

**PROCEEDINGS OF THE DIRECTOR OF HEALTH
SERVICES**

Sub:- World Cancer Day 2025 - Guidelines for Cancer Screening
Programme - Guidelines Issued-

Read:- Note Received From NCD Nodal Officer

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Government Of Kerala is launching a new campaign for screening of all women above 30 yrs of age for cervical and breast cancer. The program named **Arogyam Aanandam** will be launched on February 4th, 2025, and continue till March 8th, 2025. All districts are hereby directed to implement the campaign in their concerned districts. A guideline for implementation of the programme is hereby attached for the smooth conduct of the campaign.

Signed by

Reena K J

Date: 01-02-2025 16:05:06

Dr REENA K J

DIRECTOR OF HEALTH SERVICES

To :- All DMOs

KERALA CANCER PREVENTION PROGRAMME

AAROGYAM AANANDAM

Akattam Arbudathe

General Guidelines for Implementation

Background

Globally breast cancer continues to be the highest cancer among women with high mortality levels, claiming the position as the second highest cause of cancer mortality. In Kerala also breast cancer and cervical cancer are the leading cancers among the women. Even though the mortality rate of breast cancer is low in Kerala the death due to cervical cancer is high due to late detection of the cases. The reasons for the late detection of the female cancers is the fear and stigma about the disease in the population, misconcepts about the disease in the community and fear of catastrophic health expenditure expected for cancer management. The Government is coming up with a new programme for screening of all women above 30 years of age for cervical and breast cancer with the community participation. The intention is early detection of diseases, early management of diseases and thereby by reducing the catastrophic health expenditure and increasing life span of affected patients.

Objectives

- Creation of awareness about cancer especially Breast and Cervical cancers
- Behavioral change in the community towards voluntary screening and early detection
- A forerunner for regular organized screening program through voluntary participation
- Vulnerable population is financially supported for screening and treatment
- Detection of Breast and cervical cancers in early stages- the reduction of financial burden on the family and the state

- Reduction in mortality due to these diseases

Activity Plan

1. Pre- campaign Arrangements

- **Constitution of an implementation team** –DMO, Apex cancer centre of the region, Government medical college of the district under District Cancer Control Committee
- **District level:**
 - District panchayath, DMO, Apex Cancer Centre of the region, Medical College
 - Representatives from Professional Medical associations
 - District Cancer Control Committee
- **Panchayath level:**
 - Grama panchayath, PHC Medical officer
 - Representatives from NGOs working in cancer care, palliative care, social work
 - Anganwadi workers
 - Representatives from Kudumbashree and other self help groups
- **Ward level:**
 - Ward member, JPHN, MLSP , JHI, ASHA
- **Gap analysis of** facilities, infrastructure and manpower shall be conducted
- **Mapping of existing facilities** for screening and diagnosis at private and government of institutions
- **Training** of Doctors ,Staff Nurses, JPHN, LHI and MSLP in screening and diagnosis procedures
- **Arrangement of screening facilities** at PHC/FHC (CBE and Pap Smear)
- **Arrangement of diagnostic facilities** at sub district and district hospitals and selected private hospitals and labs

- **Sensitisation** of the health staff, volunteers, LSGI, NGOs and other stake holders.
- The district team should also ensure **linkages** with NGOs, Medical Colleges and Private Hospitals.
- A Nodal Officer shall be assigned the charge of the programme with technical sub groups for supporting the Nodal Officer.
- A nodal officer shall be assigned in every DH/SDH (Surgeon/ Gynecologist)
- The district team should also ensure the **support of Private Hospitals and Private Laboratories** performing cancer detection tests for availing free services for the patients below extreme poverty line and subsidised rates for rest of the patients.
- The district team should also **seek support from the sources** who are able to support financially or by physically sponsoring the activities.
- A whatsapp group shall be formed with DMO, District program officers , Gyenecologists, Surgeons , pathologists and MOs for this purpose.
- The pathologists working in the peripheral institutions shall be pooled to district .

2. Campaign

- Every district should conduct an inaugural function at a prominent location by arranging a cancer screening camp.
- The district team should ensure the readiness of the camp/campaign sites in FWCs (JAK), PHCs, FHCs, CHCs, SDH and DH.
- Separate cabins ensuring privacy shall be arranged in all centers.
- A navigator appointed through partners shall co-ordinate the flow of patients in the camp site.
- The district team shall ensure the availability of a trained staff for conducting the tests.
- Doctors ,Staff Nurses, JPHN, LHI and MSLP should have the knowledge and skill to conduct the papsmear examination and clinical breast examination.
- A female Medical Officer or the presence of a female health staff should be ensured for clinical examination of the patients.
- The testing team shall report and register every patient in the software made available for this purpose.

