National Policy & Strategic Framework on cancer prevention & control - Sri Lanka

Certification of Authorisation

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1. Introduction

Cancer has been identified as a global health problem and increasing incidence of cancers are observed both in developed and developing countries (Figure 1). The world Health Report 2001' indicates that over 10 million new cases of cancer are reported throughout the world annually. this rapidly expanding cancer epidemic is a result of demographic and socioeconomic changes leading to an increasing proportion of elderly in the population and increasing adoption of western life-styles such as lack of physical activity, sedentary life styles, over eating high-calorie and high-fat diets leading to overweight and obesity, as well as increasing tobacco and alcohol consumption, as part of on-going globalization. As a result, global cancer cases are predicted to rise from 12.7 million in 2008 to 22.2 million in 2030. Around 785 upsurges in new cancer cases are predicted by 2030 in countries with medium human development index (HDI) such as Sri Lanka due to the above changes (Bray al, 2012).

World incidence of cancers (IARC, 2003)

Cancer is a leading cause of death worldwide. It accounted for 7.6 million deaths (approximately 13% of all deaths) in 2008 (Ferly et al. 20011). About 72% of all cancer deaths in 2008 occurred in low-and middle-income countries (LMICs). Cancer alone killed more people in 2002 throughout the world than TB, HIV and malaria combined (Figure 2). Deaths from cancer worldwide are projected to continue to rise, with an estimated 12 million deaths in 2030 (ferly et al, 2011).

World mortality in 2002 (IARC, 2003)

The 'World cancer Declaration' developed by the 'International Union against cancer' (UICC) was adopted at the 'world cancer summit 2008' and endorsed by the 'world cancer congress' in 2010.

World targets to be achieved by 2020 were identified in the 'call to action' in the world cancer declaration which advocated priority areas such as health policy development, cancer prevention, early detection and prompt treatment, and strengthening health services to permit equitable and improved access to cancer care towards achieving 2020 targets.

Cancer is an important cause of morbidity in Sri Lanka too. According to the latest statistics available for the year 2008 a total of 16, 511 newly diagnosed cancer patients (crude incidence rate 81.6 per 100,000 people) were reported to the government cancer treatment cancer frequency in Sri Lanka.

Although improved access to diagnosis and treatment could have contributed partly to this increase, an increasing risk of cancer in the general population, due to life style changes, seems to contribute substantially to this observed increase in cancer rates in Sri Lanka. However, the good news is that the current cancer incidence rates can be substantially reduced in future by taking timely action on dietary and life-style changes and by avoiding the mistakes in other nations. Otherwise the projected increases in cancer burden by 2030 may well become true.

Standardized cancer incidence rates in Ari Lanka

Cancers of the breast, oral cavity, esophagus, cervix, lungs, thyroid, colon & rectum, lymphoma, ovary and leukemia are the ten most common cancers in Sri Lanka in the years 2001-2006 (Figure 4). The falling or stable rates of cancers associated with infection and poor socio-economic status such as cervix, stomach and esophagus are offset by the increase in cancers such as lungs, breast, bowel and prostate associated with western lifestyles in Sri Lanka.

Leading cancer sites in both sexes in Sri Lanka 2001-2006

A higher incidence of cancers is observed in women (79.0 per 100,000 population) compared to men (62.7 per 100,000 population), which is predominantly due to the high frequency of breast cancer in women.

Cancers of the oral cavity, lungs, esophagus, 'colon and rectum' and Lymphoma were the five most common cancers among men in 2006.

Cancers of the breast, cervix, ovary, thyroid and esophagus were the five most common cancers among women in 2006 (cancer incidence data: Sri Lanka Year 2006).

In the pediatric age group (0-14-year age group) 385 new cancers were reported in 2006. Leukemia, Lymphoma and brain tumors were the common cancers in both sexes.

