Dr. RAJAN N. KHOBRAGADE IAS
ADDITIONAL CHIEF SECRETARY

Circulate among all Subordinate civil Surgeons

4/2/25

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Date .....

D.O.Ltr. No. FW2/24/2025/H&FWD Date : 04th February 2025

Dear all,

Sub: Women cancer awareness and screening (Early detection) programme- " AROGYAM ANANDAM" -reg.

Please refer to the meeting conducted by Hon'ble Minister for Health & Family Welfare and Women & Child Development regarding launching the campaign regarding **Cancer care.**

Detailed implementation guidelines regarding the program are enclosed to launch the campaign in the District.

Should you require any clarification, feel free to communicate.

Looking forward to your wholehearted support to strengthen the fight against cancers.

Sincerely,

Rajan Khobragade

All District Medical Officers (Health)

DISTRICT LEVEL IMPLEMENTATION AND PROTOCOL

The district level activities are organised and carried out through District Medical Office (Health services) in a coordinated manner with all stakeholders. District Cancer Control Committee chaired by District Collector shall coordinate and monitor the activities. The project includes the following stakeholders at the District level

1. District Medical office and all healthcare institutions under health services
2. Healthcare institutions under AYUSH
3. Apex cancer centre(ACC) of the region
4. Medical Colleges- Government and private
5. Local Self Government bodies-Panchayaths- Jilla, Block and Grama panchayath, Municipalities, Corporation
6. All private hospitals, Labs, Scan centers
7. Professional associations- IMA, ASI,KASO,IAP,KFOG, Nursing associations, Allied health sciences professional associations
8. NGOs and Civil Society Organizations involved in palliative care and cancer control activities
9. Women organizations

IMPLEMENTATION AND MONITORING : DISTRICT CANCER CONTROL COMMITTEE (G.O.(Rt)No.503/2021/H&FWD dated 19/02/ 2021)

District Cancer Control Committee

Chairperson: District Collector

Patron: District Panchayath President

Convener: DMO

Co-convener:

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. Kudumbhashree 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.

Implementation core team:

1. DMO
2. DPM
3. NCD Nodal officer
4. Superintendents of Grid hospitals (GH,DH,Taluk Hospitals)
5. Nodal officer/Superintendent Government medical colleges
6. Nodal officers of Apex Cancer Centre of the region

The activities to be conducted are as follows

Preparatory activities:

1. Meeting of all local self-government bodies (Panchayaths , Municipality , corporation) represented by their presidents, health standing committee chairpersons, CDS heads, PHC medical officers shall be conducted to explain the project, protocols and the preparations required)

2. The Grid submitted by the state nodal officer shall be reviewed for the preparedness and to take appropriate measures to operationalise the Grid

3. Awareness activities- Posters and displays of the campaign and the cancer awareness- Early symptoms of cancer, Government facilities available for cancer, Government schemes available for treatment of cancer shall be exhibited in every Government healthcare facility.

4. A nodal officer shall be identified in every healthcare institution to coordinate the activities at the facility and with the implementation and monitoring system at the district.

5.Training for the nodal officer on the protocol, Grid pattern, data collection, use of Shaili app, Snehita Brisk web application to find high risk person for breast cancer

6. Training of MLSP, Nurses, JHI,JPHN on the protocol, Pap smear, Clinical Breast Examination. They should be trained in Snehita Brisk scoring system

The gap analysis and the preparedness of the Grid institutions should be verified and appropriate action should be taken

The status of training of MLSPs, Nurses,JHI,JPHN and medical doctors in PHCs,CHCs on cancer awareness and training should be updated. Arrangements for training the remaining staff should be made. A detailed timeline should be prepared and the apex cancer centre and the medical colleges of the region should be approached for the training.

7. Data capture and entry at the source and point of care setting should be arranged and ensured.

8.The IEC materials should be prepared and distributed to all Healthcare institutions, NGOs associated with the project, private hospitals and labs

9. The boards, posters on cancer awareness in public places- Local self government bodies shall be instructed to erect and exhibit in their offices and the government offices , bus stops

10. The list of private hospitals and labs willing to support the campaign and support investigations should be identified.