- The hospital team shall navigate the patients to the nearest referral facility assigned to them through the cancer grid.
- The district teams and the hospital teams should ensure the availability of mammography and other tests in order to maintain a queue management system.
- Counseling services shall be provided to the patients during the pre-clinical examination and post examination period.
- The arrangements for sample transportation should be ensured by all clinics and should be verified by the district team.
- **Funds**
 - a. The 15th FC funds from Scheme 3 can be utilized for sample transport in the rural area.
 - b. The 15th FC grants from Scheme 5 can be used for sample transport in urban areas.
 - c. The funds proposed under LSGI Projects can also be used for this purpose.
 - d. DMO/DPM may arrange funds for sample transportation from Taluk Hospital/ District Hospital to Apex Hospitals
 - e. The funds for infrastructure development for setting up private space for examinations may be availed from Scheme 4 in the rural areas and Scheme 6 in urban areas if private space for clinical examination is not available in the facility.

Work Plan and IEC

The campaign should be under the single umbrella of state campaign .Existing regional level programs should not be incorporated in the state campaign

- All districts shall prepare a microplan and submit to state
- IEC materials shall be exhibited in all camp sites/ hospitals and public places.
- The date, site and time of the camps shall be informed in advance.
- All women staff under health department shall undergo screening
- All male staff shall encourage their spouses to undergo screening
- All members of women's organizations shall be screened
- The women staff of major offices shall be screened Awareness campaigns at workplaces

- Awareness campaigns through self help groups like kudumbasree , NGOs and clubs like Rotary , Lions Club, Rotary Club, Jaycees etc
- Survivors meet in every panchayath
- **Challenge through social media** : “ *tag line*”
- Information boards on early detection at public places

Breast cancer screening

- “*Women for women campaign*” through Kudumbashree and other womens group to **improve participation**
- **Clinical breast examination** by trained MLSP/Nursing officer/ Doctors
- Referral of beneficiaries with abnormal findings to CHCs /Sub district hospitals/District hospital/private hospitals for evaluation
- (Clinical examination by Surgeon/Gynaecologist, FNAC/Tru-cut biopsy /Mammogram/Ultrasound)

Cervical cancer screening

- “*Women for women campaign*” through Kudumbashree to **improve participation**
- **Pap Smear test** by trained MLSP/Nursing officer/MO
- **VIA / VILI** test wherever the test is ongoing
- **Transportation** of cervical specimens for reporting at designated facilities (Regional labs, Medical Colleges, Private labs, Apex cancer centres) through Hub and spoke sample transport mechanism
- **Reporting**: Reports via email within two weeks to reduce delay
- **Referrals for Colposcopy/Cryotherapy/LEEP** : We expect **0.04%** of the beneficiaries to have abnormal findings in Pap Smear

Evaluation of suspicious cases at CHC/Sub district hospitals/General hospitals/Private hospitals

- Clinical examination by Surgeon/Gynaecologist
- FNAC/Tru-cut biopsy/colposcopy and biopsy/Mammogram/Ultrasound breast)
- Transportation of FNAC/biopsy specimens for reporting at designated facilities (Govt institutions/ medical colleges/Apex cancer centre/Private lab/private hospitals)
- Reporting institutions shall send the FNAC/ biopsy report to the referring institutions via email within one week to reduce delay
- Referral to Apex Cancer Centre (Mammogram guided biopsy, cryotherapy,
- Referral to Apex Cancer Centre/MCH for treatment of biopsy proven cases

Treatment of Invasive cancer cases

- All biopsy positive cases for malignancy to be referred to Apex cancer centre for treatment
- Patient navigation system for supporting and encouraging and facilitating treatment
- Treatment adherence and compliance to be assured through field staff and patient navigators

FOLLOW UP

- Benign cases requiring follow ups to be given services where appropriate expertise is available in the cancer care grid
- Patient navigators may be utilised for facilitating follow up

BENEFICIARIES FROM BPL HOUSEHOLDS

- All beneficiaries from BPL families will be given screening and diagnostic evaluation free of cost
- Funds from world bank project will be utilised/CSR funds

- Treatment expenses – utilise existing schemes KASP, KBF

HELP DESK

- At all participating institutions
 - To prioritize care
 - Counselling of beneficiaries
- **DATA CAPTURE**
 - Data should be captured at all levels using appropriate software provided
 - Shaili app and cancer care portal may be modified to include data on screening ,diagnosis and treatment and follow up at government and private institutions involved

The campaign will start on February 4th 2025 and continue till March 8th 2025. The program will continue through out the year adding more cancers and all men after the intensive campaign.