



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Cancer: A challenging future for everyone

Cancer poses a significant global health challenge, with its impact increasingly felt in countries like Sri Lanka. The prevalence of various cancer types, including breast, cervical, oral, lung, and colorectal cancers, contributes substantially to morbidity and mortality rates in the country.

In 2022, nearly 20 million people worldwide were diagnosed with cancer, making it the second leading cause of death globally. Cancer accounted for an estimated 9.7 million deaths in the same year, equating to one in six deaths globally. Lung cancer was the leading cause of cancer death (1.8 million deaths, 18.7% of the total cancer deaths) followed by colorectal cancer (900 000 deaths, 9.3%).

In Sri Lanka, cancer is a significant contributor to both morbidity and mortality rates. The prevalent types include breast, cervical, oral, lung, and colorectal cancers. In 2022, 33,243 new cancer cases were reported, resulting in an age-

standardized incidence rate of 106.9 per 100,000 individuals. It accounted for 19145 deaths in the same year with an age-standardized mortality rate of 59.0.

The cumulative risk of developing cancer in Sri Lanka before the age of 75 is 11.9% for males and 11.2% for females, and the cumulative risk of dying from cancer before the age of 75 is 7.5 for males and 5.9 for females, indicating a considerable proportion of the population susceptible to cancer during their lifetime.

Notably, oral cancers ranked highest among males, with 16.5 cases per 100,000 population (1990 cases), while breast cancer topped the list for females, with 27.3 cases per 100,000 population (4555 cases), comprising 12.6% and 26.0% of all cancer cases among males and females, respectively.

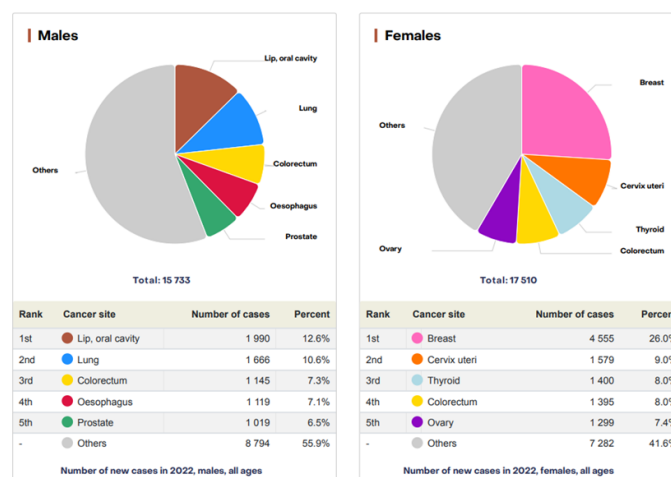


Figure 1 – Distribution of leading cancers by sex in Sri Lanka 2022

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SRI LANKA 2024

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The world is expected to see a 77% increase in new cancer cases by 2050, with the greatest increase projected to occur in low- and middle-income countries (LMICs). Factors contributing to this rise include population ageing, growth, and changes in exposure to risk factors such as tobacco, alcohol, and obesity. Air pollution is still a key driver of environmental risk factors. Globally, 5-10% of all cancers are attributed to genetic defects and 90-95% to environmental and behavioural lifestyle factors such as tobacco (25%), alcohol (4-5%), nutrition and physical inactivity (3-4%) and infections (13%). Tobacco use is the most important risk factor for cancer and is responsible for approximately 22% of cancer deaths.

Efforts to address the cancer burden in Sri Lanka include initiatives aimed at improving prevention, early detection, treatment, and palliative care services. Collaboration with international organizations such as the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC), along with non-governmental organizations and academic institutions, strengthens the capacity for cancer management, research, and training.

The Sri Lankan government has a National Cancer Control Policy approved by Parliament in 2015, with the National Advisory Committee (NAC) serving as the statutory body for cancer prevention and control. Infrastructure improvements, healthcare professional training, and access to essential medicines and technologies are essential in strengthening the capacity of the health system.

The national immunization program in Sri Lanka started HPV vaccination in 2017 for 10–11-year-old girls as a school-based vaccination program. This is expected to reduce the number of cervical cancers in the future which contributes to 5% of all cancers now. Screening programs for selected cancers such as breast, oral, and cervical cancers are delivered by the healthcare system. Recently, the guidelines for the early detection and referral of seven common cancers in Sri Lanka have been published to streamline the early detection of leading cancers.

Cancer treatment services in Sri Lanka are predominantly provided by the state sector free of charge to the general public. Cancer Control Capacity and Needs Assessment (imPACT Review) were conducted in Sri Lanka in the year 2019 and based on the recommendations, it was decided to upgrade all the provincial-level cancer treatment centres to Centers of Excellence. Ministry of Health has issued a guide for Centers of Excellence in cancer care with the main objective of providing a continuum of cancer care for all those who need it closer to their homes.

Medical oncology units with facilities for systemic therapy and adequately supported by surgical, pathology, and radiology departments have been established in each District General Hospital island-wide. These include expensive novel systemic

therapies, which are provided after case-by-case assessment and approval by the Ministry of Health (MoH). According to the Annual Health Bulletin (AHB) in 2019 a total of 29,457 cancer patients were registered in all cancer treatment centres in the country and 37% of patients were treated with surgery, 44% with radiotherapy and 51% with chemotherapy.

Palliative care services are a core component of comprehensive cancer management. It is mainly provided through the partnership of Non-governmental Organizations. National Strategic Framework for Palliative Care Development 2019-2023 identifies the importance of the establishment of palliative care consult services (PCCS) and circular instructions were issued for the Tertiary and Secondary care hospitals by the Ministry of Health to strengthen the palliative care services.