Implementation Activities:

The activities and responsibilities of Implementation Team

- A meeting of NGOs in the district including the palliative care units to involve them in the campaign. They shall be encouraged to conduct screening camps at their level to augment the process.
- The IEC materials -the contents shall be given to them to prepare IEC materials and the logo of the campaign shall be displayed in the IEC materials.
- Training monitoring and all Grid hospitals should be made ready for the project and the preparations are for continued services
- Regular monitoring of the project through monthly reviews.
- Stakeholders meet – Every two months to assess the process and take appropriate interventions to ensure continuation of the project
- Regular refresher training program for ground level healthcare workers and medical officers
- Data monitoring and reporting to the state level monitoring team
- Follow up details of positive cases should be assessed. Necessary strategy to ensure appropriate referral and care to newly detected cancer patients through the campaign
- A Grievance cell shall be set up to address the complaints and grievances arise during the project
- Continuous engagement with private hospitals and labs

- Public health lab strengthening processes
- The data of screening should be updated in the dash board and weekly review of the process should be carried out.
- Facilitation to Kerala Cancer Registry- the new cancer patients detected through the campaign shall be informed to the Population Based Cancer Registry of the region. (Population Based Cancer Registry **G.O.(Rt)No.504/2021/H&FWD** Dated, 19/02/2021-, Mandatory Registration **G.O.(Rt)No.505/2021/H&FWD** Dated 19/02/2021)

Implementation :

Screening is based on risk assessment. If any women with high risk feature/symptoms or suspicious lesions cased on clinical breast examination and SHAILI App and SNEHITABRISK Web application use will be brought to PHCs for further screening(mentioned in protocols)

Informed consent should be obtained from all persons willing to undergo screening

Monitoring Team: District Cancer Control Committee under District Collector

District collectors shall convene District Cancer Control Committee as per GO

If the committee is not constituted, it shall be constituted.

The District Collector shall convene monthly review meeting through DCCC.

- The protocol of screening should be delivered to the field level staff and PHCs and a workshop on the same may be planned.
- The professional associations, NGOs, private hospitals shall be involved in the awareness campaign using the materials prepared by the Government
- DMO shall take weekly review of the progress. He/she shall convene monthly DCCC meeting to assess the program

Individual roles:

District Collector:

- Chairperson of the District Cancer Control Committee
- Regular monitoring of the progress of the program
- Guidance to implementation team

DMO (H)

- Gap analysis –Facility for screening, trained manpower, Equipment

- Mapping of facilities for screening and diagnosis at private and government institutions as per the Kerala Cancer Care Grid
- Arrangement of training for nurses and doctors in screening and diagnosis procedures
- Arrangement of facilities for screening at PHC/FHC (CBE and Pap Smear)
- Arrangement of diagnostic facilities at sub-district and district hospitals

Medical College:

- Training of trainer program –Technical support-Resource person
- Reporting of cytological and pathological specimens- from areas where no local facilities are available
- Radiological support-Mammogram and ultrasound- facility for procedure as well as reporting -- from areas where no local facilities are available
- Colposcopy, Cryotherapy, and LEEP for management of cervical precancers
- Treatment for biopsy-proven cases
- A centralized facility/system for the transportation of specimens
- A centralized system for availing reports at referring institutions
- A centralized system for data collection from each participating institution

Apex Cancer Centre

- Training (Nurses/Doctors/Speciality Doctors in early diagnosis) –Technical Support-Resource person
- Reporting of cytological and pathological specimens- from areas where no local facilities are available
- Radiological support-Mammogram and ultrasound - facility for procedure as well as reporting -- from areas where no local facilities are available
- Ultrasound/Mammogram-guided biopsy
- Training of Pathologists and Radiologists from DHS and DME in onco-pathology and reporting of mammograms, USG guided biopsy, etc
- Training of technicians in Pap Smear reporting
- Treatment for biopsy-proven cases

Process guide on conducting screening for cervical and breast cancer in a primary care-screening camp setting

Step 1. Registration

- Eligibility:
- Basic socio-demographic details
- Contact details

Step 2. Risk assessment:

- History taking and assessment of risk factors for breast/ cervical cancer

If any risk factor is present then proceed to steps 3, else skip to step 6

Step 3. Clinical breast examination or pap smear (as per the risk factors)

- Clinical breast examination by a trained doctor
- Pap smear

If any abnormal findings or clinical suspicion then step 4 else step 6

Step 4. Refer to a designated secondary/ tertiary care centre.

