination among high-risk occupational groups

Printing 30,000 posters (two types) was done in both Sinhala and Tamil languages. (Soft copies are available at www.nccp.health.gov.lk)

Posters on early detection of oral cancer and importance of routine oral examination among risk groups

3.2 E-version of flash cards on self-mouth examination

Based on the developed self-mouth examination flashcards, a video was produced to be used as a health education tool for providing information on risk factors, OPMD/OC warning signs and self-mouth examination. Video was circulated among Regional Dental Surgeons to disseminate at district level (*available at www.nccp.health.gov.lk*).

Video on self-mouth examination

Media related activities related to oral cancer

4.1 World Head and Neck cancer day 27th July 2021

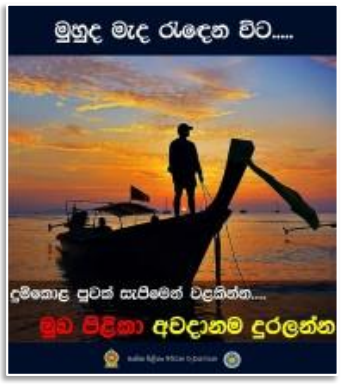
To commemorate World Head and Neck Cancer Day 2021, a circular signed by the DGHS was issued to all health institutions. Taking into consideration the increase in the use of commercially prepared areca-nut products as well as the rise in the number of Oral Submucous Fibrosis cases, this year's theme was ***"Stop chewing areca-nut products for good oral health"***. All heath personals were instructed to conduct programmes targeting the above-mentioned risk factor while utilizing innovative methods such as social media while adhering to guidelines to prevent the spread of COVID 19.

4.2 Media seminar to commemorate World Head and Neck cancer day 2021

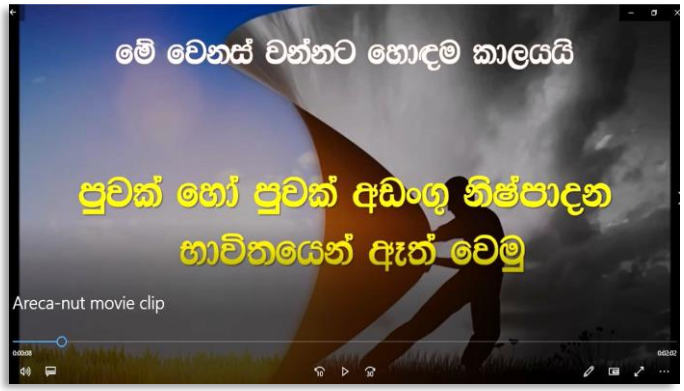
A media seminar was conducted with the collaboration of the Health Promotion Bureau with the attendance of media personnel. The media was sensitized on the threat of commercially prepared areca-nut products and its implications. This event was attended by resource persons representing the preventive and curative aspects of oral cancer.

4.3 Publishing videos on hazards of chewing tobacco and areca-nut

In line with the theme of the World Head & Neck Cancer Day 2021, short videos and Face-Book posts in both Sinhala and Tamil languages have been developed and circulated *(available at www.nccp.health.gov.lk)*.



Face-Book posts



Short videos on hazards of tobacco and areca-nut

4.4 Publishing newspaper articles on oral cancer prevention and improve oral cancer and OPD awareness of public on risk of areca nut chewing.

2021.07.27

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Quitting tobacco and arecanut products will improve your health

Oral cancer is easily preventable

By Carol Aloysius

The National Cancer Control Programme (NCCP) has ranked Oral cancer as the commonest cancer among men accounting for 15.8 percent of all male cancers islandwide, with an average of seven new cases per day. What causes this easily preventable cancer and how can it be prevented?

The Sunday Observer spoke to Consultant in Community Dentistry, NCCP, Dr Udaya Usgodaarachchi, for his views on the subject.

Excerpts

Q: Oral cancer prevalence has spiked in recent years. Although a common cancer not many of our readers know what it is. Tell us what oral cancer is. Is it the same as mouth cancer?

A: Cancer is caused when there is an uncontrolled and uncoordinated growth of the tissues in any site of the body. When this occurs in either lip, tongue, palate, gums or inner side of the cheek we call it mouth cancer or oral cancer.

Q: The National Cancer Control Programme (NCCP) of Sri Lanka reportedly ranked cancer as the leading cause of death some years ago but that the number of fatalities has declined drastically since then. Is this correct?

A: There are about 7,300 oral cancer patients in the society. That leads to 35.2 oral cancer patients per 100,000 population. According to the latest data, about 2,700 new oral cancer patients are detected per year leading to an average of detecting 7 new cases per day. There are approximately 2-3 oral and pharyngeal cancers deaths occur per day.

Q: According to information, Oral cancer (OCA) accounts for 9.8% of all cancers in Sri Lanka and most commonly occurs in middle-aged

Q: So which section of the population are really at risk?

A: People who are practising their habits at a higher frequency and for a longer period of time are at increased risk of getting oral cancers. Also, if anyone is practicing more than one risk behaviour at a time, (for example chewing betel and consuming alcohol together) has a higher risk of getting oral cancer.

Q: Any other related causes?

A: Ongoing infections of the oral cavity such as Human Papilloma Virus, poor nutritional status with poor oral hygiene are other predisposing factors of oral cancer. In white people, oral cancer of the lip is common due to excessive exposure to sun (UV radiation). This is rare among Sri Lankans due to the natural protection of having a pigmented skin.

Q: Can one get oral cancer without having smoked or chewed betel by simply inhaling second-had smoke?

A: The evidence of occurrence of oral cancer due to second-had smoking is very rare.

Q: Paan (betel leaf and betel nut quid) used with or without tobacco has been positively associated with oral cancer. This product is now freely available in Sri Lanka although it is illegal and many young men mostly

portant to monitor these lesions with regular follow-up visits for a long period of time to detect early signs of malignant transformations.

Q: As Oral cancer develops in different parts of the mouth, what are the commonest sites found among Sri Lankans?

A: In Sri Lanka, the common sites are inner-side of the Cheek (Buccal Mucosa), tongue and floor of the mouth. Throat cancer is not considered as oral cancer due to differences in aetiological factors.

Q: What about cancer of the Jaw? Is this common here?

A: Cancers originating from the jaw is not common. But, cancer originating in other parts such as cheek can spread into jaw involving jaw bones.

Q: Who is able to diagnose oral cancer and how is it diagnosed?

A: Oral cancer can be tentatively diagnosed by any dental surgeon or medical officer by clinical examination of the oral cavity. But, the definitive diagnosis is done by an expert such as an Oral and Maxillo-facial Surgeon or an Onco-surgeon based on clinical findings and biopsy-based pathological report given by the pathologist.

Q: Treatment- when a patient presents early symptoms what is the initial treatment given?

A: Usually when a patient with an oral lesion comes to a health care institution, a thorough history is taken to identify the causative factors of the lesion. Once the risk factors are identified, counselling is done to help the patient to quit risk behaviour. Following oral hygiene improvement, a small piece of the lesion (biopsy) is sent to a pathologist to confirm the diagnosis. Then, depending on the pathological diag-

Dr. Udaya Usgodaarachchi
Consultant in Community Dentistry, National Cancer Control Programme

IN SRI LANKA, THE COMMON SITES ARE INNER-SIDE OF THE CHEEK (BUCCAL MUCOSA), TONGUE AND FLOOR OF THE MOUTH. THROAT CANCER IS NOT CONSIDERED AS ORAL CANCER DUE TO DIFFERENCES IN AETIOLOGICAL FACTORS

tion and also overall supervision of all cancer prevention programmes island wide, the NCCP plays a vital role. What are the intervention you have put in place in recent years to reduce oral cancer?

A: In addition to already available interventions, the following

Monitoring and evaluation of oral cancer prevention and control activities

5.1 Facility survey of diagnostic and treatment facilities at oral cancer treatment centres

In order to ensure the equitable distribution of facilities at oral cancer treatment centres, a facility survey was conducted in all 33 OMF Units. Data was obtained through site visits and mailed questionnaires. The data analysis was done and the report was presented during the Technical Advisory Committee meeting on Oral Cancer Prevention and Control. There is a need to prioritize the requirements with the consensus of senior ministry officials and the College of OMF Surgeons.

5.2 Performance review of oral cancer prevention and control activities 2021

A performance review of oral cancer prevention and control activities was conducted on-line using ZOOM technology due to the COVD 19 outbreak. Low attendance of patients to dental clinics and limited active-screening programmes due to COVID outbreak as well as the lack of maintaining active-screening data separately for risk groups were notable observations. Moreover, the absence of dental service-related data sharing of line-ministry institution with RDHS office is a long-standing issue. Addressing these problems is essential to establish an organized OPMD/OC screening programme in the country. The key information obtained is

given below. In order to obtain complete picture, relevant data was obtained from the Research and surveillance Unit of Institute of Oral Health (IOH) and the SIM unit of NCCP.

Oral cancer prevention and control activities 2020

Description		**2019**	**2020**
Basic data			
Total no. of dental clinics providing routine services; including Adolescent Dental Clinics and Community Dental Clinics *(IOH data)*		694	753
Total no. of Dental Surgeons *(IOH data)*		990	1044
Total no. of institutions with OMF clinics (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		31	31
Total no. of OMF surgeons (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		38	38
Total number of Oral pathology Units		03	03
Total number of Oral Pathologists		04	04
Clinical services			
Total no. of visits to dental clinics *(IOH data)*		4035428	2654069
No. of OPMDs detected reported at dental clinics *(IOH data)*		7062	4109
	Percentage of type of OPMD detected		
	Leukoplakia	33%	31%
	Erythroplakia	8%	7%
	Oral sub-mucous fibrosis	33%	33%
	Oral lichen-planus	15%	16%
	Other	11%	13%
No. of suspected oral malignancies detected at dental clinics *(IOH data)*		471	546
No. of OPMDs reported from OMF units *(IOH data)*		3553	4676
No. of confirmed oral malignancies reported from OMF Units (SIM Unit)		1967	1641
No. of oral malignancies reported from oral pathology units (SIM Unit)		840	727
Awareness, capacity building and active screening - excluding line-Ministry intuitions			
No. of oral cancer awareness programmes conducted for public (other than screening)		*190*	*194*
No. participated		*15190*	*7208*
No. of oral cancer in-service programmes conducted		99	88
No. participated		2259	1949
No. of active OC cancer screening programmes		282	145
No. participated		33610	9989
No. of OPMD patient detected		856	199
No. of suspected oral malignancies patients detected		32	9

**provisional*

5.3 Reprinting of registers for reporting oral cancer incidence data

A limited number (50) of "*Registers for reporting oral cancer incidence data*" were reprinted for newly established OMF Units until e-surveillance system is being established.

Governance and Service Development

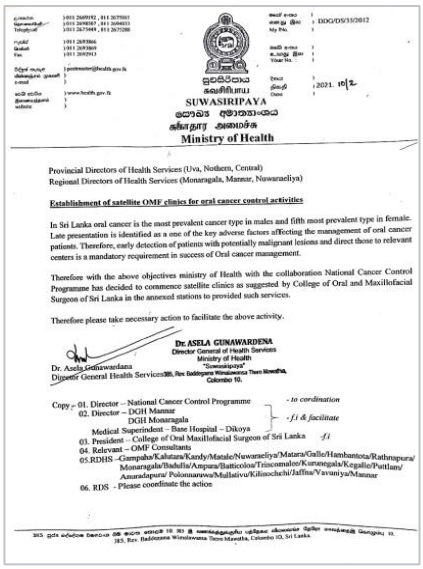
6.1 Conducting Technical Advisory Committee meetings on oral cancer prevention and control

Technical Advisory Committee meetings on oral cancer prevention and control (TAC-OC) was conducted under the co-chairmanship of DDG Dental Services Dr. Ananda Jayalal and Professor Manjula Attigalla. Resource persons representing different aspects of oral cancer prevention and control were in cooperated as members.

