GOVERNMENT OF KERALA

Abstract

Health and Family Welfare- Nava Kerala Karma Padhathi-2- 'Arogyam Anandam-Akataam Arbudham' Programme- Treatment Protocol for breast, cervical, oral, and colon cancers planned for Phase -2- Approved- Orders issued.

HEALTH AND FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt)No.982/2025/H&FWD Thiruvananthapuram, Dated, 02-04-2025

Read: 1. G.O(Rt)No.271/2025/H&FWD Dated 31.01.2025.
2. G.O.(Rt)No.377/2025/H&FWD dated 11-02-2025.
3. Minutes of the Technical Committee meeting conducted on 07.03.2025 through online in connection with the "Arogyam Anandam-Akataam Arbudham" -Phase-II.

ORDER

The Government of Kerala has been implementing Ardram Mission as part of 'Nava Kerala Karma Padhati 2' with the main objective to achieve the Sustainable Development Goals (SDGs) by providing affordable, accessible, comprehensive and quality healthcare services to all. As such the Government as per the order read as 1st paper above launched a Statewide campaign namely "Arogyam Anandam - Akattaam Arbudham " to address the concern of late detection of cancer cases among women, especially those belonging to the poorer sections of the society who often present with an advanced disease. In continuation and extension of the ongoing activities for cancer care, Government is planning to adopt the II nd phase of "Arogyam Anandam- Akataam Arbudham " campaign which includes Treatment Protocol for breast, cervical, oral, and colon cancers. The screening program

is also planned to be extended to screening of men cancers as well.

2. The Technical Unit (Technical Committee) constituted by the Government, in relation to the 'Arogyam Anandam' Programme, as per G.O. read as 2nd paper above, conducted online meeting on 07.03.2025 and took certain decisions vide minutes read as 3rd paper above, regarding formulation of technical guidelines for the continuation of 'Arogyam Anandam' campaign-2nd phase with a plan of early detection of cancers in men also. The Committee also decided to recommend to the Government to adopt a treatment protocol for breast, cervical, oral, and colon cancers planned for Phase -2.

3. The Government have examined the matter in detail and are pleased to approve and issue the protocol for breast, cervical, oral, and colon cancers planned for Phase -2 appended to this order as Annexure.

(By order of the Governor)
Dr. Rajan Namdev Khobragade I A S
ADDITIONAL CHIEF SECRETARY

Director of Health Services, Thiruvananthapuram.
Director of Medical Education, Thiruvananthapuram.
Principal Director, LSGD
Director, Women and Child Development Dept.
Director, Social Justice Dept.
Director,Kudumbasree
All District Collectors.
All District Panchayat Presidents.
Director, Regional Cancer Centre.
Director, Malabar Cancer Centre.
Director, Cochin Cancer and Research Centre.
All DMOS (through DHS).
All DPMS (through NHM).
Principals/Superintendents of All Medical Colleges.
Accountant General (Audit/ A &E) Kerala, Thiruvananthapuram.
Information and Public Relations Department (wide publicity).
Stock file /Office Copy (FW2/16/2025-HEALTH)

Forwarded /By order

Signed by
Vipin Kumar. S
Date: 03-04-2025 11:12:16

Section Officer

Annexure

PROTOCOL DOCUMENT
SCREENING FOR BREAST, CERVIX, ORAL AND COLON CANCER IN AROGYAM
ANANDAM PROJECT -PHASE 2

This program will be in continuation with the screening of women cancers (breast and cervical cancer). The screening program is planned to be extended to screening of men cancers as well.

Objectives of the program

1. To reduce fear and stigma about cancer in society.
2. To induce the behavioral change toward screening among the population.
3. For inducing health promotion in the society like cessation of smoking, tobacco chewing and alcohol habits.
4. To create a habit of opportunistic screening and seeking medical attention on any warning symptom of cancer. This would result in the early detection of these cancers that may result in improvement of the survival.
5. To explore the feasibility of establishing and sustaining an organized screening program in future.
6. To detect these cancers in early stage (down staging) and provide appropriate treatment through a structured referral pathway.

IMPLEMENTATION:

The NCD Clinic in PHC, FHC, CHC shall function on two days instead of one day. The persons with risk features detected on SHAILI App and on high-risk screening will be referred to the NCD Clinics by ASHA /MLSPs from the field. The help of local self-government bodies- the ward councilor of the ward may be obtained for the navigation and follow up. A training will be given to the ward councilors or Members in LSGD in this regard at District level by DCCB

The treatment shall be based on National Cancer Grid Guidelines available-

https://www.ncgindia.org/cancer-guidelines

There will no formal cancer detection camps conducted by the health

services except for awareness programs and classes for the public.

