राजस्थान सरकार
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान

क्रमांकः–योजना/बजट घोषणा/कैंसर केयर/2017/ दिनांक :–

आदेश

बजट घोषणा वर्ष 2017–18 के बिन्दु संख्या 226 की अनुपालना में प्रदेश में जिला चिकित्सालयों पर ब्रेस्ट कैंसर स्क्रीनिंग एवं कैंसर का समुचित उपचार (फॉलो–अप कीमोथैरेपी) की सेवाऐं उपलब्ध करवाया जाना प्रस्तावित है। कार्यक्रम में सम्मिलित 33 जिला चिकित्सालयों पर फॉलो–अप कीमौथेरेपी की सुविधा उपलब्ध करवाये जाने हेतु आवश्यक दिशानिर्देश/ऑपरेशनल गाईड लाईन सक्षम स्तर से अनुमोदन उपरान्त जारी किये जाते है। संबंधित अधिकारियों/कर्मचारियों द्वारा कार्यक्रम की कियान्वति के दौरान फॉलो–अप कीमौथेरेपी उपलब्ध करवाये जाते समय उक्त गाइड लाईन की पालना सुंनिश्चित की जाये।

प्रमुख शासन सचिव
चिकित्सा, स्वास्थ्य एवं प.क. विभाग,
राजस्थान, जयपुर

क्रमांकः–योजना/बजट घोषणा/कैंसर केयर/2017/2046 दिनांक : 22/9/2017

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित हैः–

1. विशिष्ठ सहायक, माननीय चिकित्सा एवं स्वास्थ्य मंत्री महोदय, राजस्थान सरकार।
2. विशिष्ठ सहायक, माननीय चिकित्सा एवं स्वास्थ्य राज्यमंत्री महोदय, राज.सरकार।
3. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राज0 जयपुर।
4. निजी सचिव, शासन सचिव चिकित्सा शिक्षा विभाग राजस्थान।
5. निजी सचिव, शासन सचिव, चिकित्सा एवं स्वास्थ्य एवं मिशन निदेशक (एनएचएम) राजस्थान, जयपुर।
6. निजी सचिव, प्रबन्ध निदेशक, आरएमएससीएल, चिकित्सा एवं स्वास्थ्य विभाग, राज0 जयपुर।
7. निजी सचिव, निदेशक, आई.ई.सी. चिकित्सा एवं स्वास्थ्य विभाग, राज0 जयपुर।
8. संयुक्त शासन सचिव, चिकित्सा शिक्षा (ग्रुप–1)/चिकित्सा एवं स्वास्थ्य (ग्रुप–2/3) विभाग, राज0 जयपुर।
9. निजी सहायक, निदेशक (जन स्वास्थ्य/आरसीएच/ईएसआई/एड्स/एमएसयू), चिकित्सा एवं स्वास्थ्य सेवायें, राज0 जयपुर।
10. डॉ0 दिनेश पेढारकर, एशियन कैंसर इन्सटिट्यूट, मुम्बई।
11. अतिरिक्त निदेशक (राजपत्रित/प्रशासन/चिकित्सा प्रशासन/ग्रामीण स्वास्थ्य/परिवार कल्याण) चिकित्सा एवं स्वास्थ्य सेवाये, राजस्थान।
12. संयुक्त निदेशक, (योजना/अंधता/समस्त जोन) चिकित्सा एवं स्वास्थ्य सेवायें राजस्थान।
13. प्रधानाचार्य एवं नियंत्रक राजकीय मेडिकल कॉलेज, समस्त राजस्थान।

14. अधीक्षक, संलग्न चिकित्सालय समूह, राजकीय मेडिकल कॉलेज समस्त राजस्थान।
15. डॉ0 संदीप जसूजा, विभागाध्यक्ष मेडिकल ऑन्कोलॉजी, एसएमएस मेडिकल कॉलेज, जयपुर।
16. डॉ0 सी.एम. त्रिपाठी, नोडल अधिकारी कैंसर केयर, कैंसर यूनिट, जिला चिकित्सालय, उज्जैन (मध्यप्रदेश)
17. नोडल अधिकारी, एनसीडी/एमएनडीवाई/कैंसर केयर, मुख्यालय।
18. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी/प्रमुख चिकित्सा अधिकारी समस्त राजस्थान।
19. जिला नोडल अधिकारी, कैंसर केयर/कैंसर केयर टीम, संबंधित जिला चिकित्सालय, को द्वारा उनके नियंत्रण अधिकारी।
20. प्रभारी सर्वर रूम मुख्यालय को भेजकर लेख है कि उक्त आदेश मय गाइड लाईन को विभागीय वैब साईट पर प्रदर्शित करते हुये सभी संबंधित को ई–मेल करावें।
21. रक्षित पत्रावली।

