



DISTRICT CANCER CARE PROGRAMME



OPERATIONAL GUIDELINES

2017

**District Cancer Care Programme
Zilla Karkata Roga Paramarsh o Chikitsa Kendra**

**Health & Family Welfare Department
Government of Odisha**



NAVEEN PATNAIK
CHIEF MINISTER, ODISHA



STATE SECRETARIAT
BHUBANESWAR

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M E S S A G E

I am glad to note that Odisha has achieved a revolutionary milestone by extending cancer care services to the district level by starting District Cancer Consultation and Chemotherapy Centres at District headquarter Hospitals with full funding by the State Government.

Now cancer patients from rural and tribal areas of Odisha can get appropriate consultation and Chemotherapy free of cost by trained doctors closer to their homes, which will minimize the financial, physical and mental hardship earlier encountered by them.

The Operational Guidelines for the District Cancer Care Programme (DCCP) will be guide for the physicians and will help in taking this programme forward.

I wish the programme all success.

(NAVEEN PATNAIK)



Message of Hon'ble Minister, Health & Family Welfare and Law Govt. of Odisha

Odisha has been pioneer in introducing most cost effective initiatives to provide health care services to people of Odisha, particularly living in rural and remote tribal areas of State and District Cancer Care Programme is one of them.

Cancer is considered a dreaded disease and cure becomes a remote chance for the patients who are poor and living in difficult areas. The diagnostic and treatment facilities for cancer are very much limited in our country. The high expensive treatment of cancer is the biggest hindrance of initiation and completion of treatment due to which many cancer patients remain untreated and die prematurely.

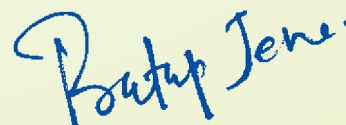
I am very happy to know that due to initiation of State Govt. now consultation and treatment of cancer patients are available at District HQ Hospitals and Capital Hospital, Bhubaneswar.

Odisha Government is the 1st State in the country to announce free chemotherapy to all cancer patients which has reduced tremendous financial hardship on cancer patients and their family.

I am extremely happy to know that District Cancer Care Programme with Chemotherapy administration by trained doctors and staff nurses has brought a revolutionary gain in the field of cancer management and minimizing hardship of poor patients.

These guidelines will help districts to operationalize this programme for effective ways and I hope this programme will be extended to all 30 districts of the State very soon.

I wish all success to this programme and congratulate entire team for dedicated work.



(Pratap Jena)



District Cancer Care Programme

Zilla Karkata Roga Paramarsh o Chikitsa Kendra

Operational Guidelines

Background:

Cancer has recently emerged as one of the most challenging public health problems in India as well as in Odisha. In India 2.8 million cancer cases are there and every year 1.2 million cases are added in this pool and 0.65 million cases face death every year. In Odisha, it is estimated 3 lakhs cancer cases are there and every year 40-50 thousand new cancer patients are being detected. Even though it is known fact that incidence of cancers increasing but there are very limited facilities available in the country as well as in Odisha where cases can be referred, diagnosed and properly managed. Cancers and death rates are more prevalent and in low socio-economical group of population. Most of the cancer centers are located in Tertiary health care centers in urban cities and people from remote rural and tribal areas feel much difficulty in seeking treatment for cancer and ultimately die too early. Our limited cancer centers are overcrowded and with limited numbers of oncologists and facilities which hampers quality of care. There are huge shortage of cancer beds and oncologists in the State. Both diagnosis of cancer and treatment is expensive due to which many patients who are from distance places do not able to complete full treatment and die early. There is great degree of ignorance; fear complex and stigma prevail amongst population and health care providers regarding cancer. By opening more numbers of cancer centers in urban areas may not solve the problems of cancer patients of rural and tribal areas. Keeping all above challenges in the mind Govt. of Odisha has taken a revolutionary step to establish District Cancer Consultation and Treatment center at every district HQ hospitals by trained doctors and staff nurses.

I. Objective:

The main objective of this initiative is to provide services like consultation, chemotherapy, palliative care and post treatment follow up to all cancer patients of the districts by a team of trained doctor and staff nurses at District HQ Hospitals in a regular basis.

