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இணையத்தளம் )  
website )



සුවසිරිපාය  
சுவசிரிபாய  
SUWASIRIPAYA

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

ඔබේ අංකය )  
உமது இல )  
Your No. : )

දිනය ) 30  
திகதி ) 24/09/2015  
Date )

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

**General Circular No. 01-33/2015**

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

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

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

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

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

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


Each cancer treatment centre is expected to;

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

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

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

Thank you



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

**Dr. Palitha Mahipala**

Director General of Health Services

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





# NATIONAL CANCER SURVEILLANCE FORM



Hospital / Institute

Clinic File No.

Consultant :

Date of Registration:

D D M M Y Y Y Y

## රෝගියාගේ විස්තර நோயாளர் விபரங்கள் Patient Details

සම්පූර්ණ නම:  
முழுப்பெயர்:  
Full Name:

වයස:  
வயது:  
Age:

උපන් දිනය:  
பிறந்த திகதி:  
Date of Birth:

ස්ත්‍රී පුරුෂ භාවය:  
பால்:  
Sex :

1. පිරිමි / ஆண் / Male  
2. ගැහැණු / பெண் / Female

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

ස්ථිර ලිපිනය:  
நிரந்தர முகவரி:  
Permanent Address:

දැනට පදිංචි ලිපිනය (ස්ථිර ලිපිනයට වඩා වෙනස් නම් පමණක්)  
தொடர்பு கொள்ளும் விலாசம் (நிரந்தர விலாசத்துடன் மாறுமீடத்து மட்டும்)  
Contact Address (Only if different from permanent address)

දිස්ත්‍රික්කය:  
மாவட்டம்:  
District:

දුරකථන අංකය:  
தொலைபேசி இலக்கம்:  
Telephone No.:

ප්‍රාදේශීය ලේකම් කොට්ඨාශය:  
பிரதேச செயலாளர் பிரிவு:  
Divisional Secretariat Division:

ජංගම දුරකථන අංකය:  
தொலைபேசி இலக்கம்:  
Mobile No.:

ග්‍රාම නිලධාරී කොට්ඨාශය:  
கிராம சேவையாளர் பிரிவு:  
Grama Niladari Division:

රැකියාව:  
தொழில்:  
Occupation:

- ජන වර්ගය:  
இனம்:  
Ethnic Group:
1. සිංහල/சிங்களம்/Sinhala  
2. දෙමළ/தமிழ்/Tamil  
3. මුස්ලිම්/முஸ்லீம்/Moor  
4. වෙනත්/மற்றையோர்/Other

- ආගම:  
மதம்:  
Religion:
1. බෞද්ධ/பௌத்தம்/Buddhist  
2. ක්‍රිස්තියානි/கிறிஸ்தவர்/Christian  
3. හින්දු/இந்து/Hindu  
4. ඉස්ලාම්/இஸ்லாம்/Islam  
5. වෙනත්/ஏனைய/Other

- විවාහක/අවිවාහක බව:  
திருமணமானவரா/பிற:  
Married / Unmarried:
1. අවිවාහක/திருமணமாகாதவர்/Unmarried  
2. විවාහක/திருமணமானவர்/Married  
3. දික්කසාද/விவாகரத்து செய்தவர்/Divorced  
4. වැන්දඹු/விதவை/Widowed  
5. වෙන්වූ / பிரிந்து வாழ்பவர்/Seperated

මමෙ ලගම ආයුධයකුට පිළිකාවක් වැළඳී තිබේ ද?  
உங்கள் குடும்பத்தில் வேறு யாராவது புற்றுநோயினால் மிகக்கப்பட்டுள்ளாரா?  
Has any family member suffering from cancer

ඔව්:  
ஆம்:  
Yes:

නැත:  
இல்லை:  
No:

පිළිතුර "ඔව්" නම්,  
விடை "ஆம்" எனில்  
If answer is "yes",

මමට ඇති ආති සම්බන්ධය:  
உறவு முறை:  
Relationship:

පිළිකාව වැළඳුන ස්ථානය:  
புற்றுநோய் தாக்கிய இடம்:  
Site of cancer:

## Tumour Details

Site of Cancer (Topography)

ICDO Code

Histology (Morphology)

