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சுகாதாரம், போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No: 01 - 54 / 2018

To: All Provincial Directors of Health Services,
All Regional Directors of Health Services,
All Heads of Institutions/ District Medical Officers/Medical Officers In charge,
Medical Officers (Maternal and Child Health/Non Communicable Diseases),
All Regional Dental Surgeons,
All Medical Officers of Health.

Screening programme for Oral Potentially Malignant Disorders and early detection of Oral cancer:

Obtaining services of Public Health Midwives and Public Health Inspectors to identify and refer people at a higher risk for Oral Potentially Malignant Disorders and Oral cancer

‘Oral cancer’ is traditionally defined as squamous cell carcinoma of the lip, oral cavity and oropharynx. According to cancer incidence data in year 2011, lip, oral cavity and oropharyngeal cancers accounted for 16.4% of all reported cancers in Sri Lanka and it is the commonest cancer among males. Out of new cancer cases reported among males in 2011, 24% were cancers of the lip, oral cavity and pharynx.

Despite numerous advances in treatment of oral cancer, 5-year survival has remained approximately 50% for last 50 years. It has the highest mortality rate among all types of cancers (3 deaths per day) and is largely attributed to patients seeking medical advice only at a very late stage. This is proven by the fact that, of all oral cancer patients whose staging information is available, 76% are in stages III or IV (Cancer Incidence Data, Sri Lanka 2011).

There is sufficient research evidence regarding the aetiology of oral cancer. According to scientific evidence, habits such as betel quid chewing with or without tobacco, chewing of tobacco and areca nut products, smoking

and use of alcohol are considered as major risk factors for oral cancer. It has been shown that there is a high prevalence of above habits among Sri Lankan population.

According to the National Oral Health Survey 2002/2003, prevalence of betel quid chewing was 34% among 34-44 year olds and 47.7% among 65-74 year olds. Betel quid chewing is more prevalent in the rural communities when compared to urban communities. Non Communicable Risk Factor Survey, Sri Lanka 2015 (STEPS Survey) reported that among the adults aged 18-69 years more than one fourth of males (26%) and nearly 5% of females reported as currently using smokeless tobacco. This was more prevalent among older age groups. However, according to the recent scientific evidences, there is an emerging trend of increased usage of commercially/self-prepared smokeless tobacco and arecanut products among younger age groups.

Screening of individuals having a higher risk for oral cancer facilitates the identification of Oral Potentially Malignant Disorders (OPMD) and detection of oral cancer in early stages. Early detection will also significantly improve the outcome of treatment and the quality of life of the patient.

Some population sub-groups such as drivers, estate workers, farmers, fishermen, manual labourers, construction site workers, rural villagers, etc. are at a high risk of OPMD and oral cancer due to their risk habits in day today living. Hence, more attention should be paid for these population sub-groups when screening for OPMD/oral cancer.

A triad of criteria was developed to identify the individuals who are having a higher risk for OPMD and oral cancer and these individuals need refer to the to Dental Surgeons for clinical oral examination and further management.

Triad of criteria:

1. Those who chew betel quid three or more times a day.
2. Those who chew betel quid less than three times a day but additionally smoke and/or consume alcohol habitually.
3. Those who habitually consume tobacco and areca nut products (like babul, beeda, pan parag, mawa etc.)

Since Primary Health Care (PHC) staff has a large opportunity to encounter high-risk individuals at community level, a decision was made to obtain services of Public Health Midwives (PHMs) and Public Health Inspectors (PHIs) for identification of individuals with a higher risk of having OPMD and oral cancer. Obtaining the services of PHMs for this activity was endorsed at the 19th meeting of the National Advisory Committee on Family Health, held on 7th July 2015. Since this activity is to be done by PHMs and PHIs during their routine home/ field visits, it will not add an additional burden over their routine services.

Roles and responsibilities of health care facilities and service providers are identified (Annex I) in order to facilitate identification of people with OPMD and early detection of oral cancer, which will improve oral cancer prevention and control activities.

