



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Cancer Survivors and Supportive Care : A New Challenge for the Health System (Part I)

Cancer Disease Burden

As a result of demographic, economic and epidemiological transitions, Non Communicable Diseases including cancers are in a rising trend. According to the latest estimates by “Globocan”; a project by the International Organization on Research on Cancer which provides global estimates on cancer incidence, mortality and prevalence, 14.1 million new cancer cases and 8.2 million cancer deaths have occurred in the world in year 2012. Out of this 57% of new cancer cases and 65% of cancer deaths were reported from less developed regions of the world.

According to the Sri Lanka Cancer Registry, the number of incident cancer cases has been increased from 5,012 in 1985 to 16,963 in year 2010 in Sri Lanka. Cancer is the second commonest reported cause of hospital deaths in Sri Lanka. Crude annual cancer death rate has increased from 27.9 per 100,000 population in 1985 to 55.2 per 100,000 population in 2009.

Cancer survivors

Earlier the cancer survivor was defined as someone who has been diagnosed with cancer and free of any signs of the disease for at least 5 years. Those who are with signs or symptoms of the disease were referred as “cancer victims”. Later this definition of cancer survivor has been changed by the National Coalition for Cancer Survivorship as “any person who has been diagnosed with cancer, from the time of diagnosis

through the balance of his or her life”. The new definition gained more acceptance as it empowers the newly diagnosed cancer patients and is now accepted by most of the leading organizations including the Center for Disease Control and Prevention and American Society for Clinical Oncology. Discussions are now going on whether to further expand the definition to include other categories such as family members, friends, and care givers affected by cancer .

As a result of the rising trend of cancer incidence combined with improved survival due to several reasons including early and accurate detection, effective treatment, and better follow up, ever increasing numbers of cancer survivors could be observed in almost all the countries of the world. It has become a major challenge to the health system.

Five year prevalence, a term used in cancer epidemiology refers to the number of patients who have been diagnosed within prior 5 years and living by the end of the given 5- year period per 100,000 adult (above 15 years) population. According to the estimates by Globocan, 5 year prevalence of all cancers was 625/100,000 adult population globally in the year 2012. Five year prevalence of all cancers except non-melanoma skin cancer was 321.9 per 100,000 adult population in Sri Lanka in year 2012.

WEB SRI LANKA 2017

Contents

Page

1. *Leading Article – Cancer Survivors and Supportive Care : A New Challenge for the health System (Part I)*

1

2. *Summary of selected notifiable diseases reported - (25th – 03rd March 2017)*

3

3. *Surveillance of vaccine preventable diseases & AFP - (25th – 03rd March 2017)*

4

Supportive care

Most, if not all patients, have needs beyond early cure, averting death and preventing recurrences. Cancer being a disease with a high case fatality rate and a chronic disease with the risk of inheritance, this aspect of care is much more important, though highly neglected. Even with the most sophisticated technology for screening and early detection, it is inevitable to prevent having a proportion of cancer patients, for whom the only available option is palliation. Even for those who the cure is a possibility, cancer is a destructing experience that deserves a lot of 'supportive care' to cope with it.

National Institute for Clinical Excellence (NICE) states that "supportive care, helps the patient and their family to cope with their condition and treatment of it, from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement". It helps the patient to maximize the benefits of treatment and to live as well as possible with the effects of the disease.

According to the European Association of Medical Oncology (ESMO) 'supportive care' is the care that aims to optimize the comfort, function, and social support of the patients and their families at all stages of illness.

Even though many such view points on 'supportive care' are available a consensus definition is available for 'cancer supportive care'. The most recent and most comprehensive definition derived after a systematic review says that 'supportive care' is 'the provision of the necessary services for those living with or affected by cancer to meet their informational, emotional, spiritual, social, or physical needs during their diagnostic, treatment, or follow-up phases encompassing issues of health promotion and prevention, survivorship, palliation, and bereavement' (Hui et al 2013). It includes care by both hospital sector and society and includes the care for caregivers as well.

This definition spells out that 'Supportive care' consisted of several domains;

- 1.informational 2. Emotional 3. Spiritual 4. Social 5. Physical

Other than the above, needs related to health system and financial needs as well have been identified as important aspects of supportive care.

Supportive care versus Palliative care

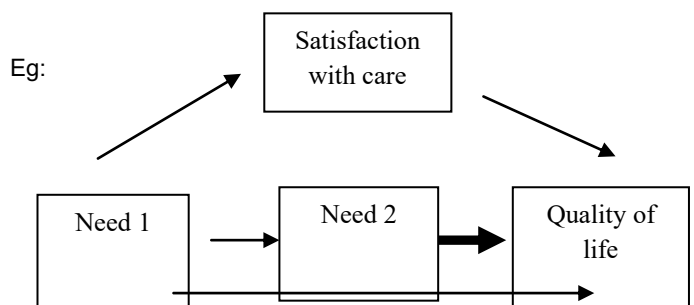
The revised definition by the World Health Organization states that palliative care is 'an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual' (World Health Organization, 2016).

This revised WHO definition does not limit the "palliative care" to the incurable patients, but it includes all the patients who had encountered a life threatening illness. Thus, the term "supportive care" and "palliative care" could be considered as synonyms, in relation to cancer, as cancer is considered a "life threatening illness".