- Confirmatory diagnostic tests to be performed
- Communication of results

If negative then proceed to step 6

Step 5. Referral & Treatment

- Follow up for therapeutic care in a tertiary care centre

Step 6. Health education (for all attendees)

- Create awareness of cervical and breast cancer
- Teach self-breast examination

Remarks:

- Informed consent to be taken for all screening procedures.
- Privacy and confidentiality to be maintained all steps
- Safety of the information collected to be ensured in all steps

PROTOCOL DOCUMENT: BREAST CANCER AWARENESS, SCREENING, AND MANAGEMENT WORKFLOW

1. Awareness and High-Risk Case Identification

- Identification of high-risk cases through SHAILI APP and SnehitaBRISK tool (http://snehita.in/risk).
- House visits by MLSP or direct visits to Primary Health Centers (PHCs).
- Community-based awareness through Kudumbasree/Asha workers.

2. Clinical Evaluation at Primary Health Center (PHC)

- High Risk by Snehita BriskTool
- Screening for symptoms:
    1. Lump or suspicious lump
    2. Ulceration
    3. Bloody nipple discharge
    4. Axillary node involvement
    5. Eczema of the nipple-areolar complex
    6. Edema and erythema of the breast /upper limb
- **Clinical Breast Examination to be conducted by the Medical Officer**

  Should include
    1. History-taking (Consider Fibrocystic Diseases, Cyclical changes, cyclical symptoms, possibility for other benign breast diseases)
    2. Visual inspection and palpation of both breasts, armpits and root of the neck
    3. Educate women on breast self awareness
- Cases with suspected malignancy to be referred to Grid Hospital for further evaluation.
- **Diagnostic Pathway (initiated from PHC)**
    - **Mammography**: For individuals above 40 years of age.*(Only in cases found to have clinical abnormalities)*
    - **Ultrasound (USG)**: For individuals below 40 years.
    - **PHC Nurse Role**: Coordination of appointments at Grid Hospital or empaneled hospitals for further evaluation.

4. Referral and Advanced Diagnosis

- Help desk at THQ/District Hospital/Private empaneled institutions for:
    - Screening mammogram
    - USS (Ultrasound Screening)
    - FNAC/Biopsy for breast cancer diagnosis
- Should Consult a surgeon or expert in clinical examination if possible
- The results should be evaluated by the Doctor after the Radiological Examination
- **MMG/SonoMMG BIRADS 4 or Above → Refer for FNAC**
- **BIRADS 3→ Repeat RBE after 6 months**
- BIRADS 2 or below→ Refer back to PHC for follow up by the PHC MO (CBE every six months)
- **FNAC Positive**:
    - Referral to Medical Colleges/Advanced Cancer Centers (ACC) for core biopsy.
- **FNAC Negative**:
    - Core biopsy to be conducted; if not available, referral to District Hospital.
    - Nodal officer to ensure biopsy facility at District Hospital.
- **Cytology/HPE**:
    - Conducted at RPH, Public Health Lab, MCH, ACC, or empaneled private labs/hospitals.
    - If no facility available, referral to nearby Medical Colleges/Cancer Centers (DH-EKM GH).

      Negative Results→ Refer back to PHC for 6month follow up

5. Treatment Pathway

- Referral to Medical Colleges, or Apex Cancer Centers (ACC) for treatment.
- **Mammography/USG directed biopsy** at Grid Hospital or Empaneled Hospitals.