A robust and effective IEC will be continued

District Cancer Control Board shall lead the campaign and monitor periodically.

Follow up of referred persons and the results of the investigations shall be traced and entered in the software.

The Mandatory Registration of cancer G.O.(Rt) No.505/2021/H&FWD dated, 19/02/2021 should be implemented to keep track of diagnosed patients and to facilitate Kerala Cancer Registry

PROTOCOL FOR BREAST CANCER SCREENING AND MANAGEMENT

1. Awareness and High-Risk Case Identification

• Identification of high-risk cases through SHAILI APP and Snehita BRISK tool.

• 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

• 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, only for those with clinical abnormality)**FW2/234/2024

• **Mammography**: For women above 40 years of age after surgeon evaluation

• **Ultrasound (USG)**: For women below 40 years after surgeon evaluation.

• **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:

o Screening mammogram

o USS (Ultrasound Screening)

o FNAC/Biopsy for breast cancer diagnosis

• Clinical Examination by surgeon

• The results should be evaluated by the Doctor after the Radiological Examination

• **MMG/Sono MMG 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:**

o Referral to Medical Colleges/Advanced Cancer Centers (ACC) for core

biopsy.

• FNAC Negative:

o Core biopsy to be conducted; if not available, referral to District Hospital.

o Nodal officer to ensure biopsy facility at District Hospital.

• Cytology/HPE:

o Conducted at RPH, Public Health Lab, MCH, ACC, or empaneled private labs/hospitals.

o If no facility available, referral to nearby Medical Colleges/Cancer Centers (DH-EKM GH).

Negative Results Refer back to PHC for 6 month follow up

5. Treatment Pathway

• Treatment should be guided by the National Cancer Grid guidelines.

• 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**:

o High risk as per Snehita BRISK tool but no lump or symptoms.

o Family history of breast/ovarian cancer in first-degree relatives or two second- degree relatives.

o Prior chest wall RT, or non-palpable suspicious cases.

• Primary Health Center Role:

o Confirmation and monitoring.

o Training to do Self-breast examination for Breast Self-Awareness) during Clinical Breast Examination (CBE) by MLSP and PHC MO.

o Prevention strategies education.

7. Follow-Up and Surveillance Plan

• If no lesion found:

o Close surveillance and review after 3 months.

o If no symptoms or signs persist, 6-monthly reviews.

• **Consultation Support:**

o 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:

o Awareness through Residents Associations, Clubs, NGOs, Kudumbasree, Social and Religious Organizations.

o Utilization of IEC materials in printFW2/234/2024 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:

o Post-menopausal bleeding

o Postcoital bleeding

o Irregular menstrual bleeding

o 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).FW2/234/2024

• 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:

o Colposcopy-directed biopsy.

o If Cervical Intraepithelial Neoplasia (CIN) is detected:

■ Treatment options include thermal ablation, cryotherapy, LEEP (Loop Electrosurgical Excision Procedure), or conization at District Hospital/MCH.

o If invasive cancer is detected: Referral to MCH/ACC for specialized treatment.

o 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:

o Training programs for gynecologists on colposcopy and CIN

treatment.

o Skill enhancement for MLSPs, nurses, and medical officers in early detection.

• **Referral Coordination:**

o Strengthening linkages between PHCs, Grid Hospitals, District Hospitals, MCHs, and ACCs.

• Community Awareness:

o Utilization of IEC (Information, Education, and Communication) materials for educating the community.

o Awareness campaigns through Resident Associations, Kudumbasree, NGOs and local bodies.

•Follow-up Mechanism:

o 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.

PROTOCOL: COLO-RECTAL CANCER DETECTION AND MANAGEMENT

1. Identification of High-Risk Individuals

• High-risk cases identified through Shaili App. The following shall be included in Shaili App

• Symptoms indicative of colon cancer:

o Per rectal bleeding

o Blood stained or foul-smelling discharge per rectum

o H/O long-standing self-treatment for piles

o Alterations in bowel habits (alterFW2/234/2024nating diarrhea and constipation)

o Family h/o colorectal cancer(siblings/parents)

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

2. Clinical Examination (Digital Rectal Examination) at PHC Level

• Conducted by: Medical Officer (MO).

• **If lesion is present**: Immediate referral to Grid Hospital (DH/GH) for sigmoidoscopy and biopsy. Capacity building to be done.

•**Biopsy positive**: Referral to Medical College Hospital (MCH)/Advanced Cancer Center (ACC).

• **If no lesion**: Stool examination test (FIT/FOBT)

• **If FIT/FOBT is positive**: Referred for sigmoidoscopy to Grid Hospital (DH/GH)/private hospitals as per patient choice (by MO)

• **If FIT/FOBT is negative**: Treat symptomatically.