Cancer is a leading cause of mortality in Sri Lanka. According to the Registrar General's Department, crude annual cancer mortality rate increased from 27.9 per 100,000 people in 1985 to 43.6 per 100,000 people in 1985 to 43.6 per 100,000 in 2003. Similarly, the frequency of hospital cancer deaths in 2007 accounting for 3498 deaths (proportional mortality rate= 10.1, mortality rate = 17.5 per 100,000 people) in Sri Lanka (Annual Health Bulletin 2007).

The survival probability of cancer patients has significantly improved globally, particularly in high-and high –middle-income countries, due to the advances in early detection and treatment increasingly integrated in public health services. It is important to take into account the physical, emotional, social, spiritual and financial challenges faced by cancer survivors. There is growing evidence that physical activity and other lifestyle choices that help to maintain a healthy weight, avoiding tobacco and alcohol and eating a balanced diet may help to prevent cancer recurrence and improve the quality of life. Public health initiatives are essential to ensure that those lining with and beyond cancer get the care and support they need to lead as healthy and active life as possible.

2. Preamble

Cancer control encompasses all actions that reduce the burden of cancer in the community. It includes every aspect of care, from prevention and early detection to treatment and palliative care based on best scientific evidence available.

The national cancer prevention and control policy aims to provide a comprehensive programmer 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 health care infrastructure in the country.

The translation of this policy into action by political will, allocation of adequate resources and administrative will result in a system of cancer control in Sri Lanka which will reduce its incidence, morbidity and mortality rates; Sri Lankan people will know and practice health promoting and cancer-preventing behaviors and will have increased awareness of and access to early cancer detection and adequate care in a network of equitably accessible state-of-the-art cancer diagnosis and treatment facilities; and Sri Lanka will evolve as a well-recognized location for education, service and research into all aspects of cancer control.

3. Scope of the current policy document

The proposed policy prioritizes addressing the leading causes of preventable cancers in Sri Lanka by emphasizing appropriate evidence-based strategies to reduce the burden of such cancers. Its aim is also to emphasize the need to improve awareness of possible cancer symptoms and signs among the general public and primary care practitioners, which will lead to early clinical diagnosis. It aims to ensure that all cancer is managed in an evidenced-based and responsive manner by improving the quality of cancer care across the county. The document also outlines the useful linkages with other national programmers and service delivery structures in the national strategic framework that can facilitate cancer control.

This also refers to the National Health promotion policy and the National policy for prevention and control of Non-communicable Diseases as primary prevention strategies are common to non-communicable diseases.

National Advisory committee on prevention and control of cancers under the chairmanship of secretary of Health steers the activities of the National cancer control programmer to achieve objectives stipulated in this policy document. National cancer control programmer of the ministry of Health coordinates the cancer prevention and control strategies at national level.

4. Guiding principles

- Protection of the right to health
- Equity and social justice
- Affordability, sustainable, and equitable accessibility to individuals and the community
- Evidence-based interventions, giving equal importance of primary, secondary and tertiary preventive measures and covering the entire continuum of care (comprehensive care)
- Culturally and socially sensitive strategies

- Community and family empowerment, ownership and participation
- Consideration of ethical aspects in individual and community-wide interventions
- Care givers being more motivated, empowered and responsive in providing individual and community care
- Multidisciplinary and multi-sectorial approaches
- Flexibility in adopting new strategies through a phased approach
- Integration into existing health systems and strengthened health service resources and infrastructure
- All stakeholders are involved in cancer control and prevention
- Encouraging appropriate public-private partnerships
- Consistency with the National Health Policy and other existing/relevant government economic and development policies.