Key deficient areas are given below:

- Requirement for regulations on commercially prepared chewable areca-nut products
- Strengthen risk group screening
- Increase facilities, capacity building of staff and guidelines for oral cancer management including rehabilitation and reconstruction care
- Improve information system for oral cancer management

6.2 Introducing satellite OMF clinics for local follow-up of mild OPMD cases at local dental surgeons



SUWASIRIPAYA
Ministry of Health

Provincial Directors of Health Services (Uva, Northern, Central)
Regional Directors of Health Services (Monaragala, Mannar, Nuwaraeliya)

Establishment of satellite OMF clinics for oral cancer control activities

In Sri Lanka oral cancer is the most prevalent cancer type in males and fifth most prevalent type in female. Late presentation is identified as a one of the key adverse factors affecting the management of oral cancer patients. Therefore, early detection of patients with potentially malignant lesions and direct those to relevant centers is a mandatory requirement in success of Oral cancer management.

Therefore with the above objectives ministry of Health with the collaboration National Cancer Control Programme has decided to commence satellite clinics as suggested by College of Oral and Maxillofacial Surgeon of Sri Lanka in the annexed stations to provided such services.

Therefore please take necessary action to facilitate the above activity.

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
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Colombo 10.

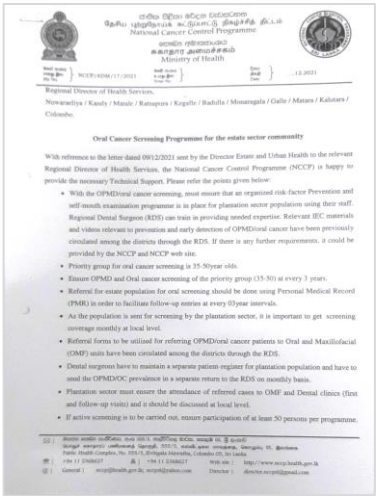
Dr. Asela Gunawardana
Director General Health Services

Copy :- 01. Director – National Cancer Control Programme - to cordination
02. Director – DGH Mannar
DGH Monaragala
Medical Superindent – Base Hospital – Dikoya - fi & facilitate
03. President – College of Oral Maxillofacial Surgeon of Sri Lanka - fi
04. Relevant – OMF Consultants
05.RDHS – Gampaha/Kalutara/Kandy/Matale/Nuwaraeliya/Matara/Galle/Hambantota/Rathnapura/ Monaragala/Badulla/Ampara/Batticoloa/Trincomalee/Kurunegala/Kegalle/Puttlam/ Anuradapura/ Polonnaruwa/Mullaitivu/Kilinochchi/Jaffna/Vavuniya/Mannar
06. RDS - Please coordinate the action

6.3 Formulation of legislations on chewable areca-nut products

It was decided to formulate legislations for commercially prepared areca-nut products as it is becoming freely available. A subcommittee was appointed by the Secretary of Health to formulate possible mechanisms for legislations. The committee is chaired by the Additional Secretary (Public Health) with the members from NCCP, DDG/NCD, DDG/DS, DDG/E&OH, College of OMF surgeons and Legal department of Ministry of Health. The initial discussions were held and it was decided to have wider discussions with the involvement of all relevant stakeholders such as members from Ministry of Trade and Commerce.

6.3 Revision of oral cancer screening programme for plantation sector population



National Cancer Control Programme

Ministry of Health

NCCP/ADM/17/2021 ..12.2021

Regional Director of Health Services,
Nuwaraeliya / Kandy / Matale / Ratnapura / Kegalle / Badulla / Monaragala / Galle / Matara / Kalutara / Colombo.

Oral Cancer Screening Programme for the estate sector community

With reference to the letter dated 09/12/2021 sent by the Director Estate and Urban Health to the relevant Regional Director of Health Services, the National Cancer Control Programme (NCCP) is happy to provide the necessary Technical Support. Please refer the points given below:

- With the OPMD/oral cancer screening, must ensure that an organized risk-factor Prevention and self-mouth examination programme is in place for plantation sector population using their staff. Regional Dental Surgeon (RDS) can train in providing needed expertise. Relevant IEC materials and videos relevant to prevention and early detection of OPMD/oral cancer have been previously circulated among the districts through the RDS. If there is any further requirements, it could be provided by the NCCP and NCCP web site.
- Priority group for oral cancer screening is 35-50year olds.
- Ensure OPMD and Oral cancer screening of the priority group (35-50) at every 3 years.
- Referral for estate population for oral screening should be done using Personal Medical Record (PMR) in order to facilitate follow-up entries at every 03year intervals.
- As the population is sent for screening by the plantation sector, it is important to get screening coverage monthly at local level.
- Referral forms to be utilized for referring OPMD/oral cancer patients to Oral and Maxillofacial (OMF) units have been circulated among the districts through the RDS.
- Dental surgeons have to maintain a separate patient-register for plantation population and have to send the OPMD/OC prevalence in a separate return to the RDS on monthly basis.
- Plantation sector must ensure the attendance of referred cases to OMF and Dental clinics (first and follow-up visits) and it should be discussed at local level.
- If active screening is to be carried out, ensure participation of at least 50 persons per programme.

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Revision of screening programme for plantation population was done with the involvement of all relevant stakeholders. The outline of the proposed programme was sent to all RDHS and expected to be implement from 2022.

03

Diagnosis & Treatment Unit

- Facilitates implementation of diagnostic and treatment services as per national policies and supports infrastructure development
- Facilitates capacity building and training of individuals and health institutions in association with relevant technical authorities
- Coordinates the development and updating of clinical guidelines and management protocols in the diagnosis and treatment of cancer
- Facilitate the development and updating of radiation safety guidelines, monitoring of radiation safety of workers and patients.
- Coordinates the activities of the Diagnosis and Treatment Technical Committee provides necessary recommendations to the National Advisory Committee, and facilitates these activities

- **Strengthening of services**
- **Implementation of services**
- **Infrastructure development**
- **Capacity Building**
- **Monitoring and evaluation**

Diagnosis and Treatment Unit is responsible for down-staging the disease through prompt diagnostic services, facilitates treatment and improve the services to quality survivorship among people with cancer in Sri Lanka

Implementation of Services

Establishment of breast care clinics in secondary and tertiary hospitals

Based on the recommendations of the impact review 2019 and the decisions taken by the National Advisory Committee chaired by the Secretary of Health, 16 breast care clinics were established in secondary and tertiary hospitals. The expansion to the other hospitals is in the discussion stage.

Southern Province

Development of multidisciplinary teams for Centres of Excellence

The Centres of Excellence (CoE) for cancer at the provincial level were already established and upgrading with modern diagnostic and treatment facilities is in the process. The Technical Advisory Committee decided to develop multidisciplinary teams for these CoE and conduct regular review meetings to upgrade and regulate the services. The necessary Standard Operating Procedures were prepared and awaiting approval.

Establishment of Cancer Early Detection Centres

Considering the recommendations of the National Advisory Committee, it was unanimously decided to establish Cancer Early Detection Centre (CEDC) per province in the country to minimize the delays in the diagnosis of cancers. In 2021, two CEDCs were established in Jaffna and Matara provinces and the rest will be completed within the next two years.

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Figure 1: Opening of Matara Cancer Early Detection Centre

Development of procurement supply management plan for pharmaceuticals and equipment

The initial discussion was made with relevant stakeholders to prepare a procurement supply management plan for pharmaceuticals and equipment. This will be implemented with the partnership of expertise in the field.

Infrastructure Development

Infrastructure development - distribution of equipment

The diagnosis and treatment unit has facilitated the provision of equipment to improve diagnosis and treatment facilities in cancer treatment hospitals. The immunocytochemistry facility was upgraded at NCIM, and two cytotoxic isolators were supplied to TH Matara and PGH Badulla in 2021. The D & T unit procured and distributed chemotherapy chairs, adjustable electrical beds, multipara monitors, infusion and syringe pumps for cancer treatment centres to improve cancer day care treatment facilities in hospitals. Initial discussions for developing a comprehensive national guideline on "Cytotoxic waste material management" were conducted.

Figure 2: Discussion with Surgeons of DGH Vavuniya on establishment of breast care clininc.

Capacity Building

Breast cancer care training for public health staff

To increase awareness on breast cancers among public health staff, three-day training of trainers' programmes were conducted in Western, Southern and Northern Provinces adhering to covid 19 prevention guidelines.

Pen drives containing videos on breast self-examination and clinical breast examination were distributed to all MOHs and Healthy Lifestyle Clinics to increase awareness on breast cancer and train Public Health staff.

Figure 3: Comprehensive Breast care training PHNS of Southern province

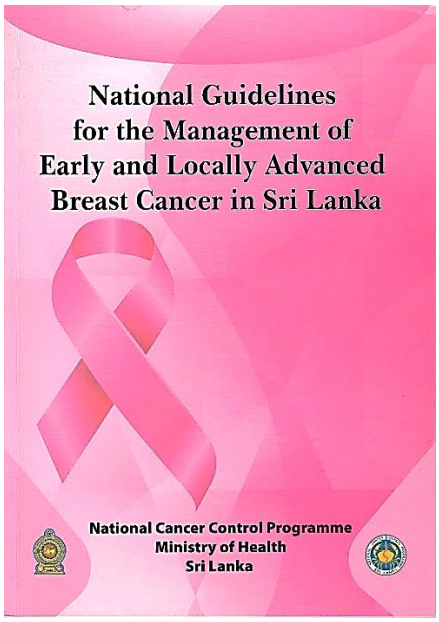
Figure Comprehensive Breast care training for MOH office Hambantota

Figure 4: Comprehensive Breast care training for PHMs of Kilinochchi Disrict

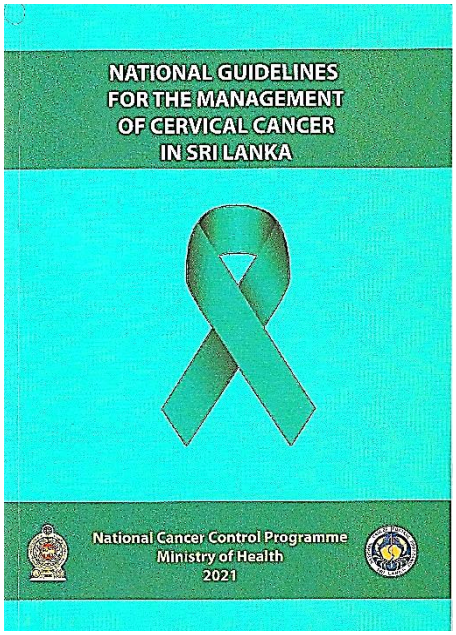
Developing Guidelines

Management guidelines for "Breast and cervical cancer" were developed with the partnership of oncologists, onco-surgeons, and gynaecological oncologists. Both guidelines were published online and hard copies were distributed for Cancer treatment centres island-wide.

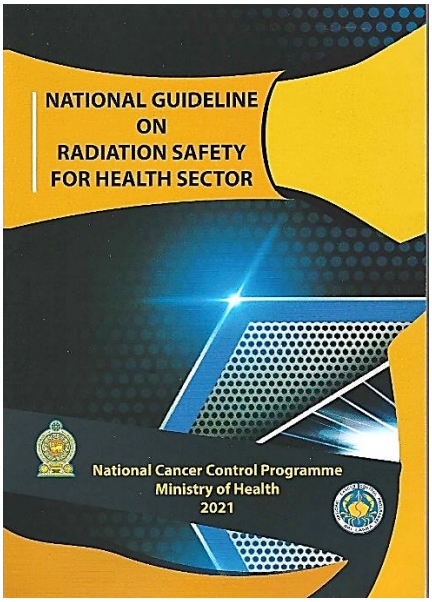
National Guidelines for the “Management of early and locally advanced breast cancers in Sri Lanka”



National Guidelines for the “Management of Cervical cancers in Sri Lanka.”



National guideline on "Radiation safety for health sector" was prepared in partnership with Sri Lanka Atomic Energy Board and the World Health Organization. The guide was distributed to all radiotherapy treatment units in hospitals island-wide.



A TOR for radiation protection officers is prepared based on the radiation safety guideline and will be circulated for all hospitals in 2022.

We have initiated developing guidelines for the "Tumour Review Board for diagnosis, treatment, and rehabilitation of cancer patients". This activity will be done with the partnership of Oncologists, Onco-Surgeons, Radiologists and all relevant stakeholders.

Monitoring and Evaluation

Supervision of Centres of Excellence, Cancer Early Detection Centres and Breast care clinics were done.