3. Follow-Up

• Sigmoidoscopy negative (no FW2/234/2024lesion/biopsy negative): Treat symptomatically. Referral back to PHC/FHC and asked to report if symptoms persist or

• Advice regarding repeat screening with colonoscopy after 5 years.

• If symptoms persist: FIT/FOBT/referral for sigmoidoscopy

5. Implementation Strategy

• Capacity Building:

o Training programs for surgeons on sigmoidoscopy

o Starting Basic Oncology and Medical Gastroenterology services in Medical Colleges (in a phased manner)

o Skill enhancement for MLSPs, nurses, and medical officers in understanding early symptoms.FW2/234/2024

• Referral Coordination:

o Strengthening linkages between PHCs, Grid Hospitals, District Hospitals, MCHs, and ACCs.

• Community Awareness:

o Utilization of IEC (Information, Education, and Communication) materials for educating the community.

o Awareness campaigns through Resident Associations, Kudumbasree, NGOs and local bodies.

• Follow-up Mechanism:

o Systematic follow-up of high-risk individuals

6. Expected Outcomes

• Early identification and treatment of precancerous/cancerous lesions.

• Improved survival rates through timely referral and specialized intervention.

• Reduction in the burden of colon cancer through risk-based screening and management protocol.

FW2/234/2024

PROTOCOL: ORAL CANCER/PRECANCER DETECTION AND MANAGEMENT

1. Identification of High-Risk Individuals

• High-risk cases identified through Shaili App.

• Symptoms indicative of oral cancer:

o H/o tobacco use/ arecanut use

o H/o alcohol consumption

o Non healing ulcer in the mouth (of more than 3 weeks)

o Intolerance to hot and spicy food

- o Difficulty in opening the mouth
- o White patches in the mouth/cheek
- o Growth in oral cavity
- o Mixed red and white lesions

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

2. Clinical Examination (Oral Visual Examination) at PHC Level

• Conducted by: Medical Officer (MO/Trained MLSP).

• **If OVE normal, but habit present**: Refer to Tobacco (CHC/SDH GH/DH) or Alcohol Cessation clinic at the Medical/Dental Colleges/ GH/DH

• **Abnormal on OVE**: Refer to dental surgeon at CHC/SDH GH/DH/ Dental College.

• **Potentially malignant lesion**: Management/ follow-up by Dental/ ENT Surgeon at CHC/SDH/DH/GH/Medical/Dental colleges

• **If there is regression**: Tobacco cessation clinic and regular follow up at PHC/FHC

• **If there is progression**: Referral to Dental/ENT Surgeon at CHC/SDH/DH/GH Medical/Dental colleges for detailed intraoral examination or biopsy (If required)/ management/ follow up

• **Non-dysplastic changes on biopsy**: Tobacco cessation and follow up (Referred back to PHC or Dental surgeon)

• **Dysplastic changes on biopsy**:

• **1. Mild dysplasia**- habit cessation and follow up by a dental surgeon.

• **2. Moderate and severe dysplasia**: Referral to Medical College Hospital (MCH)/dental colleges for treatment and follow up.

• **Suspected/clinically diagnosed oral cancer**: Referred to Medical Colleges/ ACC

3. Follow-Up

• Follow up at the tobacco cessation clinic until quitting

• Follow up by VOE at PHC/FHC/Dental surgeon

4. Treatment and Management

- Oral cancer to be treated at MCH/ACC.
- Tobacco cessation clinic services (counselling and medication)

5. Implementation Strategy

• Capacity Building:

o Dental surgeons working in the CHCS/SDH/DH will be given refresher training in Oral punch biopsy/Incisional biopsy and management of oral precancerous lesions by (IDA/AOMSI/ASMIK (Association of Stomatologists and Maxillofacial Imageologists of Kerala)

o Training programs for dental surgeons, MLSP's and medical officers in Tobacco cessation

o Skill enhancement for MLSPs, nurses, and medical officers in VOE for early detection.

• Referral Coordination:

o Strengthening linkages between PHCs, Grid Hospitals, District Hospitals, MCHs, and ACCs.

• Community Awareness:

o Utilization of IEC Information, Education, and Communication) materials (in oral cancer and tobacco hazards) (for educating the community.

o Anti-tobacco campaigns in schools.

° Awareness campaigns through Resident Associations, Kudumbasree, NGOs, and local bodies.

• Follow-up Mechanism:

o Systematic follow-up of high-risk individuals with VOE

o Follow up at the tobacco cessation clinic to ensure quitting

6. Expected Outcomes.

• Early identification and treatment of oral cancer

• Down staging

• Improved survival rates through timely referral and specialized

intervention.

• Reduction in the burden of oral cancer through screening, tobacco and alcohol cessation in the high-risk group.