5. 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'

6. 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 address curative treatment options to end of life care through an evidence-based approach'

7. Policy objectives

1. Ensure primary prevention of cancer by addressing risk factors and determinants by improved public awareness and empowerment
2. Advocate for early detection of cancers by improved public awareness and relevant service providers, particularly primary care providers, through opportunistic screening of asymptomatic populations and signs suggestive of cancer in symptomatic populations leading to early clinical diagnosis.
3. Ensure sustained and equitable access to diagnosis and treatment facilities for cancers.
4. Ensure rehabilitation, survivorship and palliative care facilities for cancer patients and support to their care givers at all levels.
5. Strengthen cancer information systems and surveillance to monitor the progress and to evaluate the outcomes of cancer control actions.
6. Promote professional education of doctors, nurses, technicians and health workers to augment trained human resources.
7. Promote research and utilization of its findings for prevention and control of cancers.

8. Strategies

Policy objective 1: **Ensure primary prevention of cancers by addressing risk factors and determinants by improved public awareness and empowerment**

Strategies

1. Strengthen health promotion in the community in tune with the National Health promotion policy and National Non communicable Disease (NCD) prevention policy by reducing inequalities and promoting social inclusion of all vulnerable groups.

2. Promote public educational and awareness interventions to reduce the major modifiable risk factors and their determinants common to NCDs such as tobacco use in any form, alcohol drinking, unhealthy diet and physical inactivity.

3. Implement interventions to eliminate or reduce other cancer-specific modifiable risk factors such as deter quid and areca-nut chewing, chronic infection with hepatitis B virus (HBV) by sustaining the HBV vaccination as part of the national immunization programmer and by exploring the eventual introduction of human papilloma virus (HPV) vaccination to prevent cervical cancer.

4. Collaborate with other health-related sectors with regard to primary prevention of other environmental and occupational risk factors.

5. Critically examine the potential benefits of other interventions targeting pesticides, insecticides, food additives, salt, etc.

Policy objective 2: **To advocate for early detection of cancers by improved public awareness and relevant service providers, particularly primary care providers, through opportunistic screening of asymptomatic populations and, if clinically suspicious, ensure prompt referral of individuals with symptoms and signs suggestive of cancer in symptomatic populations leading to early clinical diagnosis.**

Strategies

1. Strengthen evidence-based, feasible and cost- effective opportunistic screening services for major cancer such as breast, oral cavity and cervix in primary and secondary care facilities.

2. Early diagnosis of cancer through increasing the public and professional awareness of symptoms and signs suggestive of cancers.

3. Implement in-service training and guidelines for primary care practitioners to improve their skills in opportunistic screening of asymptomatic people and in recognizing cancer symptoms and signs in symptomatic individuals and promptly referring them for diagnosis and treatment.

4. Build public/ private partnerships with private health sector for screening and early diagnosis of cancers

Policy objective 3: **Ensure equitable and continuous accessibility to diagnosis and treatment facilities for cancers**

Strategies

1. Provisional of resources for diagnosis of cancers in secondary and tertiary levels of care by strengthening endoscopy imaging, pathology, cytology and tumor marker services.

2. Provision of comprehensive cancer care throughout the country by networking and improving the infrastructure and resources of the existing and planned cancer diagnosis and treatment facilities. Cancer treatment facilities will be well supported by general medical, radiotherapy and surgical infrastructure including pathology, laboratory medicine, radiology/ imaging and other support services.

3. Availability of critical surgical subspecialty services to support cancer treatment and control will be improved.

4. Ensure availability of essential drugs and basic curative and adjuvant chemotherapy for cancer care at all cancer treatment centers by developing National chemotherapy protocols, an essential drug list, preventing the overuse of expensive chemotherapy in palliative settings and setting threshold expenditure for purchase of the cancer chemotherapeutic agents.

5. Expand radiotherapy facilities with adequate medical physics and with quality assurance according to the needs of the country. A National plan for the development of Radiotherapy and Medical physics as part of the National cancer control palm will be developed indicating the draft timeline for augmenting radiotherapy services, for phased induction of new megavoltage and brachytherapy equipment, more trained personnel and for a move towards a linear accelerator-based service will be prepared. The immediate priority for Sri Lanka is to ensure that patients have access to good 2-dimensional radiotherapy with simulation and treatment planning in all centers. The capital investment for expansion is to be provided through a combination of exchequer and public private partnership (PPP) funding.