Public Health Midwives and Public Health Inspectors, either during their regular home visits or during other encounters with the community, should identify high-risk individuals for OPMD and oral cancer according to the triad of criteria given above. They should be referred to the Dental Surgeon in the nearest state hospital using referral forms provided (Annex II). Time slot between 10.30 am to 11.30 am on weekdays is identified as preferable for directing these individuals to hospital dental clinics. This will minimize interruption to routine therapeutic activities at the Dental Clinic and the waiting time. Dental Surgeons should ensure management of referred individuals according to the 'Guideline for Management of OPMDs'. If necessary, these patients should be referred to Oral & Maxillo-Facial Surgery (OMF) units using referral forms provided (Annex III). All referral received by the Dental Surgeon should be back referred to respective PHM/PHI using the overleaf of the referral form (Annex II).


For the purpose of referrals and back-referrals, the National Cancer Control Programme (NCCP) has developed two simple formats (Annex II & III). They will be provided as booklets.

1. Referral form to be used by Primary Health Care (PHC) staff to refer high-risk individuals to Dental Surgeons and the feedback form (Annex II).
2. Referral form to be used by Dental Surgeons to refer patients to Oral & Maxillo Facial Surgery (OMF) units and the feedback form (Annex III).

Overleaf of the referral form was designed to provide the feedback from Dental Surgeon at hospital dental clinic to PHM/PHI (Annex II) or from OMF unit to Dental Surgeon who referred the clients (Annex III).

All the Provincial and Regional health authorities are advised to take necessary measures to facilitate and coordinate this initiative in order to reduce oral cancer burden in Sri Lanka.

If you need any further clarifications please contact the Director or Consultant in Community Dentistry of National Cancer Control Programme (Tel: 0112368627).


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Deputy Director General - Dental Services
Director - National Cancer Control Programme
Director – Maternal and Child Health
Director – Non Communicable Diseases
Director - Dental Services
Director - Primary Care Services

Annexes:

Annex No	Name of the Return/ Record	Prepared by	Sent to	Source of information	Timeline
Annex I	Roles and responsibilities of health care facilities and service providers	-	-	-	-
Annex II	Referral Form for Primary Healthcare Staff to refer high-risk people for OPMD/ Oral cancer to the Dental Surgeon and feed back form for the Dental Surgeon	Referral: PHM/ PHI	Dental Surgeon	-	When high-risk individuals are identified
		Feedback: Dental Surgeon	PHM/PHI	-	
Annex III	Referral form for the Dental Surgeons to refer patients to Oral & Maxillo Facial Surgical units and feed back form for Dental Surgeons at OMF Unit	Referral: Dental Surgeon	Oral & Maxillo Facial Unit	-	
		Feedback: OMF Surgeon / Dental Surgeon in OMF Unit	Dental Surgeon	-	
Annex IV	Register for new patients with oral cancer and oral potentially malignant disorders	Dental Surgeon	-	-	-
Annex V	Monthly return for Dental Surgeons on new patients with oral cancer and oral potentially malignant disorders	Dental Surgeon	Regional Dental Surgeon	Register for new patients with oral cancer and oral potentially malignant disorders	On or before 5 th day of the subsequent month.
Annex VI	Quarterly return for Regional Dental Surgeons on new patients with oral cancer and oral potentially malignant disorders	Regional Dental Surgeon	Director, National Cancer Control Programme	Monthly Return on New Patients with Oral Cancer and Oral Potentially Malignant Disorders by Dental Surgeons.	On or before 25 th day of the month subsequent to the quarter.