The Technical Advisory Committee meetings were conducted quarterly with the participation of all stakeholders.

04

Palliative Care Unit

Palliative Care Unit:

- Work within and support the relevant national committees and technical working groups to develop and regularly update national policies, strategies, guidelines, protocols and frameworks for implementation of palliative care services in Sri Lanka
- Conduct capacity building of individuals/institutions in the public, private and civil society organizations on palliative care
- Work in partnership with public, private, civil society organizations, and development partners at local, national and international level to improve palliative care services
- Monitor and evaluate palliative care services with Strategic Information Management Unit

The objective of the Palliative Care Unit is to be responsible for planning, coordination, monitoring and evaluation of cancer palliative care services in Sri Lanka with the collaboration of professional organizations and development partners

Strengthening Palliative Care Services

Cadre approval for Medical Officer Palliative Medicine

The National Strategic Framework for Palliative Care Development 2019-2023 (Ministry of Health, 2019) and National Strategic Plan Caner Prevention and Control (2020-2024) has identified Medical Officer-Palliative Medicine as a key member of the multidisciplinary team. They are a vital component in the palliative care consult services (PCCS) at the tertiary and secondary care hospitals. The Department of Management Services of the Ministry of Finance granted the approval for 19 posts of Medical Officer -Palliative Medicine for cancer treatment hospitals under the Ministry of Health in 2021.

Establish a subcommittee palliative care for Medical Supplies Division drug formulary revision

A subcommittee for palliative care was appointed by MSD for drug formulary revision. The aim of this committee was to provide technical inputs to the Medical Supplies Division to include palliative care items (drugs and equipment) needed in the revision of the Medical Supplies Division formulary. At tentative list of items for palliative care to be included in the MSD formulary revision was identified in the stakeholder meetings held with relevant experts.

Commencing palliative care services in hospitals

Advocacy zoom meeting, chaired by the DDG – NCD on strengthening of palliative Care Consult Services in COE at provincial level was held on 05.04.2021 (Circular 10-34/2020 was issued in 2020). Hospital teams (administrators, consultants and other health staff in palliative care etc.) from Apeksha Hospital Maharagama, PGH Rathnapura, PGH Kurunegala, TH

Batticaloa, PGH Badulla, NH Kandy, TH Karapitiya, PGH Polonnaruwa and TH Anuradhapura participated in the meeting.

The current status was discussed and the challenges were identified e.g.: lack of human resource, capacity building, Infrastructure development and linking with primary care. The recommendations were to initiate palliative care services at hospitals using available resources, provide support to strengthen the services and monitor the progress.

Incorporation of Palliative Medicine into medical undergraduate curriculum

A zoom discussion was held with the representatives of all the medical faculties to review the present status of incorporation of palliative medicine into the undergraduate medical curriculum on 27th of August 2021. Currently, teaching of palliative medicine is done in different extents in different faculties. It was recommended that teaching should be done with the multi-disciplinary team approach and each faculty has to identify a specific teaching programme for palliative medicine and identify a supervising department.

- **National Steering Committee on Palliative Care**

National Steering Committee on Palliative Care coordinate and provide oversight for the implementation and monitoring of the national strategic framework on palliative care and the National Strategic Plan on Prevention and Control of Cancer in Sri Lanka 2020-2024. It is chaired by Director General of Health Services and the rest of the members of the committee are experts who are working in the palliative care. The National Steering Committee provides recommendations to the National Advisory Committee on Prevention and Control of Cancer with the aim of improving palliative care services in the country. In 2021, two meetings were conducted and the key areas addressed at the committee are given below:

- Availability of skilled multi-disciplinary human resources
- Availability of drugs and technology
- Strengthening of Palliative Care Services in Hospitals
- Empower informal caregivers
-

Capacity Building

Capacity building for Primary Health Care Professional During COVID 19 Pandemic

- ***"No one left behind during the pandemic"*** **Three-day virtual training programme for Primary Health Care professionals**

Three-day virtual training programme “No one left behind during the pandemic” was for Primary Health Care professionals on different aspects of cancer care and palliative care during COVID 19 pandemic. Many experts from different fields such as Oncology, Oncological surgery, General Medicine, Anaesthesia, Neurology, Respiratory Diseases and Palliative Care and Public Health contributed as resource persons. The main areas discussed included palliative emergencies, paediatric palliative care, palliative care in respiratory diseases, pharmacology of palliative pain management, palliative care in Neurological diseases, bed bound patient, common psychological symptoms in palliative patients, how to prepare Palliative patients for a peaceful death and basics of wound healing and caring for cancer wounds.

- **Refresher Training on Palliative Care for Primary Health Care Workers**

National Strategic Framework for Palliative Care Development 2019-2023 identifies the shared care model for palliative care services. Therefore, capacity building of primary care health staff is an essential task to establish comprehensive delivery of palliative care services in Sri Lanka.

As a result, two, one-day training programmes were conducted for Primary Health Care workers with the aim of introducing the basic concepts and refreshing their knowledge on palliative care. A total of 114 primary health workers from different categories were trained during the programme. The programme was held under strict COVID 19 guidelines.

The general concepts of palliative care, palliative care for cancer patients in Primary Health Care setting, palliative care for non- cancer patients in Primary Health Care setting, end-of-life care, and psychological care in palliative care with a practical session on mindfulness were conducted for all participants in both programmes. The experts from relevant fields (e.g., Consultant Oncologists, Consultant Physician, Consultant Psychiatrists, Consultant

Community Physicians etc) participated as resource persons. The experience sharing and question and answer sessions were conducted at the end of each programme.

One day refresher training programme on palliative care for general practitioners (Primary Health Care doctors)

One day refresher training Programme on Palliative Care for Primary Health Care Workers in Military Health Services (30.07.21)

Three-day Residential Training of Trainers workshop on Palliative Care

In the government sector, specialist palliative care is available in the 24 cancer treatment centres distributed in the country. The healthcare workers providing palliative care services are pivotal roles in improving the quality of lives of patients with palliative care needs. To facilitate this, two, residential workshops were held for 80 healthcare workers (Medical Officers, Nursing Officers, Public Health Nursing Sisters, Social Workers, Pharmacists and Physiotherapists) from Palliative Care Consult Services and cancer treatment centres.

Initially one three-day training programme was planned for 80 participants from palliative care teams in cancer hospitals island wide. However, due to the COVID -19 health safety guidelines issued by the Ministry of Health Sri Lanka, with approval from WHO, it was conducted as two, three-day programmes with 40 participants from hospital palliative care teams. (03.08.21-06.08.21 and 11.08.21-13.08.21).

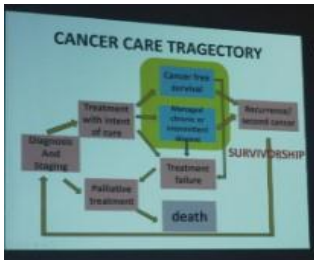
Each programme was conducted using lectures, group discussions and discussing case scenarios. The experts from relevant fields (e.g., Consultant Oncologists, Consultant Physician, Consultant Anaesthetist, Consultant Psychiatrists, Consultant Community Physicians etc) participated as resource persons. The experience sharing and question and answer sessions were conducted at the end of each programme. Participant feedback was received to evaluate the planning, organization, content, delivery, of the programme as well as to gather information on the future training needs.

The topics covered during the three-day programme were:

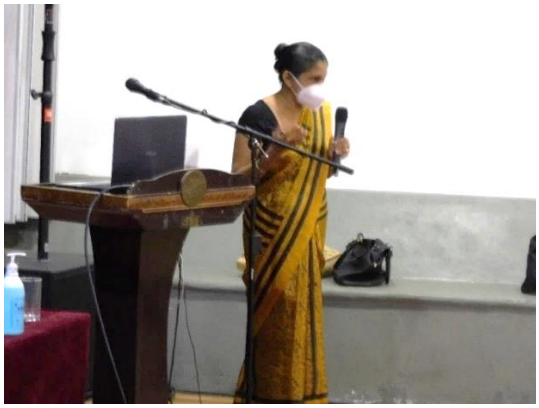
Introduction to Palliative Care ,Cancer patient and needs of palliative care ,Patient assessment and symptom management, Paediatric palliative care, Pain assessment and treatment, Wound care and bed sore management, Palliative emergencies, End-of-life care, Ethical issues and communication in palliative care, Palliative care for non-cancer patients, Selfcare and burnout, Psychological, social and spiritual suffering, Mindfulness - practical session and TOT module for Informal Caregiver Training on Home Based Care (included seven sessions:

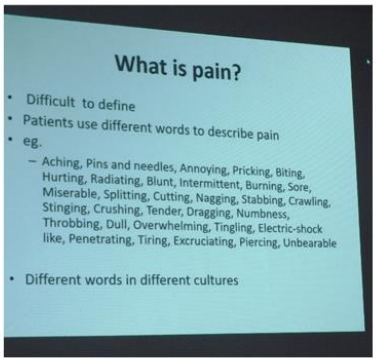
overview of palliative care, caregiver and selfcare, nursing care at home ,effective communication, ,social, mental issues, spiritual wellbeing and end of life care)

Training of trainer's programme held on 03.08.21-06.08.21



Training of trainer's programme held on 11.08.21-13.08.21



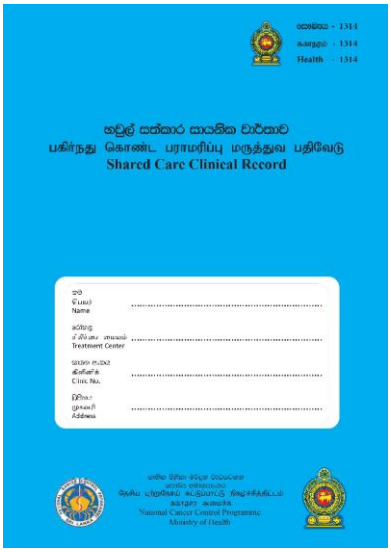


Publications & Recommendations

Integration of palliative care into the Primary Health Care system

- **Shared Care Clinic Record (H -1314)**

National Strategic Framework for Palliative Care Development 2019-2023 (Ministry of Health 2019) identifies the need of establishment integrated palliative care services as an essential component of comprehensive healthcare across all levels of healthcare services: tertiary, secondary, primary and community. The Shared Care Clinical Record was developed to document management details of cancer palliative patients at all levels of care. Relevant notes are expected to enter by relevant service providers at different levels of care.



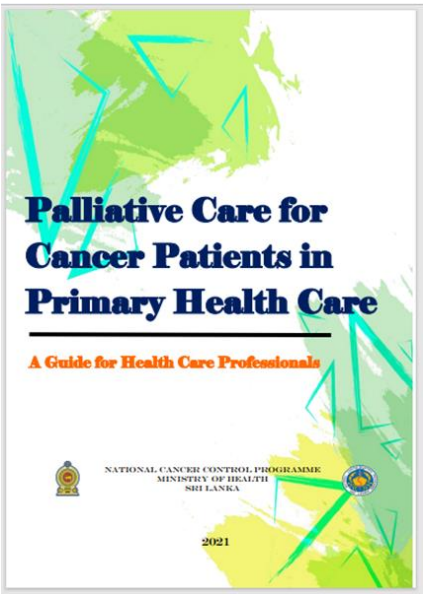
- **Palliative Care Guide for Primary Health Care Workers**

A comprehensive guide was developed with the contribution of a multidisciplinary group of specialists who are experts in the field of palliative care : Consultant Oncologists, Consultant Physicians, Consultant Primary Health Care Physicians, Consultant Oncosurgeons, Consultant Psychiatrists, Consultant Anaesthesiologists , Consultant Community Physicians, palliative medicine medical officers, counsellors, sociologists, public health nursing sisters, nursing officers different topics were identified to cover the entire spectrum of palliative care holistically .That following chapters are included in the publication guide ;

- Introduction on palliative care
- Effective communication for palliative care
- Patients' assessment

- Symptom management
- Psychosocial wellbeing
- Palliative care emergencies
- Nursing issues in palliative care
- End of life care
- Loss, grief and bereavement
- Care of the caregiver & family – assessment & education
- Palliative care for paediatric cancer patients
- Palliative care services in the community
- Ethical issues in palliative care
- Self care

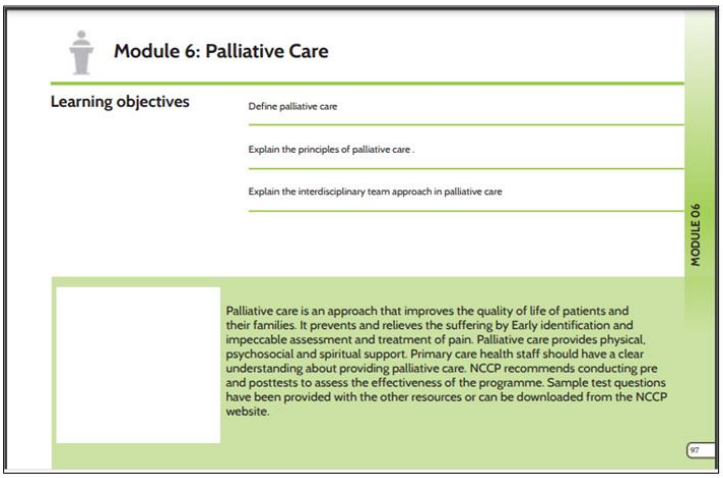
Covering with an overview of areas different aspects of management of palliative care palliative care patient management at Primary Health Care institutions, this publication will serve as guide a guide for providing provide guidance for optimal care for cancer palliative patients at Primary Health Care. Further, it will provide direction to Primary Health Care professionals on maintaining continuity of care with an emphasis on the Management Plan issued by the specialized treatment centre, while respecting the patients' values. This activity was supported by WHO and printing of the guide will be done by WHO.