In conclusion, while Sri Lanka has made strides in addressing cancer, intensive efforts are needed to further strengthen prevention, screening, and treatment services, improve access to healthcare in underserved areas, raise awareness about cancer, and address socio-cultural barriers to ensure better outcomes.

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4. Ministry of Health - Annual Health Bulletin 2019
5. National Cancer Control Programme - Guide for Centers of Excellence in Cancer Care
6. National Cancer Control Programme – Annual Report 2022

Table 1: Selected notifiable diseases reported by Medical Officers of Health 16th-22nd Mar 2024 (12th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishmania-			Tuberculosis			WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	A	B	A	B	T*	C**	
Colombo	146	3885	0	5	0	1	0	2	0	3	25	109	0	0	0	3	0	0	9	107	1	11	0	0	57	498	95	100		
Gampaha	80	1607	0	5	0	4	0	2	0	0	27	178	0	2	0	1	0	0	8	80	2	30	0	6	29	276	100	100		
Kalutara	78	1036	0	9	0	0	1	4	2	5	35	190	0	3	0	5	0	0	28	172	2	22	0	0	15	167	100	100		
Kandy	42	1466	0	5	0	0	0	0	0	3	5	74	2	7	1	3	0	0	10	172	0	4	0	12	20	164	100	100		
Matale	6	292	0	1	0	0	1	4	8	1	39	0	0	0	0	1	0	0	2	25	0	4	6	71	5	31	100	100		
Nuwara Eliya	6	162	0	19	1	3	0	1	2	11	1	66	2	14	0	3	0	0	9	58	0	3	0	0	6	73	100	100		
Galle	30	941	2	16	0	6	0	1	0	16	15	240	1	35	0	4	0	1	28	172	1	24	0	3	10	112	95	100		
Hambantota	17	376	0	5	1	1	1	1	8	8	9	223	0	13	0	2	0	0	9	80	0	11	15	142	1	35	100	100		
Matara	14	327	0	2	1	3	0	0	0	4	7	99	1	7	1	1	0	0	6	80	1	37	1	29	1	19	94	100		
Jaffna	67	4682	0	21	0	1	0	2	0	15	0	12	12	329	0	3	0	1	6	90	1	6	0	0	8	54	86	93		
Kilinochchi	7	256	0	2	0	0	1	1	0	1	0	9	1	7	0	0	0	0	0	1	0	2	0	0	0	7	100	100		
Mannar	1	167	0	0	0	0	0	1	0	0	16	1	6	1	6	0	0	0	0	4	0	2	0	1	1	17	100	100		
Vavuniya	2	122	0	0	0	0	0	0	0	1	0	47	0	1	0	4	0	0	0	9	0	6	1	4	2	7	100	100		
Mullaitivu	1	168	0	3	0	0	0	0	0	2	0	45	0	8	0	0	0	0	0	2	0	0	0	4	3	11	100	100		
Batticaloa	28	956	6	46	0	5	1	2	2	12	2	21	0	1	1	6	0	0	2	19	1	19	0	1	7	30	100	100		
Ampara	7	128	0	12	0	1	0	0	0	7	3	99	0	1	0	3	0	0	4	45	1	17	0	5	8	61	86	100		
Trincomalee	21	377	1	7	0	0	0	1	0	1	1	81	2	9	0	0	0	0	3	19	0	3	0	8	1	18	100	100		
Kurunegala	29	1133	3	8	0	7	0	0	0	339	2	216	0	13	0	2	0	2	10	126	4	71	10	144	6	130	81	97		
Puttalam	12	565	0	1	0	1	0	0	0	0	3	111	0	5	0	0	0	0	5	41	0	13	1	6	8	51	75	99		
Anuradhapura	18	449	0	4	0	0	0	0	0	2	9	174	1	19	0	6	0	0	1	51	1	17	25	237	7	65	96	100		
Polonnaruwa	15	164	1	7	0	0	0	0	0	2	4	103	0	1	0	1	0	0	4	47	2	9	6	120	3	20	100	100		
Badulla	7	466	0	8	1	2	0	0	6	15	21	189	0	7	1	6	0	0	5	85	1	9	0	7	8	56	100	100		
Monaragala	12	332	1	5	0	0	0	1	0	0	20	371	0	13	0	7	0	0	8	34	1	38	2	61	5	25	73	100		
Ratnapura	48	755	4	23	0	1	0	0	0	3	48	451	2	10	0	8	0	1	5	89	4	36	2	58	0	63	100	100		
Kegalle	35	845	0	3	0	2	0	0	0	3	14	180	1	6	0	5	0	0	21	212	2	21	0	12	10	81	100	100		
Kalmunai	18	473	0	8	0	0	0	0	0	0	1	33	0	1	0	1	0	0	18	60	1	4	0	0	3	35	92	100		
SRILANKA	747	22130	18	225	4	38	4	20	24	461	253	3376	26	518	4	75	0	5	201	1880	26	419	69	931	224	2106	95	99		

Source: Weekly Returns of Communicable Diseases (esurveillance.avid.gov.lk). T=Timeliness refers to returns received on or before 22nd Mar, 2024. Total number of reporting units 358. Number of reporting units data provided for the current week: 355. C**=Completeness. A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

16th – 22nd Mar 2024 (12th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	00	00	01	00	00	00	02	03	18	22	-18.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	01	01	00	00	01	00	05	07	69	51	35.3 %
Measles	01	00	03	00	01	00	00	00	00	05	00	169	00	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	02	-50 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	01	03	-66.6 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Number of Malaria Cases Up to End of March 2024,
03
 All are Imported!!!

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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