II. Strategy for operationalization:

- a. There will be a regular post of one doctor with designation Asst. District Nodal Officer Cancer and two staff nurses to provide services mentioned above.
- b. There will be dedicated 6 bedded Cancer Chemotherapy day care beds along with all required equipment at every DHH, Capital Hospital, Bhubaneswar and RGH Rourkella.
- c. There will be 6 bedded Pain and Palliative Care wards in every DHH as part of hospital.



- d. Doctor and staff nurses posted will be trained in Cancer Chemotherapy administration and Pain & Palliative Care services either at AHRCC, Cuttack or any center in the country under the guidance and mentorship of eminent oncologist Dr. Dinesh Pendharkar and Director AHRCC, Cuttack and will be organized by State NCD Cell.
- e. At OPD there will be a room to provide Consultation to Cancer patients on daily basis by trained doctor and staff nurse.
- f. A Cancer patient who has received one or two cycles of chemotherapy at Cancer Hospital, on referral to district center, will be administered same chemotherapy by trained doctor and staff nurse.
- g. A poor patient who is totally unable to go to Cancer hospital but need chemotherapy can be administered Chemotherapy after discussion with virtual chemo board on whatsapp mentored by Dr. Dinesh Pendharkar / Nodal officer nominated by AHRCC, Cuttack.
- h. Chemo and other ancillary drugs will be supplied to these centers OSMC Ltd under the guidance and monitoring of AHRCC, Cuttack. There will special storing facility for keeping Chemo drugs in the district store.
- i. There will be holding of regular Cancer Consultation Camp at DHH cancer center by Oncologist from AHRCC, Cuttack and by Dr. Pendharkar on quarterly basis. Trained doctors will remain in touch with mentor on continuous basis.
- j. AHRCC, Cuttack will give guidance to trained doctors through Telemedicine port in respect of chemotherapy, Palliative care and follow up.
- k. ADMO-Medical will be District Nodal Officer for management of centers and State Nodal Officer NCD with Dir, AHRCC, Cuttack will acts as coordinator of the program.
- l. There will be Cancer Registry at every District Cancer Center.
- m. Every month a Monthly progress report will be generated by chemo doctors and it will be submitted to State NCD Cell by joint signature of ADMO-Medical.
- n. MO of PHC and CHC will have information of cancer patients attending District Center and visit these patients if required.
- o. Necessary equipments for Palliative care will also be available at DHH in Palliative care wards.



- p. Oral Morphine tabs will be available for pain management of cancer patients at DHH.
- q. Only solid tumor /cancer cases will be delivered chemotherapy at District center.
- r. District Chemotherapy center will have Chemo drugs as per guidelines laid down by AHRCC, Cuttack.
- s. Every DHH will have support system to manage complications of chemo drugs.
- t. All preliminary lab tests will be done free of cost for all cancer patients.
- u. Chemo drugs as per guidelines will be available and will be administered free of cost.
- v. Side effects of chemotherapy will be treated free of cost to all patients.
- w. Chemotherapy will be administered on Day care basis and if required in the wards.
- x. Required signage will be displayed at appropriate places for information of people.
- y. Budget as per norm for training, Camp and for establishment of wards shown in **Annexure-I,II & III** will be released to each district from State Plan Budget by the Health & FW Department.
- z. Budget for establishment of Palliative Care wards and list of equipments as per **Annexure-IV** will be released to each districts by NHM, Odisha

List Chemotherapy Drugs which will be supplied to District chemo centers is given in **Annexure-V**. The list can be modified time to time by technical guidance of AHRCC, Cuttack.

III. Training Planning:

- a. One doctor who will be posted against the new post or interested doctor of DHH will be provided one month training at Asia cancer Institute, Mumbai under Dr. Dinesh Pendharkar.
- b. Last week of training would be at Ujjain District Cancer center under Dr. CM Tripathy.
- c. 2 staff nurses of DHH will be trained in Chemotherapy administration at AHRCC, Cuttack.



- d. Both the training certificates will be provided by institute with joint signature of Director AHRCC, Cuttack and Director of Health Services.
- e. One doctor preferably chemo doctor will be trained in Palliative Care Services at AHRCC, Cuttack or at Karunashraya, Bangalore.
- f. After receipt of Palliative Care training certificate, they will be entitled to prescribe oral morphine to needy cancer patients.
- g. All above training will be coordinated by State NCD Cell, Bhubaneswar.
- h. General Surgeon of DHH will be trained for one month at AHRCC, Cuttack or Asian Cancer Institute, Mumbai on minor onco-surgery diagnostic and therapeutic procedures.
- i. O&G specialist of DHH will be trained for two weeks on PAP smear technique, VIA, Cryosurgery, LEEP etc. at AHRCC, Cuttack.
- j. Pathologist of DHH will be trained on PAP smear cytology, cytology, FNAC and Biopsy etc.
- k. There will be dedicated training wing at AHRCC, Cuttack with two Medical officers of Addl. DHS and Joint Dir cadre deployed from peripheral Health system for management of all trainings.