Training module on palliative care for field health staff

The training module for palliative care (module 6) developed and included in the Trainer Manual on Cancer Prevention and Control for Primary Health Care Staff developed by Cancer

Prevention and Early Detection Unit, NCCP. The aim of this module is to empower field care staff with proper knowledge and confidence in providing palliative care services in the field as they have more opportunities to communicate and create awareness in the community on palliative care.

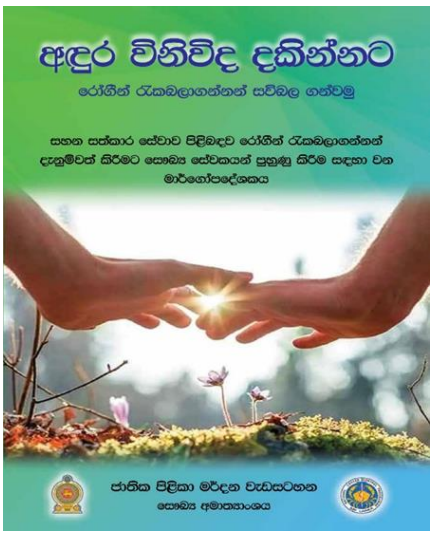


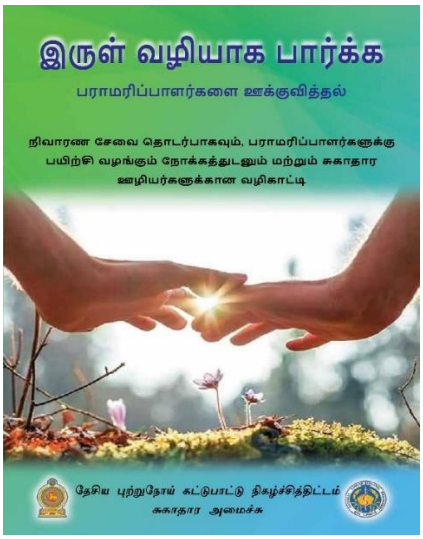
Empower family members, caregivers, and the general public for the provision of palliative care

Structured training of trainer module for a "Standardized Training of Caregivers and Community Volunteers on provision of home-based palliative care"

The role of informal caregivers is multi-faceted, with taking care of a palliative patient, often in the face of sacrifices relating to employment, finances, and their own health and social life. Moreover, they are the key to a supporting engagement and interaction with the patient and palliative care services.

A structured training of trainer (TOT) module was developed and printed by NCCP in Sinhala and Tamil languages with the support of relevant experts in palliative care. This module includes seven sessions. Each session: an introduction, Different teaching methods, group activities, case discussions, power point presentations (soft copy and power point presentations are available at www.nccp.health.gov.lky)





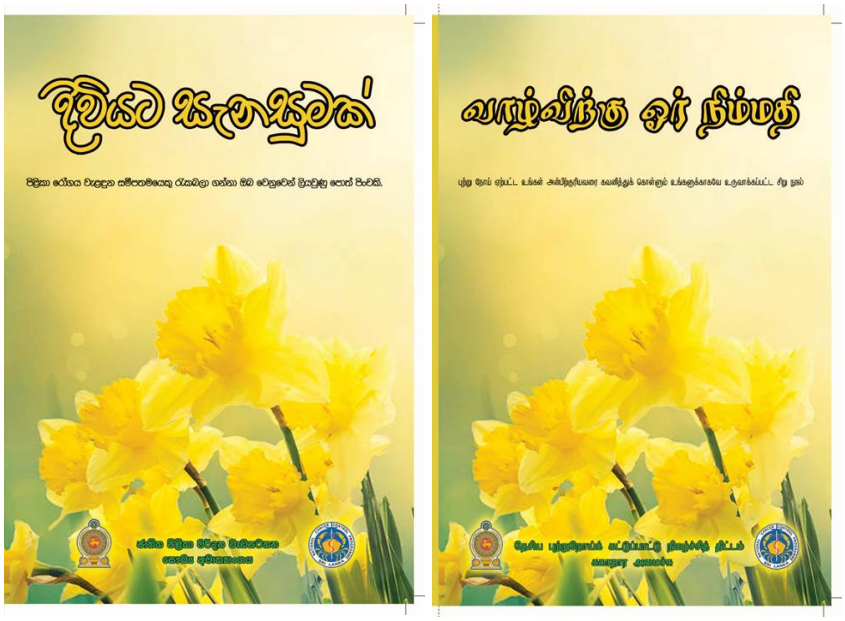
Thirty-one healthcare workers from palliative care teams in cancer treatment hospitals were trained on informal caregiver training during the first training programme (06.08.21) and 26 were trained during the second programme (13.08.21).

Training programme on Informal Caregiver for healthcare workers from cancer treatment hospital 1 (06.08.21)

Training programme on Informal Caregiver for healthcare workers from cancer treatment hospital - 2(13.08.21)

“Diviyata Sanasumak” Awareness booklet for caregivers of adult palliative cancer patients

Reprinting of “Diviyata Sanasumak” awareness booklet for caregivers of adult palliative cancer patients was conducted due to its high demand from the cancer treatment centres. This will be useful for empowering family care givers in the community .This was published in Sinhala and Tamil languages and is available to the family caregivers through cancer treatment hospitals island wide (soft copy is available at www.nccp.health.gov.lk)



Multisectoral Partnerships

Informal Caregiver Training of Trainer Programme at Sarvodaya

The Community Based Organizations (CBOs) are a potential source of training for informal caregivers. However, the availability of caregiver trainings within CBOs is poorly understood, as are training needs. The Sarvodaya Shramadana Movement is such a CBO in Sri Lanka, which provides comprehensive development and conflict resolution programs to villages. The palliative care unit of the National Cancer Control Programme conducted two programmes in both Sinhala and Tamil medium for Sarvodaya district health coordinators on informal caregiver training using the TOT module for informal care giver developed by NCCP. The training was conducted with the aim of utilizing Sarvodaya district coordinators to develop district level plans to improve caregiver awareness and training to provide optimal care for palliative patients in the community.

Standard Operation Procedures for Hospices (SOP)

National Cancer Control Programme, with multiple stakeholders developed the Standard operation procedures (SOP) for hospice programme for Sri Lanka, with the aim of ensuring provision of standardized quality services, provide clear guidance for staff to ensure the highest possible standard of care for patients, promote and strengthen public-private partnership in view of delivering quality hospice care services for the terminally ill patients and to establish a pathway leading to an accreditation system for / hospice. The final document was approved at the Private Health Services Regulatory Council (PHSRC) monthly meeting held on 21/12/2021 and will be implemented in island wide hospices in Sri Lanka.

Creating Public Awareness

Commemoration of World Hospice and Palliative Care Day 2021

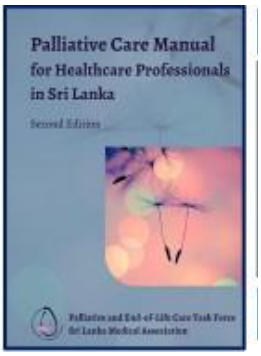
World Hospice and Palliative Care Day is an annual unified day of action to celebrate and support hospice and palliative care around the world. In 2021 the world hospice and palliative care day was celebrated on 9th of October under the theme "Leave no one behind equity in access to palliative care". In this regards many activities were planned and conducted by the palliative care unit.

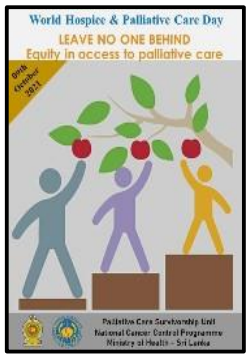
Media briefing at the Health Promotion Bureau, Ministry of Health

A media briefing was conducted with the collaboration of the Health Promotion Bureau, Ministry of Health. It was organized to aware general public through media personnel on this year's theme "Leave no one behind equity in access to palliative care"

Virtual hybrid conference to commemorate World Hospice and Palliative Care Day 2021

NCCP organized a virtual hybrid conference to commemorate world hospice and palliative care 2021 on 11th October 2021 to share the experiences of providing palliative care at all levels: Palliative Care Consultative Services at hospitals, Community based care by PHNOs, NGOs, Hospices shared their experiences for the conference. Key note speaker was Prof. Raj Gopal – Chairperson (Pallum, India). The second edition of Manual for Palliative Care for Cancer and Non-Cancer Patients: developed by Palliative and End of Life Care Task Force, Sri Lanka Medical Association was launched at the conference.



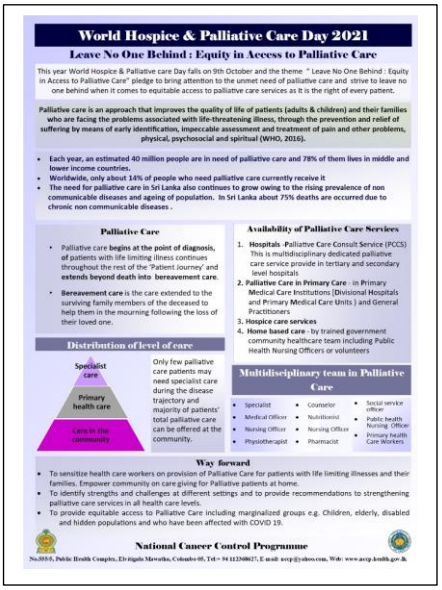


Conducting activities to improve public awareness

Creating awareness of the general public on different aspects of palliative care using different channels

SUNDAY OBSERVER

Palliative care is a commitment for life



Monitoring & Evaluation

With the SIM Unit, NCCP, district review meetings were conducted in several districts with the hospital directors, Regional Directors of Health Services and relevant staff with the aim to strengthen palliative care services at district level

World Health Organization Regional workshop to improve palliative care in the context of COVID-19 pandemic in the SEA Region

A two-day workshop on “Improving palliative care in the context of COVID-19” was organised by the World Health Organization, Sri Lanka was held on 8 – 9 April 2021. The aim of the programme was to strengthen integration of palliative care services within the context of Primary Health Care services in the South East Asia Region during the COVID -19 pandemic.

During the programme, a situation analysis was conducted to identify bottlenecks and opportunities to enhance pathways for integration of palliative care within the Primary Health Care, identified measures to improve access to essential medicines, assistive devices and improving health workforce capacity building programmes for palliative care and key inputs for developing a regional strategy for strengthening palliative care services were outlined. At the end of the programme an action plan for improving palliative care services in Sri Lanka amidst the pandemic was developed and presented. The Deputy Director General Non - Communicable Diseases, Director National Cancer Control Programme, consultants providing palliative care services at national level and district level, hospital administrators participated for the programme.

05

Strategic Information Management Unit

Strategic Information Management (SIM) Unit of the NCCP is responsible for the overall coordination of Strategic Objective 6 of the National Strategic Plan of Prevention & Control of cancers 2020-2024.

