



GOVERNMENT OF KERALA

Abstract

Health and Family Welfare Department- Standard Operating Procedure for District Cancer Control Program- Approved -Orders issued.

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt)No.555/2023/H&FWD Dated,Thiruvananthapuram, 12-03-2023

Read 1 G.O(Rt)No.1865/2019/H&FWD dated 30.07.2019.

2 G.O.(Rt)No.502/2021/H&FWD dated 19/02/2021

2 G.O(Rt)No.503/2021/H&FWD dated 19.02.2021.

3 Letter no. MCC/P/DIR/303/1612 dated 29.04.2022 from the Director, MCC, Kannur.

ORDER

As per Government order read as 1st paper above, Government have accorded sanction for the implementation of Kerala Cancer Control Strategy and the constitution of Apex body and Executive Committee for cancer control strategy.

2. As per Government order read as 2nd paper above direction was given to Director of Medical Education and Director of Health Services to take necessary steps to establish Hospital Based Cancer Registries(HBCR) in the institutions under their control and it was instructed that each centre shall submit the annual report of HBCR regularly to the Government through respective departments.

3. As per Government order read as 3rd paper above Government have constituted District Cancer Control Committee (DCCC) with District Collector as Chairman and District Panchayath President as patron.

4. Inorder to operationalize the Kerala Cancer control strategy 2022-2030, Government are pleased to approve the Standard operating procedure for the implementation of District Cancer Control Program as appended with this order.

(By order of the Governor)
B SURENDRAN PILLAI
ADDITIONAL SECRETARY

To:

The State Mission Director, National Health Mission, Thiruvananthapuram

The Director of Medical Education, Thiruvananthapuram

The Director of Health Services, Thiruvananthapuram

The Director, Regional Cancer Centre, Thiruvananthapuram

The Director, Cochin Cancer Research Centre, Ernakulam

The Director, Malabar Cancer Centre, Thalassery, Kannur

The Director of Homoeopathy, Thiruvananthapuram

The Director of Ayush, Thiruvananthapuram

The Principal Accountant General ((A&E ,Audit), Kerala, Thiruvananthapuram

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Forwarded /By order
Signed by

Arunima.g

Date: 13-08-2023 01:53:01

Standard Operating Procedure for the implementation of District Cancer Control Program

The District Cancer Control Program will operationalize the Kerala Cancer control strategy 2022-2030. The DCCP will promote early diagnosis through community participation and strengthening the existing health service institutions in cancer care through professional reorientation and in-service training. At each levels of care in health system, capacity for cancer care and early diagnosis will be developed. This will ensure decentralised early diagnosis facilities and a sustained referral system for cancer care considering optimal use of scarce resource. This will result in equitable and affordable cancer care in the state. Given below are the targets to be achieved through the DCCP.

SI	Targets	20
N		30
A.PrimaryTargets		
1	Reduceincidencerateofcancersamenableforpreventionandearlydetectio n (Cervical, Oralcavityand Breast cancers)to15%,by2030	+
2	Improve5- yearcancersurvivalto70%forcervix,65%forbreastcancer,60%fororal,5 0%forColorectalcancers.	+
B.SecondaryTargets		
3	Reductionofmalesmokingto20%,tobaccochewingby5%amongmales& femalesaged15yearsandabove.	+
4	100%coverageforHepatitisBvaccineandintroductionofvaccinationagai nstHPV.	+

5	>80% of people are aware of warning symptoms for cancer.	+
6	>55% of the cancer patients are diagnosed early (oral, Breast and cervix)	+
7	>80% patients with diagnosed curable cancers initiated treatment within 1 month.	+
8	90% of the above cancer cases will have completed the prescribed course of treatment during first Year following the date of diagnosis	+
9	Increase the share of public sector in management of cancers from 66% to 80%. Expenditure incurred on cancer chemotherapy to be reduced by 20%. Reduce catastrophic health expenditure to 15%, out-of-pocket expenditure to 50%	+

Administrative and implementation structures required for the operationalization of the District Cancer Control Program

1. State level committees: Apex body and Executive committee

- Apex body and executive committee were constituted vide G.O.(Rt)No.1865/2019/H&FWD dated 30/07/2019.