IV. Guidelines for Cancer Consultation Camp:

- a. Cancer Consultation Camp will be organized once in 3 months at DHH in consultation with Dr.Pendharkar, Director AHRCC, Cuttack and State NCD Cell.
- b. All the known case of cancer will be invited to camp for reexamination and further advice.
- c. Camp will attended by Dr.Pendharkar with one oncologist of AHRCC, Cuttack and local Medical College then local Medical College Oncology Dept. will be given responsibility of holding the camp.
- d. Individual Case File will be maintained for each patient attending the camp.
- e. A running register will be maintained during the camp and subsequent visit of patient by Chemo doctor and staff nurse.
- f. All the patients referred to AHRCC, Cuttack for further treatment will be given preference at AHRCC, Cuttack.



- g. AHRCC, Cuttack and MCH will provide list of cancer patients with their contact number to Chemo doctor 15 days ahead so that those patients can be contacted to attend the camp.
- h. Camp site will be linked with the Telemedicine center of AHRCC, Cuttack.
- i. Camp report will be submitted to State NCD Cell by ADMO-M in the format shown in **Annexure-VI**

V. Guidelines for setting of Chemotherapy wards

- a. All districts within one month will establish chemo wards by procuring all furniture and equipment as per financial norm shown in Annexure-III
- b. Available space in OPD/Medicine wards may be utilized for setting of wards.
- c. Wards should be Day Care basis.

VI. Guidelines for Chemotherapy Administration:

- a. All cancer patients except Acute Leukemia and Paediatric cancers will be handled at District chemo centers.
- b. A patient reporting to cancer OPD will be evaluated by the District Nodal Officer Cancer, appropriately counseled.
- c. Once plan of care has been designed by virtual tumor board the patient will be counseled with best option to follow of his choice.
- d. Only follow up chemo will be administered initially.
- e. Patient not in a position to go and if treatment can be done in district hospital he will be assisted in care.
- f. Written consent from patient and family members will be taken before introduction of chemotherapy.
- g. Medical Officer will strictly follow the treatment protocol prescribed by Oncologist of Tertiary center.
- h. Chemo drugs of list approved only can be administered by trained doctor.
- i. Poor patient who cannot go to tertiary center but requires chemotherapy will be given chemo therapy on advice of Oncologist of AHRCC, Cuttack or Dr.Pendharkar.
- j. Palliative chemo can be delivered at center with consultation of AHRCC, Cuttack.



- k. Drugs required for management of chemo side effects should also be provided free of cost to patients. For this 20% budget for drugs can be utilized if not available in the Store.
- l. CBC counter and Auto analyzer will be supplied to each DHH to monitor side effects of chemotherapy.
- m. Packed cell/Blood transfusion facility for cancer patients will be free of cost.

VII. Guidelines for Pain Management:

- a. Trained certificate holder MO can indent Oral Morphine for OSMC Ltd.
- b. Local DI may be contacted to issue certificate for storing and dispensing oral morphine tab by ADMO-M.
- c. Oral Morphine will be prescribed as per WHO guidelines and with proper advice to family members and record.
- d. By no means morphine tabs should be wrongly used.

VIII. Guidelines for Palliative Care:

- a. Palliative care beds should be utilized to manage acutely ill Cancer patients/ chronic debilitating patients who require immediate life saving interventions.
- b. Palliative care beds should not be utilized for long stay of patients on social or economical ground.
- c. Maximum duration of admission in palliative care beds should be one. Week.

IX. Role of Medical Officer Trained in cancer care

- a. To offer cancer counseling services/ guide patient in reference to tertiary cancer center
- b. To offer chemotherapy services.
- c. To do post treatment/ survivorship follow up.
- d. To offer palliative and supportive care.
- e. To do activities related to public awareness in cancer.
- f. To do activities related to professional education in cancer.
- g. To assist patient in receiving various benefits of ongoing government schemes.