6. Surveillance for High-Risk Individuals with Snehita BRISK tool

- **Eligibility**:
    - High risk as per SnehitaBRISK tool but no lump or symptoms.
    - Family history of breast/ovarian cancer in first-degree relatives or two second-degree relatives.
    - Prior chest wall RT, or non-palpable suspicious cases.
- **Primary Health Center Role**:

- Confirmation and monitoring.
- Training to do Self-breast examination for Breast Self Awareness)during Clinical Breast Examination (CBE) by MLSP and PHC MO.
- Prevention strategies →education.

7. Follow-Up and Surveillance Plan

- **If no lesion found**:
  - Close surveillance and review after 3 months.
  - If no symptoms or signs persist, 6-monthly reviews.
- **Consultation Support**:
  - PHC Medical Officers and Grid Hospital experts may consult ACC/GMC of the region.

8. Cancer Prevention Strategies Workflow

1. **Training of Trainers**: Conducted by Cancer Centers, Medical Colleges, and GH Cancer Departments.
2. **Trainer Capacity Building**: Medical Officers of Family Health Centers (FHC) to be trained.
3. **Trainer Responsibilities**: Train MLSP, JPHN, JHI.
4. **Community Engagement**:
   - Awareness through Residents Associations, Clubs, NGOs, Kudumbasree, Social and Religious Organizations.
   - Utilization of IEC materials in print and electronic media.

9. Counselling and Support for Diagnosed and Treated Cases

- **Cancer Survivors Forum**: Peer support groups.
- **Trained Social Workers (MSW)**: Providing psychological and social support.
- **Call Centers/Helplines**: Dedicated services for patient support and guidance.

PROTOCOL: CERVICAL CANCER DETECTION AND MANAGEMENT

1. Identification of High-Risk Individuals

- High-risk cases identified through Shaili App.
- Symptoms indicative of cervical cancer:
  - Post-menopausal bleeding

- Postcoital bleeding
- Irregular menstrual bleeding
- Foul-smelling vaginal discharge

- MLSP to refer high-risk cases to Primary Health Centers (PHC).

2. Clinical Examination at PHC Level

- Conducted by: Nurse/MLSP under the supervision of Medical Officer (MO).
- If lesion is present: Immediate referral to Grid Hospital (DH/GH) for biopsy.
- Biopsy positive: Referral to Medical College Hospital (MCH)/Advanced Cancer Center (ACC).
- If no lesion is present: Proceed with Pap smear (by MO/Nurse/MLSP).

3. Pap Smear Results and Follow-Up

- Pap smear negative: Referral to a gynecologist for further evaluation.
- Pap smear positive:
  - Colposcopy-directed biopsy.
  - If Cervical Intraepithelial Neoplasia (CIN) is detected:
    - Treatment options include thermal ablation, cryotherapy, LEEP (Loop Electrosurgical Excision Procedure), or conization at District Hospital/MCH.
  - If invasive cancer is detected: Referral to MCH/ACC for specialized treatment.
  - If Colposcopy is negative: Repeat Pap smear test after one year.

4. Treatment and Management of CIN

- CIN cases to be treated at MCH/ACC.
- Gynecologists to be trained in colposcopy and treatment protocols for effective diagnosis and management.

5. Implementation Strategy

- Capacity Building:
  - Training programs for gynecologists on colposcopy and CIN treatment.
  - Skill enhancement for MLSPs, nurses, and medical officers in early detection.

- Referral Coordination:
    - Strengthening linkages between PHCs, Grid Hospitals, District Hospitals, MCHs, and ACCs.
- Community Awareness:
    - Utilization of IEC (Information, Education, and Communication) materials for educating the community.
    - Awareness campaigns through Resident Associations, Kudumbasree, NGOs, and local bodies.
- Follow-up Mechanism:
    - Systematic follow-up of high-risk individuals and CIN cases for continuous monitoring and timely intervention.

6. Expected Outcomes

- Early identification and treatment of precancerous and cancerous cervical lesions.
- Improved survival rates through timely referral and specialized intervention.
- Reduction in the burden of cervical cancer through an organized screening and management protocol.