निदेशक (जन स्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवायें,
राजस्थान, जयपुर

Government of Rajasthan

Budget Announcement Year 2017-18 Point No. 226
District Cancer Care Programme

(जिला कैंसर रोग परामर्श एवं उपचार केन्द्र)

Operational Guidelines

1. Background

Cancer has recently emerged as one of the most challenging public health problem in India as well as in Rajasthan. Cancer is one of the important focus of NCD program of the state. 14.5 lakh new cancer cases were expected in 2016 and the figure is likely to reach to nearly 17.3 lakh cases by the year 2020. An expected number of over 7.36 lakh people succumbed to the disease in 2016 and the figure is estimated to shoot up to 8.8 lakh by the year 2020. Only 12.5 per cent of patients come for treatment in early stages of the disease.

Even though it is a known fact that incidence of cancer is increasing, there are very limited facilities available in the country including Rajasthan, where cases can be referred, diagnosed and managed properly. Cancer related death rates are more prevalent in low socio-economic group of the population. Most of the cancer centers are located in Tertiary health care centers in urban cities and it is extremely difficult for people from remote rural, desert and tribal areas to seek timely diagnosis and treatment for cancer, ultimately leading to high mortality from the disease.

Our limited cancer centers are overcrowded and limited numbers of Oncologists and facilities hamper service delivery and quality of care. Diagnosis and treatment of cancer is expensive and prolonged due to which many patients, especially those from poor socioeconomic background and distant places are not able to complete their treatment.

A great degree of ignorance; fear complex and stigma regarding cancer prevails amongst the general population and even amongst health care providers. The launch of the program will ensure knowledge and skill up gradation of the service providers to benefit the society at large.

Opening new cancer centers in urban areas will not solve the problems of cancer patients of rural, desert and tribal areas. Keeping all above challenges in the mind, Government of Rajasthan has decided to establish **"District Cancer Care Centre"** at District HQ Government hospitals of the State, where services related to Cancer care will be provided by a team of trained doctor and nursing staff.

2. Objective

The main objective of this initiative is to provide services including counseling, consultation, assistance in diagnosis, right and timely referral, follow-up chemotherapy, palliative care and post treatment follow up to all cancer patients of the district by a team of trained doctor and staff nurses at District Hospitals on a regular basis.

3. Strategy for Operationalization

3.1 There will be a trained team comprising of one doctor having designation as District Nodal Cancer Officer and two nursing staff which will provide services as mentioned above.

3.2 There will be a dedicated 2-4 bedded Cancer care unit within the existing setup in every hospital. The number of beds can be changed as per the requirement of the respective healthcare institution.

3.3 Doctors will be trained at Asian Cancer Institute, Mumbai under the guidance and mentorship of eminent oncologist Dr. Dinesh Pendharkar for 3 weeks followed by 1 week hands-on training at District Hospital, Ujjain, MP under guidance of Dr C. M. Tripathi, Nodal Officer, Cancer Care, Madhya Pradesh. Nursing staff will be imparted 15 days training at District Hospital, Ujjain.

3.4 The team will provide consultation to cancer patients on daily basis. A suspected Cancer patient will be reviewed by the local cancer nodal officer. His case will be discussed in the virtual chemo board on whatsapp mentored by Dr. Dinesh Pendharkar and further line of action will be advised.The patient will be appropriately referred to nearest cancer center in Govt. Medical College Hospital.

3.5 A patient who is totally unable/ unwilling to go to tertiary cancer hospital but needs chemotherapy will be administered chemotherapy after approval from virtual chemo board on whatsapp mentored by Dr. Dinesh Pendharkar.

3.6 Chemo and other ancillary drugs/ logistics will be supplied to these centers at DH through existing standard government process. There will be special storing facilities for keeping chemo drugs in the district hospital drug store.

3.7 Regular cancer consultation camps will be held at DH cancer centers under supervision of Dr. Dinesh Pendharkar and his team on quarterly basis. Trained doctors will remain in touch with the mentor on continuous basis.