Apex body

- **Chairperson:** Honourable minister, H&FWD
- **Vice chairperson:** Principal secretary, H&FWD
- **Members :**
 - State Mission Director , NHM
 - DHS
 - DME
 - Director, RCC
 - Director, MCC

- Director, CCRC
- Heads of oncology wings, Government Medical colleges
- Director of Homeopathy
- Director of AYUSH
- Head/Medical director. Private hospitals from North, Central and South zones

Executive committee

- **Chairperson:** Principal secretary, H&FWD
- **Members**
 - Director, RCC
 - Director, MCC
 - Director, CCRC
 - Heads of oncology wings, Medical colleges

2. District level committees: District Cancer Control Committee (DCCC)

- District Cancer Control Committee was constituted vide G.O. Rt No.503/2021/H&FWD dated 19/02/2021
- The district administration should issue order regarding formation of DCCC and its members
- The constitution of DCCC is as follows

Chairperson:

District Collector

Patron:

District Panchayath President

Convener:

DMO

Co-convenor:

1. Head of a regional cancer centre of region
2. Head of Oncology department- Government Medical College of the district

Members:

1. District Program Manager- National Health Mission
 2. District Planning Officer
 3. Private Hospitals with Hospital Based Cancer Registry
 4. Private hospital owners' association representative
 5. Private Lab association representative
 6. Kudumbashree mission representative
 7. Vital statistics department-district head
 8. Principals of medical colleges in the district
 9. Representative of Palliative care network in the district.
- After the formation of the DCCC, District Medical Officer should convene a meeting of the members to discuss the District Cancer Control Program. The apex cancer centre should present a plan for the prevention and control of cancer in the district.

3. Panchayath level committees: Panchayath level Implementation and monitoring committee

- Jilla panchayath and block panchayath members of respective area
(**Patrons**)
- Panchayath president (**Chairperson**),
- Health standing committee chairperson (**Convener**)
- All Ward Members
- Medical officers
- Health inspector
- CDS chairperson

Functions

- Implementation of the project in the panchayath
- Monthly evaluation meeting (every second week)
- Facilitation for training of doctors and nurses of PHC at MCC
- Distribution of IEC materials and awareness generation
- Assistance to cancer patients for availing treatment schemes
- To prepare a list of people who were not included in the existing health scheme and plan strategies to extend financial support to them for cancer treatment
- Patient navigation

4. Ward level committee: Ward level implementation committee

1. Ward member (**Chairman**)

2. Ward level health sanitation committee members
3. Representatives of NGO, Arts-Sports club of the region
4. Representatives of Palliative care units and other voluntary organizations
5. School teachers from the ward
6. ASHA workers
7. Kudumbashree ADS
8. JHI/JPHN (**Convener**)

Functions

- 1) Utilizing resources of the health sanitization committee in cancer prevention activities
- 2) Motivating public for cancer early diagnosis
- 3) Referral of public to weekly cancer clinic
- 4) Spreading the message of early cancer detection among the general public
- 5) Regular monthly meeting and documentation
- 6) Assistance to get Arogya insurance
- 7) Newly diagnosed cancer patients- help to get proper medical assistance- Communication to treating institution and facilitation (patient navigation)

8) Assistance to get KASP, KBF, other Government financial assistance schemes

DCCP Planning :

Step wise strategy for planning the District Cancer Control Program

- Formation of DCCC
- A state level workshop to be convened to discuss about the DCCP prototype project. Directors of apex cancer centres and DMOs of concerned districts should attend the workshop.
- A district level workshop of LSGI members and health sector officials in the district to be convened to discuss about the DCCP.
- Detailed plan of DCCP including details of financial requirement should be submitted to District panchayath.
- Follow up meetings should be convened to discuss about the micro detailing of the project and also obtain approval from District panchayath.
- All LSGIs in the district should be instructed to include DCCP in their annual plan and allocate sufficient resources for its implementation as instructed by DCCP.