**X. Publicity and Branding:**

- a. Zilla Karkata Roga Paramarsh o Chikitsa Kendra should be publicized in the media to inform public for availability of services.
- b. At entrance/OPD signages should be displayed.
- c. Total program is State Govt. initiative should be well focused.
- d. Each ASHA/ANM should be aware about ZKRP&CK.

XI. Monitoring and evaluation:

- a. Patient data will be digitalized and will be available for tracking of patients.
- b. Chemo MO will submit monthly reports in the prescribed format shown in **Annexure- VII** counter signed by CDMO by 10th of every succeeding month.
- c. A monitoring committee under the Chairmanship of Secretary Health & FW will monitor the programme every quarterly. The meeting will be convened by State Noda Officer, NCD.
- d. Collector cum DM will monitor the activities of ZKRP&CK closely every month and take a review accordingly.
- e. Patients and their family member's satisfaction should be given utmost importance.
- f. CDMO/CMO and ADMO-Medical will ensure smooth functioning of center.
- g. Grievance re-adressal system will be developed.

XII. Outcome Expected:

- a. All Cancer patients complete chemotherapy successfully.
- b. Minimum direct and indirect expenditures of patient and their family members.
- c. Right and timely referral.
- d. High degree of patients and family member's satisfaction.
- e. High survival rate of patient.
- f. Decongestion at AHRCC, Cuttack
- g. Fully functional Cancer Center at DHH with Diagnostic and Therapy facilities.



Annexure-I

Starting of District Cancer Chemotherapy Programme in Odisha										
Doctors training on Cancer Chemotherapy at Faridabad						Staff nurses training on Cancer Chemotherapy at Ujjain MP				Grant Total Training
Sl No.	Budget items	Load	Unit	Unt cost	Total	Load	Unit	Unt cost	Total	
1	Travel allownces	32	1	15000	480000	64	1	10000	640000	1120000
2	DA	32	35	600	672000	64	35	300	672000	1344000
3	Accomodation	32	32	650	665600	64	16	650	665600	1331200
4	Local convayence	32	35	200	224000	64	16	200	204800	428800
5	Training Materials	32	1	500	16000	64	1	250	16000	32000
6	Tea/working lunch	32	30	300	288000	64	14	300	268800	556800
7	Institutional cost	32	1	15000	480000	64	1	0	0	480000
	Total				2825600				2467200	5292800
	Expenditure per district				91148.39				79587.10	170735.5

Annexure-II

Setting of Chemotherapy beds at 30 DHH						
1	Cots	6	30	6000		1080000
2	Saline stand	6	30	2000		360000
3	Side table	6	30	3000		540000
4	Infusion set	3	30	6000		540000
5	Fridge	1	30	25000		750000
6	Almirha	1	30	20000		600000
7	Table-4	2	30	5000		300000
8	Chair	10	30	2000		600000
9	Registers	3	30	200		18000
10	Renovation	1	30	15000		450000
	Total					5238000
	Per District					174600



Annexure-III

Organization of camps at DHH					
	Camp	120	30	10000	1200000
	Publicity for Camp	120	30	2000	240000
	Experts persons mobilization	120	30	15000	1800000
	Patients mobilization	120	50	100	600000
	Contingency	120	1	5000	600000
	Total				4440000
	Per District				148000
Total Expenditure					
1	Doctors Training				2825600
2	Staff Nurse				2467200
3	Infrastructure Development				5238000
4	Organisation of camps at DHH				4440000
	Total				14970800
	Per District				499026.67

Annexure-IV

Budget for 6 bedded Palliative Care Unit at DHH

Sl No	Items	Nos	Unit Price (Rs) Appx.
1	Fowlers Bed With side railing +Mattress+ Saline Stand	6	37,600/-
2	Over Bed Table	6	3,500/-
3	Bedside Locker	6	8,500/-
4	Attendant Chair Plastic (Moulded)	6	1,000/-
5	Dressing Equipments		
	Dressing trolley	1	12,000/-
	Dressing Drum	1	2,000/-
	Instrument Trolley	1	12,000/-
6	O2Cylinder With FA Valve	2	8,500/-
7	Lymphopress Machine	1	1,20,000/-
8	Freeze	1	20,000/-
9	Misc(BP Instrument, Stethoscope, pillow with pillow Cover and bedsheet)		30,000
10	Civil Work		720600
	Total per unit		12,25,100/-