Annex I

Roles and Responsibilities of Health Care Facilities and Service Providers

Role of National Cancer Control Programme (NCCP)

- Ensure public awareness on OPMD and oral cancer and their risk factors through mass media and other communication channels.
- Training of Primary Healthcare staff: Training of Trainers (TOT) and ensure cascade training up to field level staff.
- Coordination of oral cancer prevention and early detection programme with Deputy Director General of Dental Services, Deputy Director General of Non Communicable Disease Bureau, Director - Family Health Bureau, Director -Health Promotion Bureau, Director - Primary Care Services, Principal Public Health Inspector and other relevant authorities including provincial and district level staff of Ministry of Health and oral health professionals.
- Ensure overall oral cancer prevention and early detection programme in the country: planning, coordination, implementation and monitoring of programmes on prevention and early detection of oral cancer.
- Ensure receipt of data on cases referred for screening and number of cases diagnosed, compilation and data analysis.
- Ensure that supply chain management is properly functioning and relevant hospitals / MOH areas receive required equipment and consumables.

Role of Provincial Director of Health Services (PDHS)

- Coordination of oral cancer prevention and early detection programme with district level staff of Ministry of Health including Regional Directors of Health Services, Provincial Consultant in Community Dentistry and Regional Dental Surgeons.
- Monitoring and evaluation of the programme at provincial level.

Role of Regional Director of Health Services (RDHS)

- Coordination of oral cancer prevention and early detection programme with district level staff including Regional Dental Surgeon and Medical Officers of Health
- Implementing, monitoring and evaluation of the programme at district level.
- Provision of adequate resources for dental clinics facilitating screening activities.

Role of Provincial Consultant in Community Dentistry (CCD)

- Coordination of oral cancer prevention and early detection programme with district level staff of Ministry of Health including RDHS, Consultant Community Physicians, RDS, MO – NCD and Medical Officers of Health.
- Coordination of training programmes on prevention and early detection of oral cancer for primary health staff in the province with NCCP and district level staff of Ministry of Health and ensure cascade training up to field staff.
- Ensure public awareness on OPMD and oral cancer and their risk factors within the province.
- Organize targeted awareness campaigns and screening programmes for high-risk individuals for oral cancer at district level with RDS, MOH, Dental Surgeons and Primary Health Care staff.
- Compile and analyse data on patients referred and diagnosed at provincial level. Coordinate with NCCP regarding the data of these patients.
- Conduct surveys within the province to assess the prevalence of risk factors related to oral cancer and OPMDs.
- Monitoring and evaluation of the programme at provincial level.

Role of Regional Dental Surgeon (RDS)

- Implement the oral cancer prevention and early detection programme at district level.
- Coordination of oral cancer prevention and early detection programme with district level health staff including MOH.
- Coordinate with the Dental Surgeons of the area to ensure they screen the high-risk individuals referred by the PHC staff.
- Coordinate with MO – NCD of the district to ensure oral cancer prevention and early detection programme in the common NCD screening programme.
- Coordinate training programmes for Dental Surgeons, Medical Officers, Registered Medical Officers and PHC staff.
- Ensure adequate supply of logistics including supply and distribution of referral forms, registers and returns at district level.
- Organize targeted awareness campaigns and screening programmes for high-risk individuals at district level with the coordination of Dental Surgeons and Primary Health Care staff.
- Compile the “Quarterly return on new patients with oral cancer and oral potentially malignant disorders “(Annex VI) based on the monthly return send by the government dental surgeons. This return needs to be sent to the Director, National Cancer Control Programme, on or before 25th day of the month subsequent to the end of quarter.

Role of Medical Officer of Health (MOH)

- Implement the oral cancer prevention and early detection programme at MOH area level.
- Coordination of oral cancer prevention and early detection programme with MOH staff.
- Coordinate with Regional Dental Surgeon and Dental Surgeons of the area to ensure that the Dental Surgeons screens high-risk individuals referred by the PHC staff.
- Coordinate training programmes for Dental Surgeons, Medical Officers, Registered Medical Officers and PHC staff with the Regional Dental Surgeon.

Role of Public Health Nursing Sister (PHNS) / Supervisory Public Health Inspectors (SPHI)/ Supervisory Public Health Midwife (SPHM)

- Coordination of oral cancer prevention and early detection programme at MOH level with the Medical Officers of Health, Dental Surgeons and PHC staff.
- Monitor distribution of referral forms among the PHC staff at MOH level.
- Organizing targeted awareness campaigns and screening programmes for high-risk individuals at MOH area levels with the coordination of Regional Dental Surgeon.