DCC P Implementation strategy

Phase 1:

1. **Awareness and sensitization program for members of LSGIs:** At the outset, an awareness and sensitization program will be conducted for all LSGI members at district level about cancer and early diagnostic methods like biopsy and FNAC. Officials from DMO, NHM and TCC shall organise and give the required orientation.

- 2. District level training of trainers:** A two day workshop to be conducted on basics of cancer burden, importance of early detection, causes, risk factors, warning signs of common cancers, treatment and schemes available for treatment . A visit to understand the facilities for cancer care in a tertiary cancer centre may also be included. The team should consist of medical officers, JPHN, HI, Pharmacist, Nurse, Lab technician from each block Panchayath. The team shall be recruited by DMO. The training shall be provided by the Tertiary Cancer Centre. DMO and NHM shall provide certificates to the participants.
- 3. Preparation of common IEC materials:** During the workshop a discussion on common IEC materials (PPT, Pamphlets) to be used by the trainers for training the field staff.
- 4. Training of Block level resource person:** The medical officers, HI, IHI, and JPHN from all panchayaths under the block shall attend the training. They will act as resource person for disseminating cancer awareness messages among public utilising the approved common PPT for the same.
- 5. Awareness program for General public at panchayath level:**
 - a. Placing of cancer related common information boards at public places like bus stops , reading rooms, senior citizens forum offices etc. at least one board should be placed in a ward.
 - b. Distribution of IEC materials on cancer prevention: IEC materials should be distributed through ASHA workers.
 - c. Observation of cancer and tobacco related days with participation of public and students
 - d. Organizing Food festival to high light the role of healthy dietary practices

- e. Organizing Sports competitions/walkathon/mini marathon/cycling /swimming/yoga etc to promote exercise and healthy life style practices.

6. Awareness program for General public at ward level:

Ward member shall initiate the program and the concerned ASHA workers shall organise. The classes shall be delivered by the trained panchayath resource person. At least one awareness program per ward shall be conducted with a participation of 100 to 150 people. Common IEC pamphlets regarding common cancers, lifestyle modifications and cancer myths to be distributed by the concerned ASHA workers in every house in the ward.

Phase 2:

1. Capacity building of primary care practitioners

Primary care physicians, dental surgeons and AYUSH practitioners will be given training to improve their knowledge about cancer and its various presentations. This will enable primary care practitioners to identify common cancers in early stages leading to timely referral for diagnosis and treatment. All patients reporting at a primary care facility should be offered screening tests for common cancers based on eligibility criteria for screening.

2. Capacity building for specialists

All Specialists working in CHC/sub district hospitals will be given training/ refresher training to identify common cancers like oral cavity, cervix and breast

cancers and perform diagnostic tests like biopsy or FNAC, endoscopy and other diagnostic procedures. All symptomatic patients referred to secondary care facility should be offered diagnostic tests for common cancers based on clinical evaluation. A weekly cancer clinic will be set up at CHC/sub district hospitals and the service of these specialized doctors will be utilized. Gynecologists, ENT surgeon/General Surgeon/Dental surgeon working in CHC/sub district hospitals will be given training.

3. Up gradation of cancer screening and diagnostic facilities in the respective institutions.

All health institutions under the LSGIs in the district to be upgraded for cancer screening and diagnostic purposes. Facilities to be established for initial screening and diagnosis of oral, breast and cervical cancers under the supervision of medical officers in all these institutions.

4. Formation of referral pathway

A referral pathway for cancer will be operationalized with clear referral guidelines to minimize presentation delay, diagnostic delay and treatment delay. Formation of cancer referral pathway through referral cards designed to transfer them from PHCs to sub district/district/oncology treatment centres.

5. Central pathology diagnostic laboratory service

All specimens/samples collected from CHC/sub district hospitals/ district hospitals will be sending to the central lab. During the initial phase of the project, these central labs will be functioning at MCC/RCC/CCRC/Medical College. Later, a separate central lab facility may be established. . This Central pathology diagnostic laboratory service will ensure quality control.