6. Pediatric oncology services will be improved with the use of affordable and effective standard protocols, paying particular attention to completion of treatment.

7. Improving the capacity of cancer treatment centers to develop and sustain a multi-disciplinary team approach to patient management engaging surgeons, radiation oncologists, medical oncologists, pediatric oncologists, pathologists and other health professionals across different oncology and clinical services and to develop national protocols for multidisciplinary care off cancer patients.

8. Build partnerships with private health sector for provision of quality care for cancer patients

Policy objective 4: **Expand rehabilitation, survivorship care and palliative care facilities for cancer patients and support to their caregivers at institutional and community levels**

Strategies

1. Establish palliative care services at all levels of care: tertiary, secondary, primary and community level

2. Develop human resources for delivery of rehabilitation, survivorship care and palliative care services at institutional and community levels

3. Develop sidelines for practices of survivorship care and palliative care at all levels of care: tertiary, secondary, primary and community level

4. Ensure availability of drugs for symptomatic management of pain and other symptoms at all levels of care: tertiary, secondary, primary and community level

5. Empower the community and family members to support cancer patients from point of diagnosis to the end of life care

6. Establish a Network among government and non-governmental organizations including community-based organizations to deliver coordinated care for cancer patients and their family members.

Policy objective 5: **strengthen cancer information systems and surveillance to monitor the progress and to evaluate the outcomes of cancer control actions.**

Strategies

1. Develop and implement a micro data policy related to cancer incidence data ensuring confidentiality of personal identification data while ensuring maximum utilization of information for prevention and control of cancers.

2. Facilitate inter-sectorial coordination in surveillance of cancers

3. Improve and strengthen medical records services in cancer treatment and other secondary and tertiary hospitals to facilitate improved capture of information on primary site, morphology and clinical stage at presentation of cancers.

4. Introduce routine coding of cancers using both international classification of diseases 10th edition (ICD-10) and the international classification of diseases Oncology 2nd edition (ICD-O second edition) in medical records departments of cancer treatment facilities.

5. Introduce hospital-based cancer registration in all cancer treatment facilities and networking between them to collate national hospital-based cancer frequency and survival data.

6. Develop the population-based cancer registry in Colombo district at par with international standard by seeking technical support from WHO and IARC.

7. Incorporate cancer-related risk factors into the existing NCD risk factor surveillance system in collaboration with all stakeholders

8. Establish a mechanism for sharing information between all stakeholders

Policy objective 6: **to promote professional education of doctors, nurses, technicians and health workers to augment trained human resources.**

Strategies

1. Introduce a curriculum on cancer prevention, early detection and treatment in the undergraduate medical and nursing programmers.
2. Strengthen training of cancer nurses, radiology and radiotherapy technicians and laboratory technicians in pathology, microbiology and molecular biology.
3. Improve and expand training opportunities for doctors in various oncology-related diagnostic, medical, radiological and surgical disciplines to augment human resources.
4. Academic environments in cancer diagnostic diagnostic and treatment facilities will be improved by linkage with university and technical education facilities for education and specialty training for health professionals.

Policy objective 7: **promote research and utilization of its finding for prevention and control of cancers**

Strategies

1. Identify research priorities on cancer with the participation of relevant stakeholders
2. Facilitate researchers to undertake research related to cancer epidemiology, prevention, early diagnosis, treatment, rehabilitation, palliative care and survivorship
3. Translate the evidence from research into practice in strengthening provision of care and services to cancer patients
4. A research infrastructure and environment will be developed and promoted within the cancer diagnostic and treatment centers, university facilities, research institutions.

9. Implementation

National Health Council

National Health Council is the supreme body for promoting inter-ministerial/ inters sectorial collaboration for the promotion of health in Sri Lanka.