(Strategic Objective 6: Strengthen cancer information systems and surveillance to provide accurate and timely data to monitor progress and evaluate outcomes of cancer prevention and control actions)

Main areas of work of SIM Unit are;

- Surveillance of cancers - National Cancer Registry & Population based cancer registries in selected districts, hospital-based cancer registries, Pathology laboratory-based cancer registries
- Development of Monitoring and Evaluation frameworks, coordination of monitoring & evaluation of prevention & control of cancers at provincial & district level
- Health information management including updating of web site
- Handling of cross-cutting specialties.

In addition, cancer research unit is not established yet as an independent technical unit, activities related to cancer research are also coordinated.

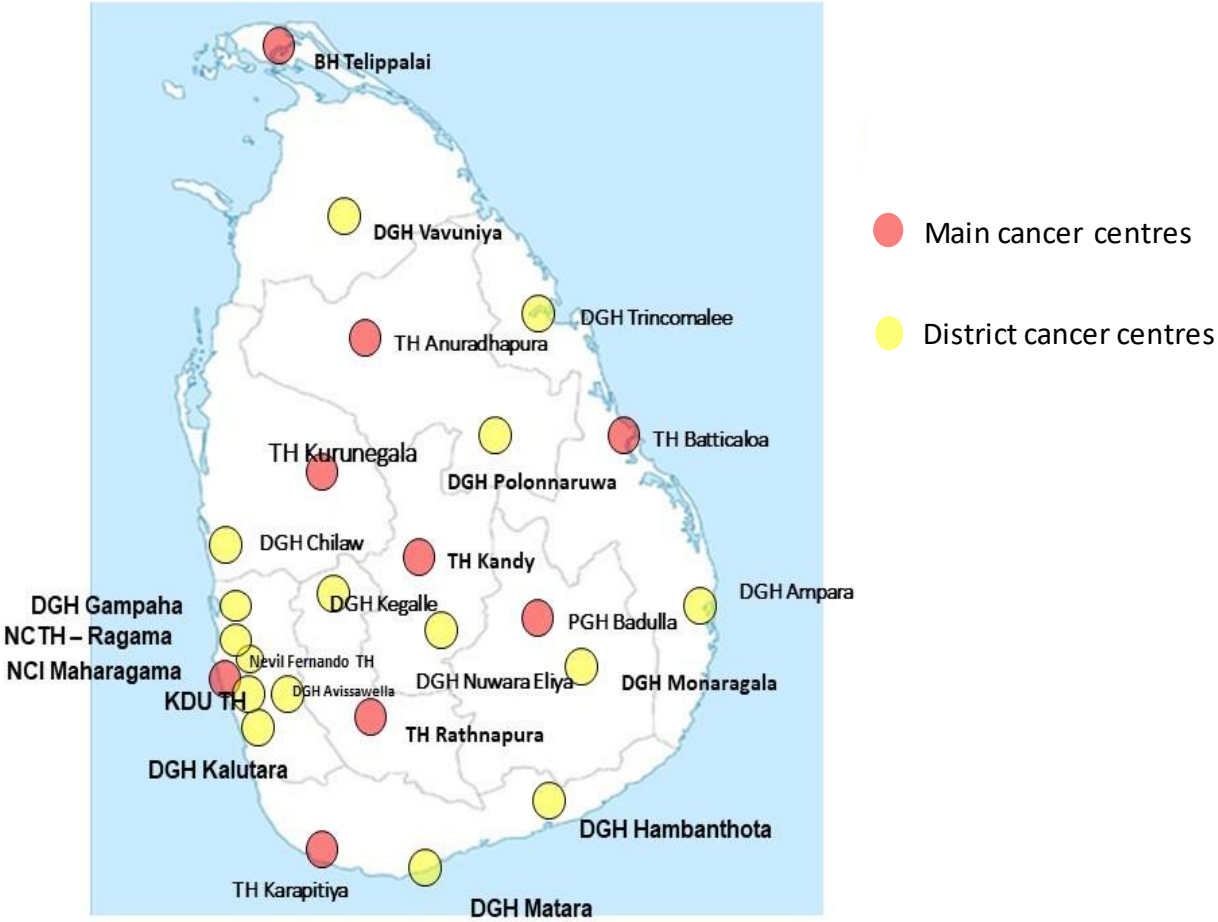
This unit is responsible for the strengthening of cancer information systems and surveillance to provide accurate and timely data to monitor progress and evaluate outcomes of cancer prevention and control actions

Surveillance of Cancers

One of the main functions of the Strategic Information Management (SIM) unit of the National Cancer Control Programme is coordination of surveillance of cancers in Sri Lanka with the active participation of hospital network including cancer treatment centres, pathology laboratories, Oral and Maxillo Facial (OMF) units and medical record departments of government and private sector hospitals. In addition, works with Registrar General's Department for cancer mortality information including direct cancer mortality surveillance at Colombo district through the death registrars. Since cancer surveillance is the key function of the unit, up to 2020 this unit was called as Cancer registry unit /cancer surveillance unit.

The summary details related to new patient registration at cancer treatment centres is the latest information available in relation to cancer surveillance.

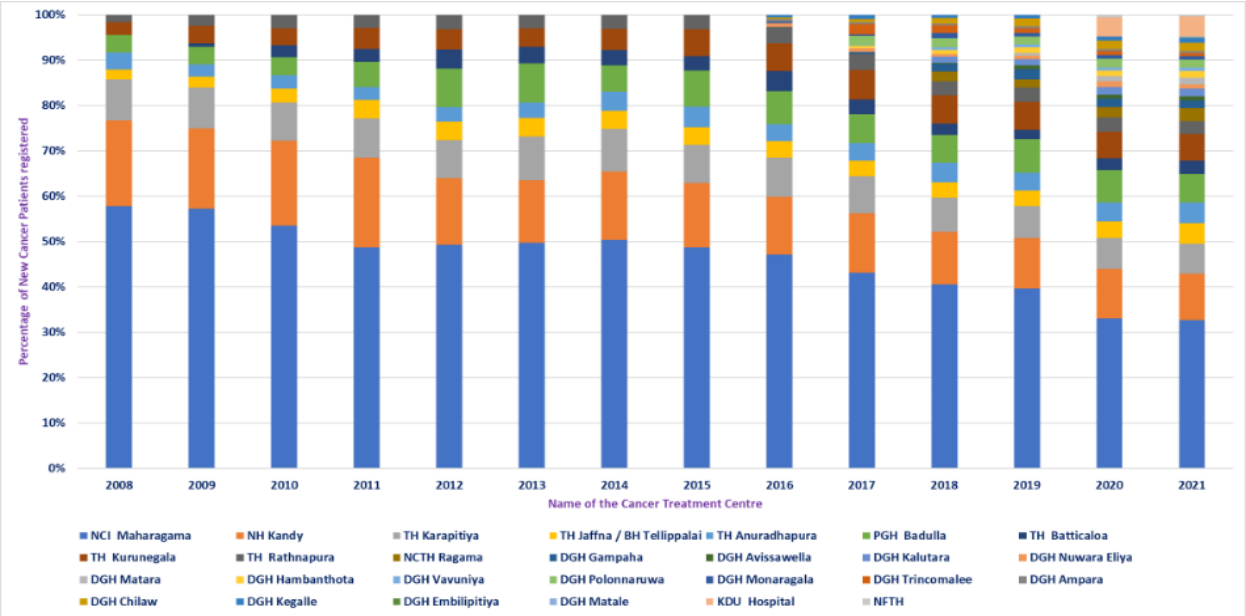
Distribution of Government Cancer Centres

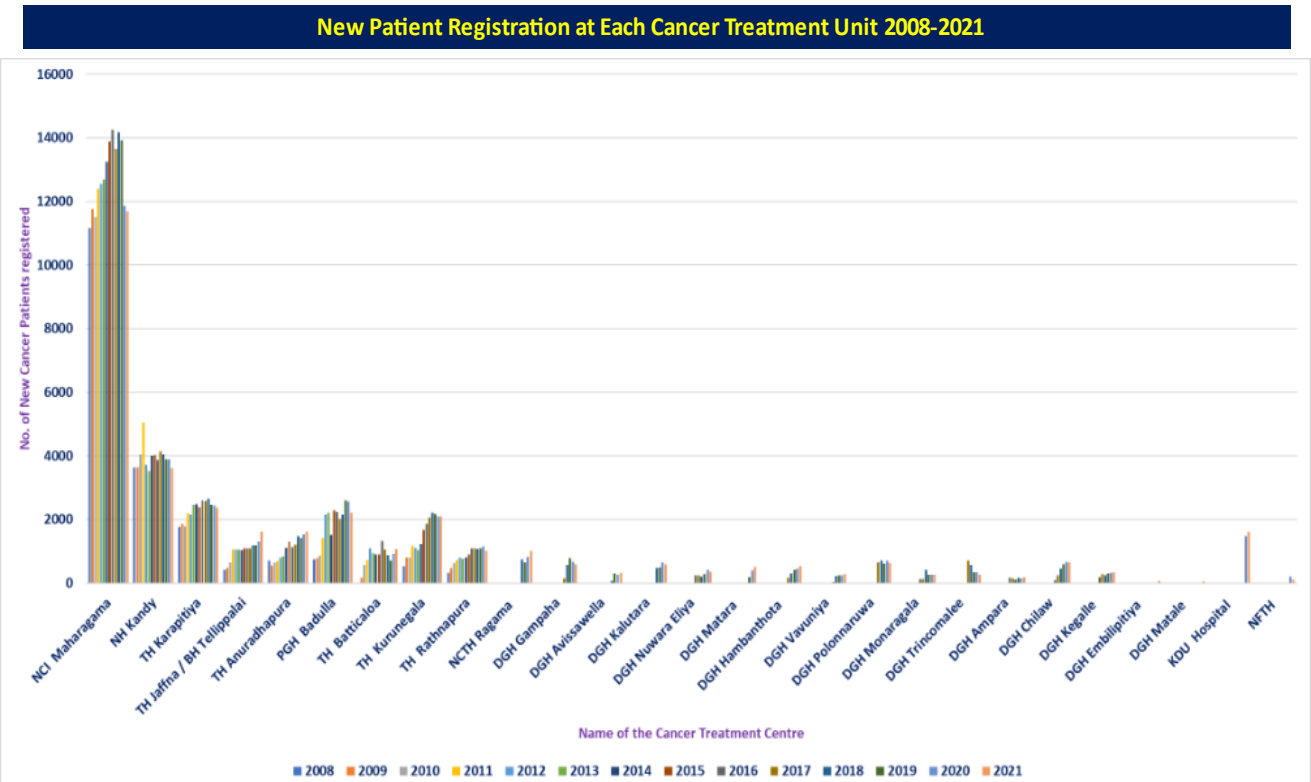


New Patient Registration at Each Cancer Treatment Unit 2008- 2021

Cancer Centre	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
NCI Maharagama	11163	11756	11513	12403	12550	12689	13247	13890	14248	13651	14171	13928	11864	11686
NH Kandy	3648	3634	4046	5042	3717	3516	4000	4023	3877	4150	4042	3882	3889	3619
TH Karapitiya	1764	1866	1793	2193	2158	2455	2479	2394	2595	2585	2652	2473	2442	2372
TH Jaffna / BH Tellippalai	412	479	659	1055	1048	1061	1032	1100	1099	1103	1186	1198	1304	1615
TH Anuradhapura	712	551	641	698	803	850	1114	1300	1131	1214	1483	1429	1542	1621
PGH Badulla	753	794	858	1430	2152	2203	1527	2285	2225	2015	2151	2591	2552	2220
TH Batticaloa		169	565	727	1094	932	897	900	1325	1048	876	699	924	1076
TH Kurunegala	538	804	806	1174	1122	1042	1238	1680	1863	2062	2206	2177	2091	2103
TH Rathnapura	319	485	636	735	808	767	807	902	1094	1103	1076	1098	1152	1016
NCTH Ragama											747	648	819	1020
DGH Gampaha										153	580	776	673	602
DGH Avissawella											76	294	274	313
DGH Kalutara											480	492	647	595
DGH Nuwara Eliya									238	236	203	286	414	353
DGH Matara												180	405	507
DGH Hambanthota										177	312	427	460	534
DGH Vavuniya										26	223	253	240	276
DGH Polonnaruwa										648	699	615	714	622
DGH Monaragala									125	136	413	262	266	256
DGH Trincomalee										702	568	350	333	260
DGH Ampara									164	140	111	161	156	180
DGH Chilaw									91	239	455	591	673	648
DGH Kegalle									183	276	243	297	332	337
DGH Embilipitiya														68
DGH Matale														49
KDU Hospital													1489	1614
NFTH													208	106
Total	19309	20538	21517	25457	25452	25515	26341	28474	30258	31664	34953	35107	35863	35668

Percentage of New Patient Registration at Each Cancer Treatment Unit 2008- 2021





The key activities conducted in year 2021, in relation to cancer surveillance are listed below.