6. Patient navigation

Patient navigation has a major role in assisting the patient in their diagnostic and treatment journey. Patient navigators at the community will guide the patients to avail initial diagnostic services and those at hospitals will guide the patient to various departments in the hospital for availing services in an orderly manner. Patient navigation (community cancer care nurses-pain and palliative nurses and KCCC volunteers to serve as cancer care navigators to coordinate cancer treatment and care.

7. Supporting Population based cancer registry activities:

Accurate and timely data on cancer incidence is necessary for cancer control activities. The district cancer control program stakeholders should actively support and facilitate data collection for population-based cancer registry. This will help in identifying the trends in cancer incidence in the district.

Annual plan proposal at the level of LSGIs

Type of LSGI	Funding (in lakhs)	Proposed activities
Gramapanchayath	2	<ul style="list-style-type: none">• Cancer awareness activities<ul style="list-style-type: none">▪ Ward level awareness class (At least one class per ward)▪ House to house IEC distribution▪ House to house survey by ASHA• Setting up of basic cancer screening facilities at PHCs (weekly once)<ul style="list-style-type: none">▪ Oral cancer (Clinical examination)▪ Breast (clinical examination)

		<ul style="list-style-type: none"> ▪ Cervix (Pap smear/LBC) • Initial diagnostic assistance to newly diagnosed cancer patients (5000 per person , minimum 5 persons) • Review and monitoring meetings
Municipality without Sub district hospitals	4	<ul style="list-style-type: none"> • Cancer awareness activities <ul style="list-style-type: none"> ▪ Ward level awareness class (At least one class per ward) ▪ House to house IEC distribution ▪ House to house survey by ASHA • Setting up of basic cancer facilities at PHCs (weekly once) <ul style="list-style-type: none"> ▪ Oral cancer (Clinical examination) ▪ Breast (clinical examination) ▪ Cervix (Pap smear/LBC) • Initial diagnostic assistance to newly diagnosed cancer patients (5000 per person , minimum 5 persons) • Cancer awareness activities • Review and monitoring meetings
Municipality with Sub district hospitals	6	<ul style="list-style-type: none"> • Cancer awareness activities <ul style="list-style-type: none"> ▪ Ward level awareness class (At least one class per ward) ▪ House to house IEC distribution ▪ Placing of awareness boards at public places (set of 4 boards at 4 different places) ▪ House to house survey by ASHA

		<ul style="list-style-type: none"> • Setting up of cancer screening and diagnostic facilities at PHCs <ul style="list-style-type: none"> ▪ Oral cancer (Clinical examination) ▪ Breast (clinical examination) ▪ Cervix (Pap smear/LBC) ▪ FNAC facility ▪ Biopsy facility ▪ Mammography (if facility available) ▪ Colposcopy (as per availability of resources) ▪ Endoscopy (as per availability of resources) • Initial diagnostic assistance to newly diagnosed cancer patients (5000 per person , minimum 7 persons)
Corporation	20	<ul style="list-style-type: none"> • Cancer awareness activities • Setting up of basic cancer screening and diagnostic facilities at PHCs • FNAC, Biopsy, Pap smear , Mammography (if facility available) • Initial diagnostic assistance to newly diagnosed cancer patients (5000 per person , minimum 10 persons)
Block panchayath	4	<ul style="list-style-type: none"> • Training for doctors and other health workers in PHCs and CHCs.