3.8 Telemedicine services would be incorporated in to the program for training and decision making over period of time.

3.9 District cancer nodal officer will look after management of Cancer care centers in District Hospitals and State Nodal Officer cancer care along with Dr. Dinesh Pendharkar and HOD, Medical Oncology, SMS Medical College, Jaipur will supervise the programme.

3.10 PMO of concerned District Hospital will ensure smooth functioning of the program in the District Cancer care center.

3.11 Data (ID details)/ file of patients will be kept at respective hospitals.

3.12 A monthly progress report will be generated by District Nodal officers and it will be submitted to State Cell under joint signature of PMO.

3.13 CHC/PHC/Dispensaries of the district will have information of cancer patients registered with and attending the District Cancer

Centre and shall provide assistance to cancer patient in case of emergency with guidance from District Cancer Care Officer.

3.14 Cases of Acute Leukemia and all pediatric cancer cases will not be dealt in district hospitals and will be referred to regional approved cancer centers.

3.15 Every DHH will have support system to manage side effects/complications of chemotherapeutic drugs. Preliminary lab tests will be done free of cost for all cancer patients as per norms under existing MNJY.

3.16 Anti Cancer/Chemotherapeutic drugs as per EDL will be made available and will be administered free of cost.

3.17 Chemotherapy will be administered on day care basis and if required in the wards.

3.18 Required signage will be displayed at appropriate places for information of people.

Chemotherapy Drugs included in the EDL of RMSCL will be supplied to the respective District Hospitals. ***(Annexure I)*** *The list will be modified from time to time and additional drugs will be made available on requirement as per norms.*

4. Training Planning

4.1 One doctor from DHH will be trained at Asian Cancer Insitute, Mumbai under the guidance and mentorship of eminent oncologist Dr. Dinesh Pendharkar for 3 weeks followed by 1 week hands-on

training at District Hospital, Ujjain, MP under guidance of Dr C. M. Tripathi, Nodal Officer, Cancer Care, Madhya Pradesh. Two nursing staff will be imparted 15 days training at District Hospital, Ujjain.

4.2 Radiologist/Surgeon/Gynaecologist/Pathologist of DHH will be imparted reorientation/skill upgradation training as per requirement including USG, Biopsy, PAP smear cytology, FNAC etc in Govt. Medical Colleges of the State.

4.3 Doctors will be additionally trained through daily WhatsApp communication/ EMR software etc. by complete technological mentoring.

4.4 All cases would be additionally discussed on phone as per need.

4.5 Medical officer trained in cancer care will be assisted and encouraged to participate in CMEs at various Oncology forums.

5. Guidelines for Cancer Counseling/Consultation Camps

5.1 Cancer consultation camps will be organized for cancer patients once in 3 months at DHH in consultation with Dr. Dinesh Pendharkar.

5.2 PMO will ensure timely IEC about the camps.

5.3 Local administration- District Collector, Revenue department, ICDS, Education Department etc. will also be informed about the camp activity in advance and requested for support.

5.4 All medical personnel- Doctors/Nursing Staff/LHV/ANM/

ASHA/AWW and others will be informed and asked to bring cancer patients to district hospital.

5.5 The District Cancer team shall ensure that all registered and new suspect cases of cancer are invited to attend the camp for re-examination and further advice.

5.6 Individual case file will be maintained for each patient attending the camp.

5.7 A running register will be maintained during the camp and subsequent visits of patient by the District Cancer Care Team.

5.8 All the patients referred to Govt. Medical Colleges for diagnosis/ treatment will be given preference there.

5.9 Govt. Medical College Hospitals will provide list of cancer patients with their contact number to District Cancer Care Team 15 days ahead so that these patients can be contacted to attend the camp.

5.10 Camp report will be submitted to State Cancer Care cell by PMO and District Nodal Cancer Officer in prescribed format shown in **Annexure-II.**

6. Role of Medical Officer Trained in cancer care

6.1 To offer cancer consultation/counseling services / guide patient for timely referral to Govt. Medical Colleges/Tertiary cancer centers.

6.2 To offer follow-up chemotherapy services.

6.3 To do post treatment / survivorship follow up.

6.4 To assist in palliative and supportive care.

6.5 To do activities related to public awareness in cancer.

6.6 To do activities related to professional education in cancer. Trained doctors will remain in touch with the mentor on continuous basis.