National Advisory Committee on Prevention & Control of cancers

National Advisory committee on prevention & control of cancers chaired by the secretary of Health, accountable to the Ministry of health will function as the main statutory body on implementation of the National policy on prevention and control of cancers.

Members of the Advisory Committee will comprise of following members.

Ministry of Health officials

Secretary of Health (Chairperson)

Director General of Health services
DDG (MS)
DDG (MSI)
DDG (PHS1)
DDG (PHSII)
DDG(Planning)
DDG (ET & R)
DDG (DS)
DDG (DS)
DDG (LS)
DDG (BES)
Chief Accountant
Director/ National control programmer (Secretary)
Director / NCD
Director/ MCH
Chief epidemiologist
Director/HEB
Director/Estate Urban Health
Director/ policy Analysis
Director/ Mental Health

Cancer Treatment centers

Director/NCI Maharagama,
Senior consultant oncologist/ NCI Maharagama
Senior consultant oncosurgeon / NCI Maharagama
Senior consultant oncologist in paediatric Oncology
Senior physicist / NCI Maharagama
A representative from all provincial cancer treatment centers

Professional colleges

A representative from;

College of oncologists
College of Radiologists
College of Pathologists
College of Surgeons
College of Gynecologists
College of OMF Surgeons

Technical Working Groups

Representatives of all technical working groups related to cancer care.

National Authority on tobacco & Alcohol (NATA)

Development Partners

WHO country office-
National professional officer for NCD prevention,
Representative - Atomic Energy Authority (IAEA/ PACT),
Representative - UNFPA country office,
Representative – JICA country office, Representative-
Representative – World Bank county office

Other organizations supporting cancer care and any other member co-opted in relevant situations. National Advisory committee meets every three months at the office of the secretary of Health.

National cancer control programmer office of Sri Lanka

National cancer control programmer (NCCP) directorate within the Ministry of Health is the national focal point for prevention and control of cancer in the country and is responsible for policy, advocacy, monitoring and evaluation of prevention and control of cancers. NCCP directorate coordinates with all cancer treatment centers and national level institutes (e. g. Family Health Bureau, Epidemiological Unit) and provincial health ministries to implement cancer control activities of national and regional levels.

Cancer prevention & control Activities at Provincial Level

The provincial ministries of health will function as the provincial focal point to implement cancer control activities in each province. 'Provincial committees of cancer prevention & control comprising of following members; PDHS, RDHS, consultant oncologist at regional cancer treatment center, Representatives of consultants Gynecologists, oncosurgeons / OMF surgeons/ surgeons, pediatricians, physicians, Radiologists, pathologists, community physicians at the province, MO/MCH, Regional Epidemiologist, Regional Dental Surgeon, MO/ NCD, MO/ planning, representatives of universities and research institutes of the province etc. will be established. Regional coordination of cancer control activities will be through these provincial cancer control committees. NCCP will assist the provincial committees to develop the provincial plans in accordance with the National cancer prevention& control policy.

Cancer prevention & control Activities at District Level

In each district, with the leadership of RDHS, district cancer control committees will be established with the participation of MO/ MCH, RE, MO/ NCD, RDS, MOOH, consultants in curative & preventive sector. District level cancer control activities will be planned, implemented and evaluated by this committee. In addition to government health sector, private health sector, other government institutions and NGOs & CBOs in the district with interest in cancer control activities will be mobilized for these activities. NCCP will be responsible for overall coordination of the implementation of cancer control activities among all stakeholders including regional cancer treatment centers and other national and provincial level institutions.

10. Monitoring and evaluation

NCCP Directorate in the Ministry of Health will monitor and evaluate cancer control and prevention activities at National level. Regional cancer control activities will be monitored by the provincial cancer control committees. Monitoring and Evaluation framework with indicators will be developed and used for this purpose.