Role of Public Health Midwives (PHM) and Public Health Inspectors (PHI)

- Promote oral cancer prevention and early detection programme at PHM/PHI area level.
- Identify individuals at risk of OPMD / oral cancer during their routine home/ field visits, and refer them to the closest government Dental Surgeon by using the referral form (Annex II).
- Keep the duplicate copy of the referral form with PHM/ PHI.
- Educate the public on the importance of habit intervention and mouth self-examination.
- Trace the loss to follow up patients diagnosed with oral cancer.

Role of Dental Surgeons in Government Hospitals

- Opportunistic screening for OPMD and oral cancer of all patients attending the dental clinic.
- Priority for screening should be given to persons referred by PHC staff and self-referred individuals (PHC staff is asked to refer persons for screening between 10.30 am to 11.30 am on weekdays).
- Provide instructions to persons referred for screening of OPMD / oral cancer by PHC staff and self-referred individuals to improve the oral hygiene and for habit intervention.
- Manage patients with OPMD according to the 'Guideline for management of Oral Potentially Malignant Disorders'- Management will be either at clinic level or they will be referred to the Oral & Maxillo Facial Surgical (OMF) units for further management using the referral forms provided (Annex III). Keep the duplicate copy of the referral form in the dental clinic.

- In case of receipt of cases referred back, follow-up and improvement of oral health status should be done according to the treatment plan.
- Improvement of the oral health status of the patient with OPMD is considered as the most important step in preventing malignant transformation. Therefore, the Dental Surgeons of the primary care institutions should improve the oral health status of the OPMD patients before starting any treatment or referring to OMF units for further management.
- Should maintain the 'Register for new patients with oral cancer and Oral Potentially Malignant Disorders' (Annex IV) at the clinic.
- Should prepare the 'Monthly return on new patients with oral cancer and oral potentially malignant disorders' (Annex V) using the above mentioned register and send to the RDS of the district on or before 5th day of the subsequent month.
- Monthly statistics on OPMDs should also be reported through the 'Monthly Report of Hospital Dental Clinics' (format H 1201) to the respective authorities.
- Dental Surgeon-in-charge of dental clinics not under administrative purview of Provincial Director of Health Services should also maintain all registers related to oral cancer and OPMD. The returns should be sent to relevant authorities as mentioned above.

Role of Medical Officers (especially at HLCs / OPD)

- Identify high-risk individuals according to the developed triad of criteria and refer them to the nearest Dental Clinic in state hospital to carry out a proper clinical oral examination.
- Follow the 'Guideline for Management of Oral Potentially Malignant Disorders' published by National Cancer Control Programme, Ministry of Health, Nutrition and Indigenous Medicine for technical guidance on OPMD.
- Assist individuals having higher risk for OPMD / Oral cancer for cessation of risk habits.

Role of Oral & Maxillo Facial Surgical (OMF) Units

- Manage patients with OPMD and oral cancer at OMF units.
- Patients with OPMD should be referred back to the dental clinic for improvement of oral health status and follow up (if the patient is referred by a Dental Surgeon, back referral can be carried out using overleaf of the same form - Annex III).
- Liaise with Dental Public Health / Preventive Oral Health units (if available) for habit intervention, counselling and improvement of oral hygiene of OPMD patients.
- Maintain the 'Register for Oral Cancer Incidence Data' at the OMF units. Annual returns should be sent to the Director, National Cancer Control Programme, Public Health Complex, 555/5, Elvitigala Mawatha, Narahenpita according to the General Circular No: 01-33/2012.

Role of dental surgeons and medical officers in private sector

- Opportunistic screening of all patients attending dental / medical clinics for OPMD and oral cancer.
- Refer those patients having OPMD or oral cancer to the nearest OMF units for further management.
- Provide instructions on refraining from those who consume betel quid or tobacco and areca nut products.