6.7 To assist patients in receiving various benefits of ongoing Government schemes.

7. Role of Nursing Staff Trained in cancer care

7.1 They will assist the doctor in the OPD/ wards and in organization of camps.

7.2 They will administer cancer drugs as per protocol/ regimen and as per instructions of the Doctor.

7.3 They will assist in management of side effects/ complications of drugs.

7.4 They will assist in palliative care.

7.5 They will assist in Data/ record/ file maintenance of cancer patients.

8. Role of NCD cell at State and Districts

8.1 The existing NCD cell at DHH will carry out the instructions given by the District Cancer Nodal Officer regarding organization of camps/ IEC activities/ available logistics etc.

8.2 The Data Entry Operator will ensure updation of cancer patients data/ file on daily basis as per instructions.

8.3 The existing NCD team will extend full support to the program as per requirement.

8.4 The State NCD cell will issue proper directions to the District NCD cell for smooth integration with the activities of Cancer Program.

8.5 They will carry out IEC activities of the program in co-ordination with IEC activities related to cancer in NCD.

9. Role of JD/ PMO/ CMHO concerned

9.1 Availability of space for daily OPD for cancer patients.

9.2 2-4 bedded set up for Day Care/ Chemo administration within the existing set up along with availability of drugs/ surgical/ logistics.

9.3 Co-operation of other Doctors and paramedical staff for smooth implementation.

9.4 Co-ordination of existing NCD setup in the District with the program.

9.5 Proper IEC of the program at important places like registration counter/ OPD in the Hospital.

9.6 Interdepartmental co-ordination for successful implementation of the program.

9.7 Regular local monitoring and supervision of the program.

10. Publicity and IEC

10.1 IEC regarding availability of Cancer Care services in District Hospital should be done.

10.2 Signage should be displayed at entrance / registration/ OPD and other prominent places in the District Hospitals.

10.3 IEC should also be displayed in CHC/PHC/Dispensaries of the district.

10.4 It should be well focused that the program is totally a State Govt. initiative.

10.5 The Doctors/ paramedical staff including LHV/ANM posted in CHC/PHC/Dispensaries of the district should be sensitized in block meetings about the programme, preferably by the District Cancer Nodal Officer.

10.6 Anganwadi workers (AWW) and ASHA should also be sensitized about the program on regular basis so that information and awareness about the program penetrates deep into the community.

11. Monitoring and Evaluation

11.1 Patient data will be digitalized and will be available for tracking of patients.

11.2 Monthly report in the prescribed format counter signed by PMO shall be submitted to the State authorities by 10th of every succeeding month. **(ANNEXURE III)**

11.3 A core group / high level monitoring committee under the chairmanship of Principal Secretary Medical, Health & Family Welfare will monitor the programme on quarterly basis.

11.4 District Collector will review the program in DHS meeting every month.

11.5 Patients and their family member's satisfaction should be given utmost importance.

11.6 JD Zone/PMO/ CMHO of concerned district will ensure smooth functioning of the program in the District Cancer care center.

12. Outcomes

12.1 Functional cancer care center at DHH, accessible to population residing in rural/desert and tribal areas of the district having trained team for counseling, consultation, assistance in diagnosis, right and timely referral, chemotherapy, palliative care and post treatment care facilities.

