



Fast tracking approach to cancer early detection in Sri Lanka

J. Vidanapathirana ^{1,*}, D. Wijewardana ², K.D. Wijewardana ¹

¹ National Cancer Control Programme, Ministry of Health, Sri Lanka.

² Cancer Early Detection Center, National Cancer Control Programme, Ministry of Health, Sri Lanka.

*Corresponding author Email: kavigaya@yahoo.com

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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 guidance on the need to screen and prevent common and preventable cancers including individual counseling for risk factor reduction and post diagnosis. Further, it facilitates screening for Breast Cancer which includes clinical-breast examination, ultrasound scanning and mammography depending on the clinical assessment. The clinical oral examination for all high-risk target groups and educated on self-mouth examination. Screening for cervical cancer for necessary women via pap test and the HPV DNA test is carried out depending on the clinical assessment. These centers provide fast track method for early detection of cancers.

Introduction

The incidences of cancers have been increasing in both Sri Lanka and globally during the last few decades. The National Cancer Registry, Sri Lanka revealed that the Age Standardized incidence Rate (ASR) in males for all cancers increased from 68.1 per 100,000 population in 2005 to 132.6 in 2019 whereas the rates in females has increased from 73.4 per 100,000 in 2005 to 128.8 in 2019. The National Cancer Registry, Sri Lanka, further stated that the top cancers among males were Lip, tongue and mouth

(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 poor quality of life with a higher economic burden for the treatment of the individual patient as well as the country. It is also well evident, that reducing delays in cancer care can have a significant impact on improving the outcomes. In one study, patients who experienced a short delay, experienced an absolute 7% greater likelihood of survival from breast cancer compared with those who had moderate delays (3–6 months) in care [2,3]. This magnitude in survival benefit was similar or greater than the benefit achieved by chemotherapy [2].

The National Cancer Control Programme is the national focal point for cancer prevention and control, and has identified prevention and early detection as one of the key strategies to control cancer in the National Strategic Plan on Cancer Prevention and Control [4].

The early detection of cancers has two components: screening and early diagnosis. The screening consists of testing healthy individuals to identify those having cancers before any symptoms appear and early diagnosis focuses on detecting symptomatic patients as early as possible [5].

There are many reasons contributing to the late stage diagnosis and it includes late presentation of patients, some of the age groups not being covered through the national screening programmes and delay in referrals of patients with signs and symptoms suggestive of cancer from the first contact point up to the diagnosis and treatment. Considering these important facts, the National Strategic Plan (2020-2024) of the National Cancer Control Programme, Sri Lanka included the establishment of island wide Cancer Early Detection Centers (CEDC) in all provincial hospitals, aiming to avoid some of the delays for all age groups, as a separate activity under the early detection strategy [6]. This decision was further approved at the National Advisory Committee on cancer prevention and control, chaired by the Secretary of Health which was also recommended by the comprehensive assessment of the National Cancer Control Programme, Sri Lanka through the integrated mission of Programme of Action for Cancer Therapy (imPACT review) in 2019. The objective of the CEDC is to improve early detection of cancers and early referral or required treatment to a dedicated center with modern diagnostic facilities. The concept of the CEDC was initiated in 2004 by the National Cancer Control Programme (NCCP) of the Ministry of Health and the first-ever Cancer Early Detection Center in Sri Lanka, established with the partnership of the Rotary Club of Colombo, is situated in Narahenpita. It showed many positive results and detected early cancers in thousands, saving many lives during this period.

The present strategic plan reintroduced this CEDC and the necessary directions to established CEDC has been given to all provincial hospitals.

The idea is to establish one-stop CEDC in each province with required infrastructure and diagnostics to detect, confirm and refer without long a referral pathway. Any person who wishes to get educated on or screened for cancer could walk into a CEDC, even without being referred. Here, the referral treatment center would be the same provincial hospital and thus priority would be given to referred individuals.

A guide for the CEDC was developed. The CEDC facilitates clients to consult a doctor to discuss cancer related issues including, clinical history taking to identify risk of cancer, education on risk factors and obtain guidance on the need to screen and prevent common and preventable cancers including individual counseling for risk factor reduction and post diagnosis. Further, it facilitates screening for Breast Cancer which

includes clinical-breast examination, ultrasound scanning and mammography depending on the clinical assessment. A demonstration on the correct technique of self-breast examination are provided for female clients. The clinical oral examination for all high-risk target groups are done, and clients are educated on self-mouth examination. Screening for cervical cancer for necessary women via pap test and the HPV DNA test is carried out depending on the clinical assessment. In addition to that, clients undergo routine fasting blood sugar, serum cholesterol test and Body Mass Index assessment.

Currently, a CEDC has been established in Teaching Hospital, Jaffna and the establishment of a CEDC in the Teaching Hospital Rathnapura has also been initiated. The establishment of CEDC in other provincial hospitals are under discussion.

The island-wide establishment of CEDC in the provincial level would provide equitable cancer early detection services for all Sri Lankans, by minimizing the prolonged waiting lists and increasing accessibility to the relevant healthcare services. The establishment of Cancer Early Detection Centers is one of the fast-tracking strategies for early detection of cancers.

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Janaki Vidanapathira- draft the document, Dumindu Wijewardana - added some facts, Kalpanie Dulanjalee Wijewardana added some facts and edited the document.

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Conflict of interest

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