1.1 Conducting Meetings of Technical Advisory Committee (TAC) on Cancer Registration & Research

The Technical Advisory Committee on cancer registration and research was established with the approval of Secretary -Health and first meeting was conducted on 10th March 2020. The Deputy Director General (Public Health Services I) acts as the chairperson of the committee and Consultant Community Physician attached to the Strategic Information Management Unit acts as the Secretary for the Technical Advisory Committee. The recommendations of the Technical Advisory Committee are communicated to the 'National Advisory Committee on Prevention & Control of Cancers'.

Terms of Reference (TOR) of the Technical Advisory Committee is mentioned below.

1. Provide technical advice on planning, implementation, monitoring & evaluation of the "National policy & strategic framework on cancer prevention & control - Sri Lanka".

2. Identify strategies to strengthen the cancer surveillance in Sri Lanka with the introduction of health information technology solutions.

3. Identify strategies to promote, facilitate cancer research and disseminate the research findings

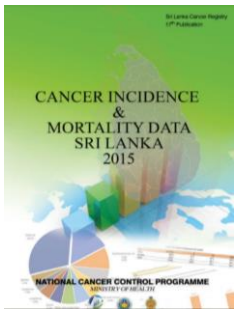
4. Review the progress and address challenges / issues which arise during the process of strengthening cancer registration and cancer research in Sri Lanka.

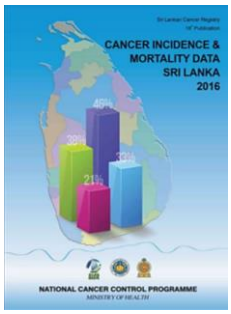
Three meetings were conducted in year 2021 on 10.03.2021, 10.06.2021 and 15.10.2021.

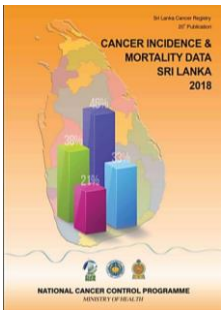
1.2 Publications of National Cancer Incidence Data 2015 -2019

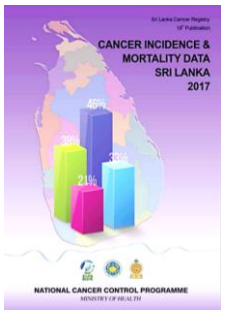
WHO Biennium 2020/ 2021 funds were mobilized for collecting cancer incidence data from cancer treatment centres and entering data into CanReg 5 database. This task was out sourced to MTS Solutions (Pvt) Ltd.

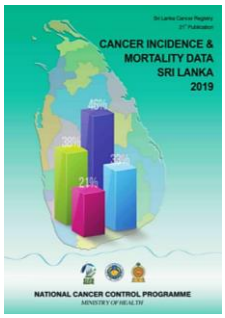
After obtaining relevant data, NCCP team verified and analysed cancer incidence data to generate following publications.





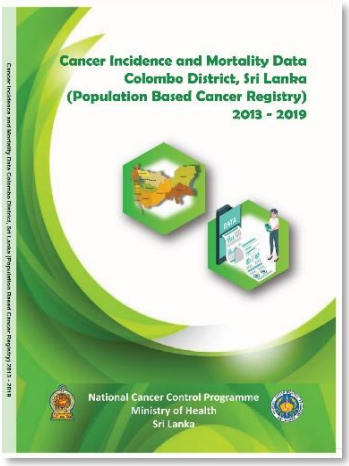






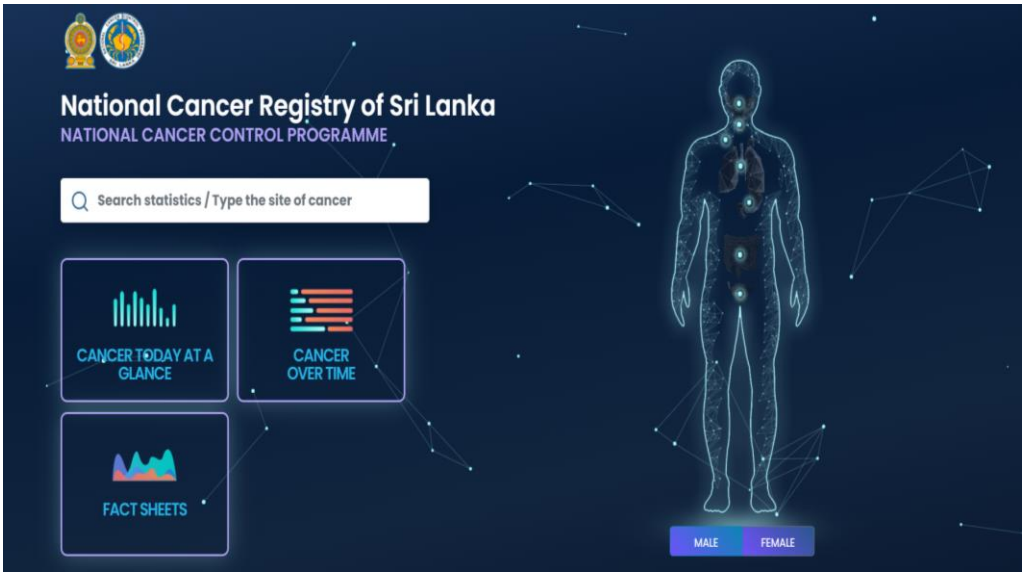
1.3 Publication of Population Based Cancer Registry data of Colombo district 2013-2019

Population Based Cancer Registry of Colombo District was commenced with cancer incidence data of year 2012 and first report based on 2012 data was launched in year 2020. Report of Population Based Cancer Registry of Colombo District was launched in year 2021.



1.4 Data Visualization Platform (Cancer Registry Dash board)

Data visualization platform for cancer registry data was launched through the WHO Biennium 2020-2021 funds. The data visualization platform is accessible through https://dashboard.nccp.health.gov.lk/ .



1.5 Conducting in service training of cancer registry staff

1. Cancer registry staff at cancer treatment centres

Two workshops on cancer registration extending for two days were organized for Medical Officers, Nursing Officers & Development Officers. Due to the Covid epidemic, two workshops were arranged for 25 participants each (Programme 1 – 10th & 11th of August 2021, Programme 2 – 18th & 19th August 2021). For the first work shop a total of 21 participants joined for the two-day programme. Since Covid 19 control measures prevented movement of personnel from other districts and restrictions of social gathering, the second workshop was not able to conduct as scheduled.

Resource personnel for the workshop were from the cancer surveillance staff of National Cancer Control Programme. A training module was developed as a computer-based training, including basics of cancer registration, population-based cancer registry, staging of common cancers, basics of coding, data entry etc. The workshop was conducted at the Distance Learning Centre of Sri Lanka Institute of Development Administration (SLIDA), since each participant need a computer. The report of the training programme is attached.

2. Cancer registry staff at Oral Maxillo Facial (OMF) Units

Three one day workshops were conducted for the dental surgeons at the OMF unit on cancer registration in collaboration with Oral cancer prevention and control unit.

1.6 Development of Hospital Based Cancer Registry

National Strategic Plan on Prevention and Control of Cancers in Sri Lanka for 2020-2024 under the Strategic Objective 6 has identified, Establishing Hospital Based Cancer Registries (HBCR) in all cancer treatment centres (Strategic Objective 6.4). Therefore, it was requested to appoint designated officers for cancer registration at each cancer treatment centre to coordinate establishment of Hospital Based Cancer Registry initiative at the cancer treatment centres. Consultative meetings were conducted with Directorate of Health Information for developing a Cancer Registry module to the ongoing project on Hospital Health Information Management System (HHIMS) to be introduced at the secondary and tertiary care hospitals. It was proposed to pilot the Cancer Registry module at Teaching Hospital Karapitiya where HHIMS is being introduced.

1.7 Monitoring of Cancer Surveillance activities

1.7.1Monitoring of Cancer surveillance at cancer treatment centres in year 2021

National Cancer Surveillance Form and CanReg 5 software was introduced to each cancer treatment centre for cancer surveillance. It was expected that newly detected cancers would be entered to the CanReg 5 software. Some cancer centres were able to maintain up to date cancer registry data base at the hospital level. However the majority of cancer centres could not maintain a cancer registry data base due to unavailability of designated officers for cancer registration.

1.7.2 Monitoring of Cancer Surveillance at Pathology laboratories

During the year of 2021, pathology laboratory-based cancer surveillance was closely monitored to improve the coverage and timeliness of reporting. The summary of pathology laboratory-based cancer surveillance for year 2020 is mentioned below.

Table: Summary of pathology laboratory-based cancer surveillance for year 2020.

Type of pathology laboratory	**No of laboratories send the monthly returns**	**Total no. of cancers reported**
Histopathology	67	23141
Haematology	42	1385
Oral Pathology	3	727
Total	**112**	**25,253**

1.7.3 Monitoring of Cancer Surveillance at Oral & Maxillo-Facial Units

Cancer surveillance at OMF units were monitored by the Oral Cancer Prevention and Control Unit of The National Cancer Control Programme. The Strategic Information Management Unit provided technical support for cancer surveillance since the CanReg 5 software was introduced to OMF unit for cancer surveillance to be commenced from year 2022.

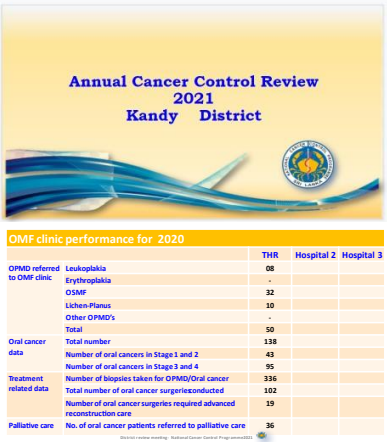
1.7.4 Monitoring of Cancer Mortality Surveillance in Colombo district

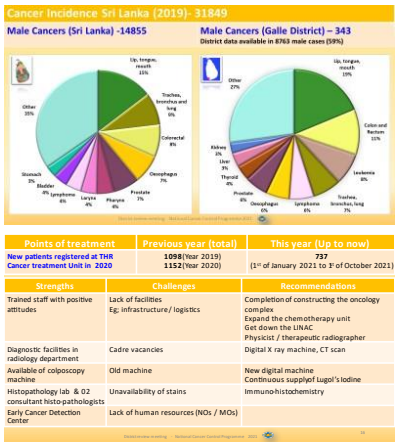
The cancer mortality surveillance of Colombo district was monitored by the SIM unit and monthly return from each divisional death registrar was received. A total of 2858 cancer related deaths were reported in year 2021 through the cancer mortality surveillance.