12.2 Minimum direct and indirect out-of-pocket expenditure of patient and their family members.

12.3 Right and timely referral.

12.4 Decreased morbidity and mortality from cancer and increase in survival rate of cancer patients.

12.5 Decongestion of existing Govt. medical colleges/Tertiary cancer centers.

12.6 Cancer patients to complete chemotherapy successfully.

12.7 High degree of patient's and family member's satisfaction.

S. No.	Code No.	Name of Drug	Pack Form	Category
169	110	Diethylcarbamazine Tablets 100 mg	10 Tab	PHC
	7.4 Anti Fungals			
170	104	Clotrimazole Cream 2%	15 gm Tube	PHC
171	105	Clotrimazole Vaginal Tablets 500 mg	Single Tab	CHC
172	114	Fluconazole Tablets 150 mg	10 Tab	CHC
173	117	Griseofulvin Tablets 125 mg	10 Tab	CHC
174	118	Itraconazole Capsules 100 mg	4 Cap	DH
175	74	Amphotericin B Injection 50 mg	Vial	MCH
	7.5 Anti Malarials			
176	508	Artisunate Injection 60 mg (combo pack with 1 ml ampoule of 5% Sodium Bicarbonate Injection and 5 ml ampoule of 0.9% Sodium Chloride Injection	Vial	CHC
177	98	Chloroquine Phosphate Injection 40 mg/ml	5 ml Amp	PHC
178	99	Chloroquine Phosphate Tablets 250mg (≡155 mg of Chloroquine base) 250 mg	10 Tab	Sub center
179	100 A	Chloroquine Suspension 50 mg/ 5ml	60 ml Bottle	PHC
180	518	Mefloquine Tablets 250 mg	6 Tab	MCH
181	128	Primaquine Tablets 2.5 mg	10 Tab	Sub center
182	129	Primaquine Tablets 7.5 mg	10 Tab	Sub center
183	131	Quinine Dihydrochloride Injection 300 mg/ml	2 ml Amp	PHC
184	132	Quinine Sulphate Tablets 300 mg	10 Tab	PHC
185	645	ACT containing 3 tablet of Artesunate (each tablet of Artesunate 25mg strength) and 1 tablet of Sulphadoxine Pyremethamine (250 mg+ 12.5 mg)	3 Tablet Pink Color Pack	PHC
186	646	ACT containing 3 tablets of Artesunate (50mg each) and 1 tablet of Sulphadoxine Pyremethamine (500+25) mg	3 Tablet Yellow Color Pack	PHC
187	647	ACT containing 3 tablets of Artesunate (100 mg each) and 1 tablet of Sulphadoxine Pyremethamine (750 + 37.5) mg	3 Tablet Green Color Pack	PHC
188	648	ACT containing 3 tablets of Artesunate 150 mg and 2 tablets of Sulphadoxine Pyremethamine (500 mg+ 25 mg)	3 Tablet Red Color Pack	PHC
189	649	ACT containing 3 tablets of Artesunate (each 200 mg) and 2 tablets of Sulphadoxine Pyremethamine (750 + 37.5) mg each or 3 tablets Sulphadoxine Pyremethamine (500+25) mg each	3 Tablet White Color Pack	PHC
190	686	Artisunate + Leumefantrine Tablet (40 mg and 240 mg)	6 Tab	CHC
191	651	Artisunate + Leumefantrine Tablet (80 mg and 480 mg)	6 Tab	CHC
	7.6 Anti Viral			
192	63	Acyclovir Tablets 200 mg	10 Tab	CHC
193	64	Acyclovir Tablets 800 mg	10 Tab	CHC
194	62	Acyclovir Suspension 400 mg/ 5ml	60 ml Bottle	CHC
195	502	Acyclovir Injection 250 mg	Vial	DH
196	503	Acyclovir Injection 500 mg	Vial	DH
8. ANTI NEOPLASTIC AND IMMUNO SUPPRESSANT DRUGS				
197	133	Azathioprine Tablets 50 mg	10 Tab	MCH
198	134	Bleomycin Injection 15 units	Vial	MCH
199	136	Chlorambucil Tablets 5 mg	30 Tab Bottle	MCH
200	137	Cisplatin Injection 50 mg/ 50ml	50 ml vial	MCH