However, as the term "palliative care" has been used to refer to the care given for incurable patients since history, it has been shown that the patients prefer the term "supportive care" more than "palliative care" and the service utilization was more when the term "supportive care" is used instead of "palliative care".

The association between quality of life, patient satisfaction, and supportive care

"Supportive care", "Quality of life" and "Patient satisfaction" are related constructs, however their relationship is complex. Fulfillment of certain supportive care needs directly improves the quality of life, while others indirectly. Further, fulfillment of certain supportive care needs improve the quality of life to a major extent while others improve the quality of life only marginally (Richardson, Sitzia, Brown, & Medina, 2005). Similar complex relationship exists between supportive care needs and patient satisfaction as well.



Compiled by :
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Table 1: Selected notifiable diseases reported by Medical Officers of Health 25th - 03rd March 2017 (09th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	427	4973	2	25	0	0	0	5	0	3	1	14	0	1	0	5	0	0	0	10	59	0	10	0	1	81	88
Gampaha	51	2544	0	13	0	8	0	9	0	8	0	15	0	3	0	5	0	1	1	42	1	14	0	4	27	80	
Kalutara	108	1068	0	8	0	2	0	1	0	12	5	44	0	2	0	0	0	0	7	103	3	21	0	0	71	93	
Kandy	71	543	2	18	1	3	0	0	0	0	1	11	3	32	0	5	0	1	10	65	1	11	0	2	83	96	
Matale	10	233	0	3	0	0	0	0	0	0	0	9	0	1	0	3	0	0	1	6	0	20	0	2	46	92	
NuwaraEliya	5	87	0	6	0	1	0	2	0	0	0	8	2	34	1	3	0	0	1	30	1	14	0	0	62	92	
Galle	67	1339	0	11	0	3	0	4	0	8	6	40	1	14	0	0	0	0	5	59	3	14	0	0	70	90	
Hambantota	33	461	0	13	1	2	1	5	9	15	0	13	0	12	0	4	0	0	9	61	2	7	9	77	75	92	
Matarata	91	900	2	13	2	4	0	0	0	2	0	14	0	9	0	1	0	1	5	43	1	2	5	24	100	100	
Jaffna	138	1172	6	73	0	3	2	13	1	22	0	14	19	263	0	3	0	0	17	82	1	11	0	0	93	100	
Kilinochchi	7	107	1	6	0	0	0	1	0	0	0	2	1	9	0	2	0	0	0	0	0	0	0	3	50	75	
Mannar	16	251	0	4	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	4	0	0	0	0	80	100	
Vavuniya	27	163	0	6	0	0	1	9	1	2	2	9	0	2	0	1	0	0	0	12	0	0	0	3	100	100	
Mullaitivu	2	69	0	2	0	0	0	2	0	0	0	7	0	2	0	0	0	0	0	1	0	5	1	1	60	80	
Batticaloa	44	666	1	32	1	8	2	7	1	1	0	6	0	0	0	2	0	0	2	47	0	11	0	1	50	86	
Ampara	10	107	1	6	0	0	0	1	0	0	0	4	0	1	0	1	0	0	2	38	0	5	0	1	71	100	
Trincomalee	273	1320	0	3	0	1	0	2	0	1	0	4	0	5	0	4	0	0	4	41	0	3	0	0	54	69	
Kurunegala	75	850	1	21	0	0	0	0	0	2	3	23	2	16	2	5	0	0	12	129	0	14	4	28	69	97	
Puttalam	10	340	0	17	0	1	0	0	0	0	0	3	0	9	0	1	0	0	4	43	0	13	0	1	57	79	
Anuradhapura	28	330	0	8	0	1	0	0	0	2	0	21	0	9	2	5	0	0	4	80	1	14	2	60	32	74	
Polonnaruwa	6	125	2	7	0	2	0	3	0	0	1	11	0	2	0	1	0	0	2	50	0	4	4	29	57	100	
Badulla	20	378	2	24	0	3	0	2	0	1	0	11	0	9	0	10	0	0	3	68	1	39	0	1	59	88	
Monaragala	17	207	1	11	0	1	0	0	0	1	0	21	3	36	0	5	0	0	2	25	2	14	0	4	100	100	
Ratnapura	54	772	5	37	2	28	0	4	0	0	4	71	1	7	0	15	0	0	12	66	5	47	0	0	61	94	
Kegalle	35	461	0	12	1	4	0	1	1	10	1	9	0	17	0	2	0	0	7	52	0	17	0	2	73	91	
Kalmune	33	660	0	18	0	4	0	1	0	4	0	2	0	0	0	0	0	0	6	64	0	4	0	0	38	92	
SRILANKA	1658	20126	26	397	8	79	6	73	13	94	24	386	32	496	5	83	0	3	127	1270	22	314	25	244	66	90	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 03rd March, 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 314 C**=Completeness
A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

25th – 03rd March 2017 (09th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	02	01	00	00	00	00	00	00	00	03	03	21	11	+ 91%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	02	00	00	01	01	00	00	00	04	07	53	78	-32.1%
Measles	00	00	01	00	01	00	00	00	00	02	06	62	129	-52.0%
Rubella	00	00	00	00	00	00	00	00	00	00	01	02	05	-60%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	01	00	00	01	00	04	01	300%
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	20	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	04	18	-77.7%
Tuberculosis	34	04	10	06	05	00	00	02	00	61	67	1369	1652	-17.1%

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

Number of Malaria Cases Up to End of February 2017,

12

All are Imported!!!

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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@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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