Referral form for Primary Health Care staff to refer high-risk individuals for OPMD / oral cancer to Dental Surgeon

Feed back form to be filled by the Dental Surgeon

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Annex III

Referral form for the Dental Surgeons to refer patients to Oral and Maxillo Facial Surgical units

Referral form to OMF Surgical Unit		
Name of the patient:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Age:	Address:	Telephone number:
Habits:		
Betel Chewing	<input type="checkbox"/>	Consuming Alcohol <input type="checkbox"/>
Smoking	<input type="checkbox"/>	Other <input type="checkbox"/>
Reason for referral:		
Dental Surgeon's Signature Hospital Date		

Feed back form to be filled by the Dental Surgeon at OMF unit

<u>To be filled by the dental surgeon at OMF Surgical Unit (For feedback)</u>		
Diagnosis:		
Treatment plan:		
.....		
To be reviewed in:	3/12 <input type="checkbox"/>	6/12 <input type="checkbox"/> 1 year <input type="checkbox"/>
Any comment:		
Dental Surgeon's Signature Hospital Date		

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Annex V**Monthly Return for Dental Surgeons on new patients with Oral Cancer and Oral Potentially Malignant Disorders**

This monthly return should be compiled by the Dental Surgeon/ Dental Surgeon incharge and should be sent to the Regional Dental Surgeon (RDS) of the district on or before 5th day of the subsequent month.

Information on high-risk individuals

Year		Month		RDHS Division	
Name of the Institution					
Number of high-risk individuals referred by (based on the PHC referral booklet)				PHC staff	MO
Number of high-risk individuals reported to the Dental Clinic					

Information on individuals with OPMD/ suspected Oral Cancers

(Please refer the Register for new patients with Oral Cancer and Oral Potentially Malignant Disorders)	Referred by				Total
	Self referral	PHC staff	GP	Other	
Total number of OPMDs detected at dental clinics					
Total number of suspected Oral Cancers detected at dental clinics					

Details of OPMD and suspected Oral Cancer detected at the Dental Clinic

Condition		Male	Female	Total
1	Leukoplakia			
2	Erythroplakia			
3	Oral sub mucous fibrosis			
4	Oral lichen planus			
5	Other OPMDs			
Total number of OPMDs				
Total number of suspected Oral Cancer				

Special Remarks:

Name of the Dental Surgeon :

Date :

Signature :

Annex VI

Quarterly return for Regional Dental Surgeons on new patients with Oral Cancer and Oral Potentially Malignant Disorders

This Quarterly Return should be compiled by the Regional Dental Surgeon based on the 'Monthly Return on new patients with Oral Cancer and Oral Potentially Malignant Disorders' by Dental Surgeons.

The quarterly return should be sent to Director, National Cancer Control Programme, Public Health Complex, 555/5, Elvitigala Mawatha, Narahenpita on or before 25th day of the month subsequent to the quarter.

Year Quarter 1 (Jan-March) Quarter 2 (April-June) Quarter 3 (July-Sept) Quarter 4 (Oct-Dec)

RDHS Division		Under RDHS Division	Line Ministry
No of dental clinics in the District			
No of dental clinics who send all 3 returns at the end of the quarter			

Information on high-risk individuals

Number of high risk individuals referred to the dental clinics by PHC staff during the quarter (Based on the PHC referral booklet)	PHC staff	MO	Self	Other	Number of high-risk individuals reported to the Dental Clinic during the quarter	

Details of OPMD and suspected Oral Cancer detected at the Dental Clinic

	OPMD Type	Male	Female	Total		OPMD Type	Male	Female	Total
1	Leukoplakia				5	Other OPMDs			
2	Erythroplakia				6	Total No of OPMD's			
3	Oral sub mucous fibrosis				7	Total No of suspected Oral Cancer			
4	Oral lichen planus								

(Please refer the Register for new patients with Oral cancer and Oral Potentially Malignant Disorders)	Referred by				Total
	Self referral	PHC staff	MO	Other	
Total number of OPMDs detected at dental clinics					
Total number of suspected oral cancers detected at dental clinics					

Special Remarks:

Name of the RDS :

Date :

Signature :