		<ul style="list-style-type: none"> Placing of awareness boards at public places in each panchayath . (set of 4 boards at 4 different places in each panchayath)
District panchayath	20	<ul style="list-style-type: none"> Vehicle facility : Transportation of specimens to central lab from peripheral centres Cost of initial diagnostic investigations at central lab (reporting charges of FNAC, Biopsy, Pap smear, Mammogram) Support for PBCR Salary of contract staff for the project Monthly Review and monitoring meetings

Expected capacity building at each levels of the health system after the completion of the project (2022-2030)

Service provision for Cancer Care in Kerala					
Levels	Services	2022	2023	2025	2030
	1. Health Promotion (Structured & Targeted)	-	+	+	+
			+	+	+
				+	+

Basic Cancer Prevention Unit (PHC/CHC/Taluk Hospital/Selected Private Sectors)				+	+
	2. Early Diagnosis of Common Cancers	-	-	+	+
				+	+
					+
					+
	3. Referral to Higher Centers	+	+	+	+
			+	+	+
					+
	4. Treatment of Common Cancers (Taluk Hospitals)	-	-	+	+
				+	+
	5. Follow Up Care	-	+	+	+
				+	+
					+
					+
	6. De-addiction Clinics (Tobacco & Alcohol)	-	+	+	+
				+	+
				+	+
	7. Palliative Care Clinics (Plus Home Based Care & Adequate Pain Relief)	+	+	+	+
			+	+	+
				+	+
				+	+
	8. Reporting of Cancer Cases (HMIS/Notification)	-	+	+	+
			+	+	+

			+	+	+
			+	+	+
Cancer Treatment & Care Centers (DH & Selected Private Hospital Consen ting to be Part of the grid)	1. Develop Media Plan for the District	-	+	+	+
			+	+	+
				+	+
				+	+
	2. Early Diagnosis & Treatment of Common Cancers	-	+	+	+
			+	+	+
				+	+
	3. Training of Health Care Providers	-	+	+	+
			+	+	+
				+	+
				+	+
	4. Initiate & Maintenance Chemotherapy	-	+	+	+
			+	+	+
				+	+
	5. Palliative Chemotherapy in Day Care Facility	+	+	+	+
			+	+	+
				+	+
				+	+
	6. Radiation Units	-	+	+	+
					+
	7. Palliative Care Clinics (Adequate Pain Relief &	+	+	+	+

	HomeBasedCare)		+	+	+
				+	+
				+	+
	8.ReportingofCancerCases(HMIS/Notification)	-	+	+	+
			+	+	+
Oncology Units inMedical CollegeHospita l & Selected Private HospitalConsen ting to be Partofthegrid	1.EstablishmentofOncologyUnits	±	+	+	+
			+	+	+
				+	+
	2.StrengthenCytopathology/NuclearMedicine& RadioDiagnosisFacilities	±	+	+	+
			+	+	+
				+	+
	3.Colonoscopy& EndoscopyFacilities	+	+	+	+
			+	+	+
			+	+	+
			+	+	+
	4.DayCareCentreforChemo&RTFacilities	±	+	+	+
			+	+	+
			+	+	+
			+	+	+
	5.Onco-SurgeryServices	±	+	+	+
			+	+	+
				+	+
				+	+

	6.ReportingofCancerCases(HMIS/Notification)	-	+	+	+
			+	+	+
			+	+	+
			+	+	+
	7.CapacityBuilding	±	+	+	+
			+	+	+
				+	+
					+
	8.OperationsResearch	±	+	+	+
			+	+	+
				+	+
	9.FacilitateSettingsBasedApproachforHealthPro motion	±	+	+	+
			+	+	+
				+	+
				+	+
CCCC(RCC, MCC,CCRC)	1.MultidisciplinaryCare&SpecializedServicesof CommonandRareCancers	+	+	+	+
			+	+	+
			+	+	+
			+	+	+
	2.ProvideLeadershipRoleinCapacityBuilding	+	+	+	+
			+	+	+
			+	+	+
			+	+	+
	3.AdvancedDiagnosticFacilities(RadioDiagnosi s,Nuclearmedicine&TissueDiagnosis)	+	+	+	+
			+	+	+
			+	+	+

			+	+	+
	4.DevelopingCancerRegistryintheRespectiveZone	+	+	+	+
			+	+	+
			+	+	+
				+	+
	5. Research(Advanced, Basic,genetic,etc.)	-	+	+	+
			+	+	+
				+	+
				+	+
	6.Developmentofguidelines/SOPS/ReferralCriteria	±	+	+	+
			+	+	+
				+	+
				+	+