ICDO Code

<b>Behaviour</b> (0) Benign (1) Uncertain Behaviour (2) In Situ (3) Malignant Primary Site <input style="width: 20px;" type="text"/> (6) Malignant Metastatic Site <input style="width: 20px;" type="text"/>	<b>Differentiation</b> <table style="width: 100%;"> <tr> <td>(1) Well</td> <td>(5) T-cell</td> </tr> <tr> <td>(2) Moderate</td> <td>(6) B-cell</td> </tr> <tr> <td>(3) Poor</td> <td>(7) Null cell</td> </tr> <tr> <td>(4) Undifferentiated/ Anaplastic</td> <td>(8) NK cell <input style="width: 20px;" type="text"/></td> </tr> <tr> <td></td> <td>(9) Not Stated <input style="width: 20px;" type="text"/></td> </tr> </table>	(1) Well	(5) T-cell	(2) Moderate	(6) B-cell	(3) Poor	(7) Null cell	(4) Undifferentiated/ Anaplastic	(8) NK cell <input style="width: 20px;" type="text"/>		(9) Not Stated <input style="width: 20px;" type="text"/>	<b>Grade of the tumour</b> (1) High Grade (2) Intermediate Grade (3) Low Grade <input style="width: 20px;" type="text"/>
(1) Well	(5) T-cell											
(2) Moderate	(6) B-cell											
(3) Poor	(7) Null cell											
(4) Undifferentiated/ Anaplastic	(8) NK cell <input style="width: 20px;" type="text"/>											
	(9) Not Stated <input style="width: 20px;" type="text"/>											
<b>Laterality</b> (1) Not a paired site (2) Right (3) Left (5) Right or Left unknown (6) Bilateral Involvement <input style="width: 20px;" type="text"/>	<b>Basis of diagnosis</b> 0 Death Certificate Only 1. Clinical Only 2. Clinical, Investigation Including X-Ray, USS, CT Etc. 3. Exploratory Surgery 4. Specific Biochemical / Immunological test 5. Cytology / Hematology 6. Histology of Metastasis 7. Histology of Primary 8. Autopsy with concurrent histology 9. Unknown <input style="width: 20px;" type="text"/>											

Date of diagnosis (Date of Incidence)

TNM Status

T  N  M

Clinical Staging (Choose the correct stage from the list below)

Stage 0	(1) 0						
Stage I	(2) I	(3) IA	(4) IA1	(5) I A2	(6) I B	(7) I B 1	(8) IB2
Stage II	(9) II	(10) II A	(11) IIB				
Stage III	(12) III	(13) III A	(14) III B				
Stage IV	(15) IV	(16) IV A	(17) IVB	(18) IVC			

Multiple Primary

Site

Type / Histology

Date of Diagnosis

Recurrence

Site

Date of Diagnosis

<b>Hormone Receptors</b> <i>(For Breast Cancer Only)</i>  ER <input style="width: 20px;" type="text"/> PR <input style="width: 20px;" type="text"/> HER 2 <input style="width: 20px;" type="text"/>	<b>Treatment</b> <table style="width: 100%;"> <tr><td>1. Surgery</td><td><input style="width: 20px;" type="text"/></td></tr> <tr><td>2. Radiotherapy</td><td><input style="width: 20px;" type="text"/></td></tr> <tr><td>3. Chemotherapy</td><td><input style="width: 20px;" type="text"/></td></tr> <tr><td>4. Hormone Therapy</td><td><input style="width: 20px;" type="text"/></td></tr> <tr><td>5. Other</td><td><input style="width: 20px;" type="text"/></td></tr> </table>	1. Surgery	<input style="width: 20px;" type="text"/>	2. Radiotherapy	<input style="width: 20px;" type="text"/>	3. Chemotherapy	<input style="width: 20px;" type="text"/>	4. Hormone Therapy	<input style="width: 20px;" type="text"/>	5. Other	<input style="width: 20px;" type="text"/>	<b>Remarks</b> <div style="height: 100px;"></div>
1. Surgery	<input style="width: 20px;" type="text"/>											
2. Radiotherapy	<input style="width: 20px;" type="text"/>											
3. Chemotherapy	<input style="width: 20px;" type="text"/>											
4. Hormone Therapy	<input style="width: 20px;" type="text"/>											
5. Other	<input style="width: 20px;" type="text"/>											

Date of Last Contact

Signature