S. No.	Code No.	Name of Drug	Pack Form	Category
201	138	Cyclophosphamide Injection 200 mg	10 ml vial	MCH
202	139	Cyclophosphamide Injection 500 mg	25 ml Vial	MCH
203	677	Cyclosporin Capsules 50 mg	50 Caps pack	MCH
204	141	Cytarabine Injection 100 mg/5ml	5 ml Vial	MCH
205	142	Danazol Capsules 50 mg	10 Cap	MCH
206	143	Daunorubicin Injection 20 mg	10 ml vial	MCH
207	144	Doxorubicin Injection 50 mg/ 25ml	25 ml Vial	MCH
208	146	Etoposide Injection 100 mg/ 5ml	5 ml vial	MCH
209	148	Fluorouracil Injection 250 mg/ 5ml	5 ml Amp	MCH
210	149	L-Asparaginase Injection 10000 IU	Vial	MCH
211	150	Leucovorin Calcium Injection 10 mg/ml	5 ml Vial	MCH
212	151	Melphalan Tablets 5 mg	25 Tab Bottle	MCH
213	152	Mercaptopurine Tablets 50 mg	10 Tab	MCH
214	153	Methotrexate Injection 50 mg/2ml	2 ml vial	MCH
215	154	Methotrexate Tablets 2.5 mg	10 Tab	DH
216	155	Paclitaxel Injection 260 mg	43.4 ml Vial	MCH
217	156	Paclitaxel Injection 100 mg	16.7 ml vial	MCH
218	157	Tamoxifen Tablets 10 mg	10 Tab	MCH
219	158	Vinblastine Injection 10 mg/10 ml	10 ml Vial	MCH
220	159	Vincristine Injection 1 mg/ml	1 ml vial	MCH
221	525	Alpha Interferone Injection 3 Million Unit	Vial	MCH
222	526	Carboplatin Injection 150mg	15 ml Vial	MCH
223	527	Carboplatin Injection 450mg	45 ml Vial	MCH
224	528	Cisplatin Injection 10 mg/10 ml	10 ml Vial	MCH
225	529	Dacarbazine Injection 500 mg	Vial	MCH
226	530	Filgrastim Injection 300mcg/ml	1 ml PFS	MCH
227	531	Gemcitabine Injection 200 mg	Vial	MCH
228	532	Gemcitabine Injection 1gm	Vial	MCH
229	533	Ifosfamide Injection 1gm	Vial	MCH
230	534	Imatinib Tablets 400 mg	10 Tab	MCH
231	536	Methotrexate Tablets 10 mg	10 Tab	CHC
232	537	Mitomycine C Injection 10 mg	Vial	MCH
233	538	Oxaliplatin Injection 50 mg	25 ml Vial	MCH
9. ANTI PARKINSONISM DRUGS				
234	540	Bromocriptine Mesylate Tablets 2.5 mg	10 Tab	MCH
235	160	Levodopa and Carbidopa Tablets 100 mg + 10 mg	10 Tab	DH
236	161	Levodopa and Carbidopa Tablets 250 mg + 25mg	10 Tab	DH
237	162	Trihexyphenidyl Hydrochloride Tablets 2 mg	10 Tab	CHC
10. DRUGS AFFECTING BLOOD				
	10.1 Anticoagulant			
238	163	Acenocoumarol Tablets 2 mg	10 Tab	DH
239	172	Enoxaparin Sodium Injection 60 mg	Vial / PFS	DH
240	174	Heparin Sodium Injection 5000 IU/ml	5 ml Vial	CHC
241	546	Warfarin Sod. Tablets 5 mg	10 Tab	CHC
	10.2 Haemostatic			
242	173	Ethamsylate Injection 250 mg/ 2ml	2 ml Amp	CHC
243	545	Tranexamic Acid Tablets 500 mg	6 Tab	CHC
244	180	Vitamin K Injection 10 mg/ml	1 ml Amp	CHC
	10.3 Drugs used in Haemophilia			
245	171	Dried Factor VIII Fraction (IV use) 250 IU	Vial with diluent	DH
246	406	Factor – IX Concentrate 600 IU	Vial with solvent	DH
247	407	Anti- Inhibitor Coagulation Complex [Human Plasma Protein with a Factor VIII Inhibitor Bypassing Activity of 500 I.U. per Vial 500 IU	Vial with 20 ml solvent	MCH

Annexure II

Cancer Camp Outcomes

Place	Date	Total No. attended	Male	Female	Child	New, First time registering for camp	Followuppatients,already registered	

Cancer Types

Head and Neck	Breast	Lung	Ovary	Cervix	Prostate	CML	Other Haematology	Other	Other

Other Info

New-first time to DH Undiagonesd but strongly suspected cases-	
New –first time to DH-diagnosed treated cases-	
New-first time to DH- diagnosed untreated cases-	
New-Premalignat cases-	
Old DH registered patients	
Patient completed treatment for follow up only	
Other reason for attending-	

Annexure III
Daily/ Monthly Register of District Cancer Unit

Sr. No	Daily Data	New (A)	Old(B)	Total A+B	Monthly Data New/Old/Total		
1	**No. of cases attending OPD**						
	Male						
	Female						
	Child						
	Total						
2	**No. of cases admitted**	Today	Already				
	Male						
	Female						
	Child						
3	**No. IV Chemotherapy**						
4	**Oral chemo prescribed**						
5	**Palliative care in ward**						
6	**Referral**						
	Surgery						
	Radiotherapy						
	Other						
7	**Types of cancer**						
	Head and neck						
	Breast						
	Lung						
	Cervix						
	Other						
8	**Other Information**						

Sign_____Medical Officer

Sign_____PMO