Monitoring & Evaluation of Prevention & Control of Cancers

2.1 Conducting National Advisory Committee Meeting on Prevention & Control of Cancers

2.2 Developing Formats for monitoring Prevention & Control of Cancers at district level





2.3 Conducting District Cancer Control Reviews

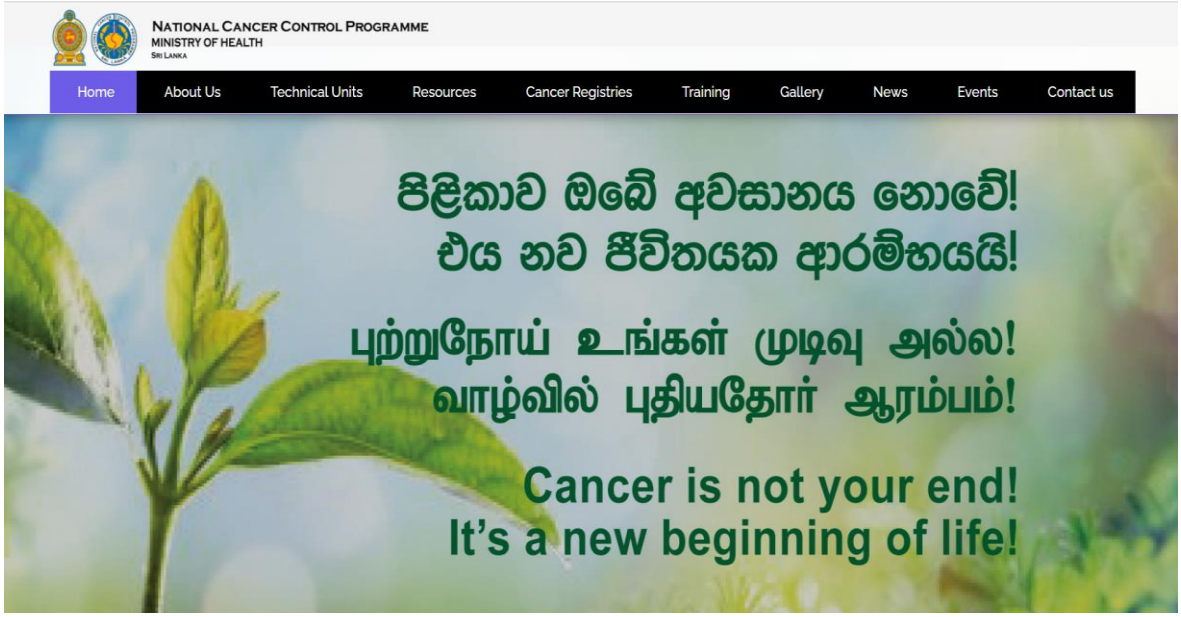
The district reviews of cancer control activities were conducted in collaboration with Provincial Director of Health Services, Regional Director of Health Services and Cancer treatment centres. In addition, Family Health Bureau (National focal point for Well Women Clinic Programme) & Directorate of Non-Communicable Diseases (National focal point for Healthy Life Style Centres for Non-Communicable diseases) participated for the review.

District reviews were conducted in Rathnapura, Batticaloa, Anuradhapura, Galle and Kandy districts. /

Health Information Management

3.1 NCCP Website

The website of National Cancer Control Programme can be accessible through https://www.nccp.health.gov.lk/en .



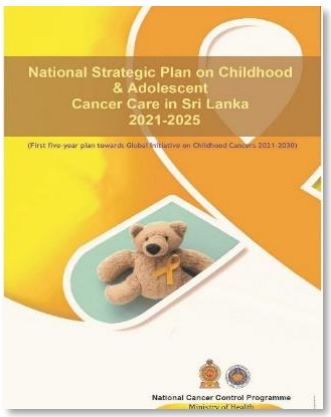
Childhood Cancer

Under the WHO Initiative on Childhood Cancers, Sri Lanka was identified as an index country for childhood and adolescent cancer care development. Through this initiative following activities are coordinated by the SIM Unit on behalf of NCCP.

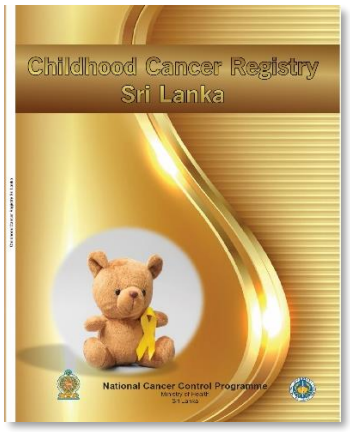
- Development of National Strategic Framework for Paediatric & Adolescent Cancer Care 2021-2025
- Commencing Hospital Based Paediatric Cancer Registry at Apeksha Hospital

4.1 Developing National Strategic Framework for Childhood & Adolescent Cancer Care 2021-2025

National Strategic Plan on Childhood and Adolescent Cancer Care in Sri Lanka 2021 – 2025 as the guiding document for Sri Lanka's response to childhood and adolescent cancer care with identified targets in the fields of early diagnosis, management and survivorship care for children and adolescent with cancers were developed through series of stakeholder consultations. This activity was supported by WHO Biennium 2020-2021. The document can be accessible through https://www.nccp.health.gov.lk/en/stratergic



4.2 Commencing Hospital Based Paediatric Cancer Registry at Apeksha Hospital



Since current cancer registration system does not generate follow up and survival information on childhood cancers, it is planned to develop a Hospital Based Childhood Cancer Registry at the National Cancer Institute. On behalf of Ministry of Health, National Cancer Control Programme facilitated National Cancer Institute (Apeksha Hospital) to commence Hospital Based Childhood Cancer Registry. Since National Cancer Institute is a member of St. Jude Global Alliance for Childhood cancer care, SJCARES cancer registry software could be obtained to commence Hospital Based Childhood Cancer Registry. Sri Lanka College of Oncologists also joined with Ministry of Health to commence the Hospital Based Cancer Registry and WHO Biennium 2020-2021 & 2022-2023 provide necessary technical support for this initiative. The same data will be transferred to National Cancer Registry to incorporate with newly diagnosed cancers from other hospitals and pathology laboratories to generate national childhood cancer incidence data.

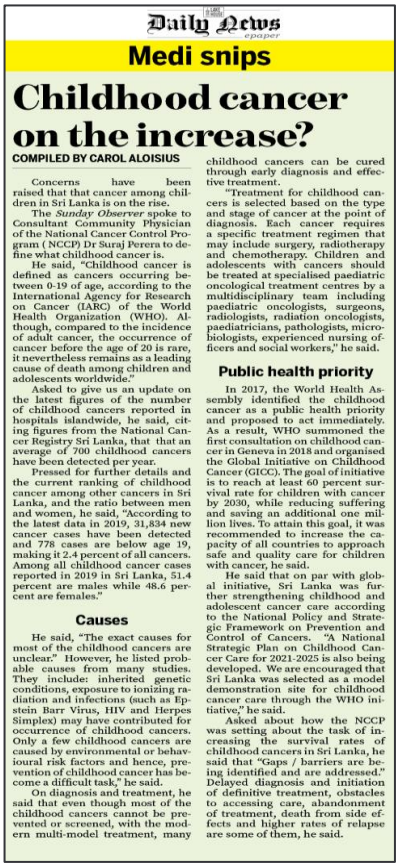
To further facilitate childhood cancer registry initiative, national Cancer Control Programme collate all existing childhood cancer burden data upto year 2020 and published a report named 'Childhood Cancer Registry Sri Lanka.

The publication can be accessible through
https://www.nccp.health.gov.lk/en/incedenceData

4.3 Facilitating multidisciplinary team meeting for childhood cancer care

Smartboards were provided through the WHO biennium 2020-2021 to facilitate multidisciplinary meetings for childhood cancer care within the hospital and between National Cancer Institute Maharagama (Apeksha Hospital) and Lady Ridgeway Hospital for Childeren, Colombo. National Cancer Control Programme facilitated the process of obtaining necessary equipment to these two hospitals.

4.4 Sensitization of general public on childhood cancers



Daily News
epaper

Medi snips

Childhood cancer on the increase?

COMPILED BY CAROL ALOISIUS

Concerns have been raised that that cancer among children in Sri Lanka is on the rise.

The *Sunday Observer* spoke to Consultant Community Physician of the National Cancer Control Program (NCCP) Dr Suraj Perera to define what childhood cancer is.

He said, "Childhood cancer is defined as cancers occurring between 0-19 of age, according to the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO). Although, compared to the incidence of adult cancer, the occurrence of cancer before the age of 20 is rare, it nevertheless remains as a leading cause of death among children and adolescents worldwide."

Asked to give us an update on the latest figures of the number of childhood cancers reported in hospitals islandwide, he said, citing figures from the National Cancer Registry Sri Lanka, that that an average of 700 childhood cancers have been detected per year.

Pressed for further details and the current ranking of childhood cancer among other cancers in Sri Lanka, and the ratio between men and women, he said, "According to the latest data in 2019, 31,834 new cancer cases have been detected and 778 cases are below age 19, making it 2.4 percent of all cancers. Among all childhood cancer cases reported in 2019 in Sri Lanka, 51.4 percent are males while 48.6 percent are females."

Causes

He said, "The exact causes for most of the childhood cancers are unclear." However, he listed probable causes from many studies. They include: inherited genetic conditions, exposure to ionizing radiation and infections (such as Epstein Barr Virus, HIV and Herpes Simplex) may have contributed for occurrence of childhood cancers. Only a few childhood cancers are caused by environmental or behavioural risk factors and hence, prevention of childhood cancer has become a difficult task," he said.

On diagnosis and treatment, he said that even though most of the childhood cancers cannot be prevented or screened, with the modern multi-model treatment, many childhood cancers can be cured through early diagnosis and effective treatment.

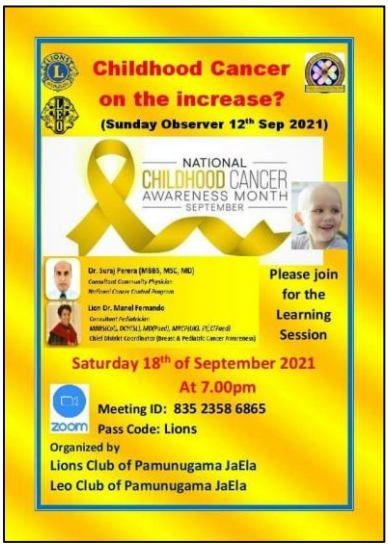
"Treatment for childhood cancers is selected based on the type and stage of cancer at the point of diagnosis. Each cancer requires a specific treatment regimen that may include surgery, radiotherapy and chemotherapy. Children and adolescents with cancers should be treated at specialised paediatric oncological treatment centres by a multidisciplinary team including paediatric oncologists, surgeons, radiologists, radiation oncologists, paediatricians, pathologists, microbiologists, experienced nursing officers and social workers," he said.

Public health priority

In 2017, the World Health Assembly identified the childhood cancer as a public health priority and proposed to act immediately. As a result, WHO summoned the first consultation on childhood cancer in Geneva in 2018 and organised the Global Initiative on Childhood Cancer (GICC). The goal of initiative is to reach at least 60 percent survival rate for children with cancer by 2030, while reducing suffering and saving an additional one million lives. To attain this goal, it was recommended to increase the capacity of all countries to approach safe and quality care for children with cancer, he said.

He said that on par with global initiative, Sri Lanka was further strengthening childhood and adolescent cancer care according to the National Policy and Strategic Framework on Prevention and Control of Cancers. "A National Strategic Plan on Childhood Cancer Care for 2021-2025 is also being developed. We are encouraged that Sri Lanka was selected as a model demonstration site for childhood cancer care through the WHO initiative," he said.

Asked about how the NCCP was setting about the task of increasing the survival rates of childhood cancers in Sri Lanka, he said that "Gaps / barriers are being identified and are addressed." Delayed diagnosis and initiation of definitive treatment, obstacles to accessing care, abandonment of treatment, death from side effects and higher rates of relapse are some of them, he said.



Cancer Research

5.1 Monthly Cancer Research Seminar

Cancer Research Seminar Series - 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists

"Curative intent radiotherapy for squamous cell carcinoma of the head and neck : Outcomes and challenges"

by

Dr. Tiromi Rupasinghe

Senior Registrar in Clinical Oncology

Date : 22nd March (Monday) 2021
Time : 2.30 p.m. – 3.30 p.m.

Zoom Link :https://zoom.us/j/93190330452?pwd=cTREaDVqcmg1cTlEVWdjbFhpZ3ZRUT09

Cancer Research Seminar Series – April 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka *Cancer Research Group of Sri Lanka College of Oncologists*

"Validation of a Symptom Index for Ovarian Cancer : Unmasking a Silent Killer"

by

Dr. K.A. Madhawi P. Gunathilaka

Senior Registrar in Community Medicine

Date : 28th April (Wednesday) 2021
Time : 2.30 p.m. – 3.30 p.m.