Annexure-V

List of Anti Cancer Drugs will be available at District Chemotherapy Center

Sl.No	Name of the Drugs
1	Tab. Imatinib 400mg(Aluminium foil/Blister pack) [D33076]
1	Tab. Imatinib 100mg(Aluminium foil/Blister pack) [D33075]
2	Inj. Leucovorin Calcium 15mg [D33137]
2	Inj. Leucovorin Calcium 50mg [D33136]
3	Inj. 5 Fluorouacl 500mg[D33058]
3	Inj. 5 Fluorouacl 250mg[]
4	Inj. Carboplatin 15ml [D33055]
4	Inj. Carboplatin 45ml [D33056]
5	Inj. Cisplatin 10mg [D33023]
5	Inj. Cisplatin 50mg [D33024]
6	Inj. Cyclophosphamide 1gm [D33004]
6	Inj. Cyclophosphamide 200mg [D33002]
7	Inj. Docetaxel 120mg [D33109]
7	Inj. Docetaxel 20mg [D33107]
7	Inj. Docetaxel 80mg [D33108]
8	Inj. Doxorubicin rtu 10mg [D33112]
8	Inj. Doxorubicin rtu 50mg [D33113]
9	Inj. Epirubicin 10mg [D33059]
9	Inj. Epirubicin 50mg [D33060]
10	Inj. Gemciatbine 200mg (with diluents in plastic container) [D33072]
10	Inj. Gemcitabine 1gm (with diluents in plastic container) [D33073]
11	Inj. Oxaliplatin 50mg [D33152]
11	Inj. Oxaliplatin USP 100mg [D33153]
12	Inj. Paclitaxel 100mg [D33156]
12	Inj. Paclitaxel (with Codon set and NS glass Bottle of 500ml) [D33079]
13	Inj. Filgrastim [D33122]
14	Inj. Vincristine Sulphate 1mg [D33017]
15	Inj. Bleomycin 15mg (With Diluents In Plastic Container) [D33069]
16	Inj. Zoledronic Acid [D33181]
17	Inj. Etoposide(with diluents in plastic container) [D33071]
18	Tab. Capecitabine [D33091]
19	Tab. Tamoxifen [D33041]
20	Tab. Gefitinib 250mg/Tab [D33127]
21	Tab. Anastrozole [D33080]
22	Tab. Aprepetant [D33081]
23	Tab. Morphine Sulphate [D04047]



Annexure-VI

Out Come of Camps

Sl. No.	Place of Cancer Camp	No. of camps organized	Total no. of patients attended in camps	Male	Female	Child	New	old		
Types of cancer										
Oral/Head & Neck cancer	Breast Cancer	Cervical Cancer	Lungs	GI tract	Prostate cancer	Hodgkins lymphoma	NHL	Thyroid	Ovary	Other
Under treatment	Incompletely treated	Reason for drop out		Pts completed treatment on follow up	Pt need further treatment					
					Surgery	CT	RT	PC	Total	



Annexure-VII Monthly Report of District Cancer Unit

Name of the District

Month/Year

Name of Trained Doctor

Name of Trained Staff Nurses

Sl.No.		New	Old	Total	Total of During the month	Total Progressive from May, 2016	Under Regular treatment	Irregularly treated/Drop
1	No. of Cancer cases attended OPD							
	Male							
	Female							
	Child							
	Total							
2	Types of Cases attended OPD							
	Oral/Head & Neck cancer							
	Breast Cancer							
	Cervical Cancer							
	Lungs							
	GI tract							
	Prostate cancer							
	Hodgkins lymphoma							
	NHL							
	Thyroid							
	Ovary							
	Other (specify)							
	3	Advices Given						
Surgery								
Chemotherapy								
Radiotherapy								
Palliative care								
General follow up advises								
4	Treatment given by District Cancer Unit							
	No. of cases administered Chemotherapy at District center							
	Minor surgery conducted							
5	Patients referred to higher centers							
	No of cases referred to AHRCC, Cuttack							
	No of cases referred to other centers							
6	Chemotherapy Drugs	Items	Procured/Supplied	Utilized	Balance in hand	Further requirement		
	1							
	2							
	3							
	4							
	5							
	Signature of Trained doctor				Signature of CDMO			
	Date				Date			