Zoom Link :
https://zoom.us/j/97108943581?pwd=MDVuQ0wyS29MVGhHL0l4WGhuVnINQT09

Cancer Research Seminar Series – May 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka *Cancer Research Group of Sri Lanka College of Oncologists*

The Impact of 'Lockdown' on Oncology Services

Dr. Buddhinie Karunaratne

Consultant Oncologist – DGH Hambanthota

Date : 24th May (Monday) 2021
Time : 2.30 p.m. – 3.30 p.m.

Zoom Link :https://us02web.zoom.us/j/88418634015?pwd=d3lodmt3MDU5aUhkZml0ZmtVVFBHZz09

Meeting ID: 884 1863 4015
Passcode: 381999

Cancer Research Seminar Series – June 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka *Cancer Research Group of Sri Lanka College of Oncologists*

'Cost analysis of management of OPMD and oral cancer in Sri Lanka- Cross sectional hospital-based studies'

Dr.Hemantha Amarasinghe

Consultant in Community Dentistry

Oral Health Unit

Family Health Bureau

Ministry of Health- Sri Lanka

Date : 21st June (Monday) 2021

Time : 2.30 p.m. – 3.30 p.m.

Zoom Link

https://us02web.zoom.us/j/81291471347?pwd=TVZ0MHAxMXpuM0hIOVBacjRrYlp1dz09

Meeting ID: 812 9147 1347

Passcode: 569979

Cancer Research Seminar Series – July 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka *Cancer Research Group of Sri Lanka College of Oncologists*

'Nephroblastoma: Real world evidence informing Clinical Practice'

Dr. Prabani Maddumarachchi MBBS MD

Senior Registrar in Paediatric Oncology

Newcastle upon Tyne Hospitals

United Kingdom

Date : 19th July (Monday) 2021

Time : 2.30 p.m. – 3.30 p.m.

https://us02web.zoom.us/j/88014616253?pwd=dlBVUVh2ZDNwdDRrajdQcDltMmRaUT09

Meeting ID: 880 1461 6253

Passcode: 948512

Cancer Research Seminar Series August 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka *Cancer Research Group of Sri Lanka College of Oncologists*

"The role of evidence based benchmarks and economic modelling in planning future cancer services"

Tuesday,

17th August, 2021

1.30 p.m. – 2.30 p.m.

Zoom Link :

https://us02web.zoom.us/j/88295297454?pwd=WTcwdW9xdHRCV1J6R25JMIFSUXFRdz09

Meeting ID: 882 9529 7454

Passcode: 535574

By

Dr. Sathira Kasun Perera

MBBS, MSc(Com.Med), MSc (Health Economics & Policy), PhD

Cancer Research Seminar Series September 2021

Jointly organized by

Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka

&

Sri Lanka *Cancer Research Group of Sri Lanka College of Oncologists*

"Exploring the psychosocial morbidity of women undergoing chemotherapy for breast cancer: Experiences of Northern Sri Lankan women"

Wednesday,

22nd September 2021

2.30 p.m. - 3.30 p.m.

(via zoom)

Dr. Chrishanthi Rajasooriyar

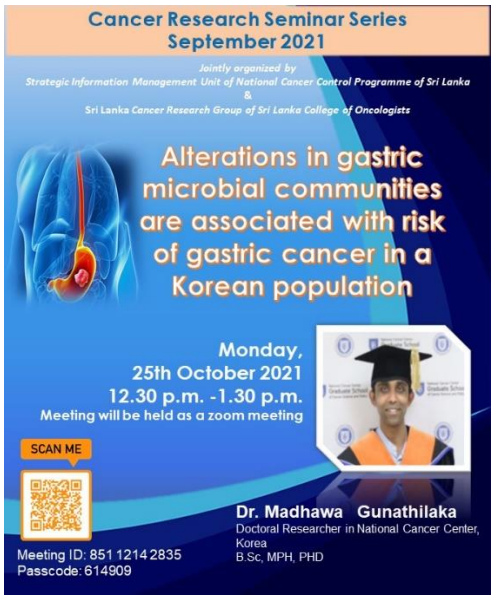
MBBS, MD, FRANZCR

Consultant Clinical Oncologist, TH Jaffna

& Tellippalai Trail Cancer Hospital

SCAN ME

Cancer Research Seminar Series
December 2021
Insight into Covid Cancer deaths in Sri Lanka
Thursday,
30th December 2021
2.00 p.m. – 3.00 p.m.
(via zoom)
Dr. Manori Devagiri
MBBS, DCH, MSc(Com Med), MD (Com Med)
Scan me
zoom
Meeting ID: 868 3561 7269
Passcode: 032863
Jointly organized by
Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists


Cancer Research Seminar Series
September 2021
Jointly organized by
Strategic Information Management Unit of National Cancer Control Programme of Sri Lanka
&
Sri Lanka Cancer Research Group of Sri Lanka College of Oncologists
Alterations in gastric microbial communities are associated with risk of gastric cancer in a Korean population
Monday,
25th October 2021
12.30 p.m. -1.30 p.m.
Meeting will be held as a zoom meeting
SCAN ME
Meeting ID: 851 1214 2835
Passcode: 614909
Dr. Madhawa Gunathilaka
Doctoral Researcher in National Cancer Center, Korea
B.Sc, MPH, PHD

5.2 Cancer Research Priorities

The list of cancer research priorities which was first published in year 2020 was updated and published at the National Cancer Control Programme web site.

5.3 List of ongoing cancer research

06 Financial Performance -2021

Financial achievement against annual budget allocation

Total allocations received for the year 2021& the expenditure of NCCP activities are mentioned in the following table.

Vote particulars	Project	Allocated amount (Rs)	Expenditure (Rs)
111-02-14-021-2509(11)	GOSL	20,000,000.00	5,760,427.16
111-02-14-035-2509 (11)	GOSL	15,828,500.00	553,820.00
111-02-13-003-2509-38(12)	World Bank /PSSP	51,830,000.00	43,458,521.82
111-02-14-32-2509(13)	WHO	7,929,052.57	8,019,625.22
Total		**95,587,552.57**	**57,792,394.20**

Reasons for underutilization of budgetary allocations

1. Even though funds were allocated, adequate imprest was not available with regard to GOSL funds (Some of the activities identified to be conducted under GOSL funds, were reallocated to World Bank funds due to inadequacy of imprest).
2. Some of the planned activities are still undergoing the procurement process.
3. Some of the activities could not be conducted due to the ongoing COVID 19 pandemic.

Following activities were conducted through direct funding from Development Partners

WHO Biennium 2021-2022

1.Launching of data visualization platform for National Cancer Registry Data
https://dashboard.nccp.health.gov.lk/

2. Developing National Guidelines for the “Management of early and locally advanced breast cancers in Sri Lanka”

3. Developing National Guidelines for the “Management of Cervical cancers in Sri Lanka.”

4. Developing National Guideline on "Radiation Safety for Health sector"

5. Developing videos on breast self-examination and clinical breast examination

6. Strengthening palliative care services in Sri Lanka through provision of equipment to palliative care units

UNFPA 2021

1. Development of Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka

07 Gratitude

Dr Janaki Vidanapathirana
Director (Actg.), National Cancer Control Programme
October 2019 – December 2021

Dr Janaki Vidanapathirana assumed duties as the Acting Director, National Cancer Control Programme Ministry of Health in October 2019. During her two years in office, she had spearheaded many activities for strengthening the national response to the prevention and control of cancers in Sri Lanka. She had given leadership to initiate and complete many remarkable milestones for the prevention and control of cancers by providing equal importance to the cancer spectrum even through the COVID-19 pandemic.

She worked with the NCCP team to strengthen cancer control activities covering all seven strategic objectives of cancer control policy. She gave the leadership in developing (i) National Strategic plan on Cancer Prevention and Control 2020-2024 (ii) National Strategic Plan on childhood and adolescent cancer care 2021-2025 (iii) National Strategic Plan to reach the interim targets of cervical cancer elimination in Sri Lanka 2021 – 2030 (iv) Social Behaviour Change Communication Strategy to support prevention and control of common cancers in Sri Lanka. She provided leadership in reorganizing the National Advisory Committee on cancer prevention & control with multidisciplinary membership including the new Term of Recruitment (TOR) and the establishment of four Technical Advisory Committees. Series of public awareness programmes on cancer prevention, early detection, treatment and palliative care through electronic media, social media and print media were conducted during this period. The National Cancer Registry and Population-Based Cancer Registry of Colombo district were updated up to the year 2019 under her leadership with the support of WHO Biennium 2020/2021.

While appreciating the tireless commitment, dedication and leadership she has shown to improve cancer prevention and control activities in Sri Lanka, the NCCP team would like to wish her success and all the very best for all her future endeavours.

08 Team Members transferred out of NCCP

Name	Designation	Period of Service at NCCP
Dr. Janaki Vidanapathirana	Actg. Director	2019 – 2021
Dr. Priyantha Wijesingha	Actg. Deputy Director	2019 – 2021
Dr. Buddhi Lokuketagoda	Consultant Community Physician	2020-2021
Dr. Sachintha Dilhani	Senior Registrar – Palliative Care Unit	2017-2021
Dr. Mekala Fernando	Senior Registrar -Diagnosis & Treatment Unit	2020-2021
Dr. Shanika Muthuthantri	Senior Registrar – Oral Cancer Unit	2019-2021
Dr. Jayantha Dissanayaka	Medical Officer - Diagnosis & Treatment Unit	2020- 2021

Name	Designation	Period of Service at NCCP
Dr. Imalka Suruyapperuma	Dental Surgeon – Oral Cancer Unit	2017 -2021
Dr. Mangala Liyanage	Medical Officer – Diagnosis & Treatment Unit	2019-2021
Dr. Thusitha Kahaduwa	Medical officer – Palliative Care Unit	2019-2021
Mr. Thasitha Sandaruwan	Public Health Inspector	2015 - 2021

09 Staff of the National Cancer Control Programme - 2021

Dr Janaki Vidanapathirana

Dr Priyantha Wijesinghe

Dr Udaya Usgodaarachchi

Dr Suraj Perera

Dr Irosha Nilaweera

Dr Buddhi Lokuketagoda

Dr Muzrif Munas

Dr. Upuli Perera

Dr A I A Ziyad

Dr Hasarali Fernando

Dr Mekala Fernando

Dr Sachintha Dilhani

Dr Saddharma Weerakoon

Dr Sashiprabha Nawaratne

Dr D.M.S.Manori

Dr Nirma Alpitiarachchi

Dr Amila Suranga

Dr Kalpani Wijewardana

Dr Nirmala Jayanthi

Dr Ruchira Sarangi Ekanayake

Dr Thanuja Wickramatunga

Dr Chulaka Jayaweera

Dr Chathurika Jayamani Kariyawasam

Dr Tevini Vitharana

Dr Mangala Liyanage

Dr Thusitha Kahaduwa

Dr. Dulanjani Galappaththi

Dr Dumindu Wijewardana

Dr Dulanjali Luxamana

Dr Achini Jayathilake

Dr Asanga Abeynayake

Dr Thushani Wijesiri

Dr Imalka Sooriyapperuma

Dr Kamani Geethika Ruhunage

Dr Shanika Muthuthantri

Dr Tharani Rajendra

Dr Novandi Samarasighe

Malani Basnayaka

Chamila Nilakshi Peiris

Buddhika Sanjeewani

Thanuja Ranasinghe

Sunethra Manel Kasthuri

Pubudika Udani Amarasinghe

Chammi Dinusha Balasuriya

Sachini Shashikala

Thasitha Sadaruwan

Lakmini Udayangani Kumari

Ruwani Nimalika Wickramasinghe

Wijethunga Koralalage Don Chalani Geethika

Saranga Tilini Ekanayake

Rasika Niroshani

Kottahachchige Nimesha Prasadi

Wijekoon Bandaralage Amila Bandra

Gamini Ekanayake Boyagoda

Saman Kumara Mahalekam

Thushari Dammika

Ashoka Dilrukshi Ariyadasa

Saman Anuruddha

Nalinda Sanjeewa Kumara

Sisira Kumara

Deepa Mohotti Arachchi

Nayomi Nilanka Weerasinghe

Nayomi Wathsala Sapumohotti

Balakrishnan Nadan Kaushalya

Ajith Kumara Wanaguru

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