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சுகாதார அமைச்சு
Ministry of Health

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Date)

All Provincial and Regional Directors of Health Services,
Heads of Medical Institutions,
Provincial and Regional Consultant Community Physicians,
Medical Officers of Maternal and Child Health,
Medical Officers of Health,

Interim Targets of Cervical Cancer Elimination through Screening

Cervical cancer is the fourth commonest cancer among Sri Lankan females, which accounts for nearly 10% of all female cancers. Every year about 600-700 women die of cervical cancer in our country with an incidence of more than 1100 cases per year (ICO/IARC HPV Information Centre 2018 December).

In keeping with the World Health Organization's vision to eliminate cervical cancer, WHO recommends that 70% of women should be screened with a high precision test at 35 and 45 years by 2030. Sri Lanka was screening women for cervical cancer at age 35 years since 2011. In 2018, women aged 45 years were also added to the national cervical cancer screening programme. Until 2018, the method of screening was by doing a pap test. Following a pilot in 2018 in Kalutara District, HPV DNA (a PCR test) was introduced to Sri Lanka for cervical cancer screening. Given the cost of HPV DNA test, it is being gradually introduced to other districts in a stepwise manner based on the availability of resources and incidence of cervical cancer. Therefore even now the most widely used test for cervical cancer screening is the "pap test". Annually, we need to do approx. 350,000 pap tests to screen the 35 and 45 year age group. This is a significant burden on the limited number of trained cytoscreeners, 46 in number, and they need at least 11,500 days annually to report on the slides.

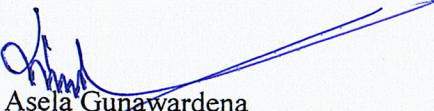
In the current context, as per WHO recommendation, its imperative to screen women in the target group (women aged 35 and 45 years) in designated Well Woman Clinics and not add anymore age groups for cervical cancer screening until desired levels of coverage (i.e.70%) of the current target group is reached.

Clients with 'Positive' test results should be closely followed up by the area MOH. Medical Officer of Health should ensure the receipt of pap smear reports from the cytology labs within two months and all pap smear reports irrespective of its results (even if they are negative) should be given to the clients. Positive pap smear reports should be handed over to the clients only by Medical Officer as the client may need counselling and referral for specialized care. The MOH should personally follow up the clients with abnormal pap smears (or HPV DNA) at 1 month, 6 months and yearly upto 5 years using the unique mechanism of 'Positive Clients Follow up'

Therefore it is recommended,

1. To screen clients at designated Well Woman Clinics at 35 and 45 years
2. To utilize the designated cytoscreeners only for national cervical cancer screening program delivered through Family Health Bureau.
3. To follow up positive clients at regular intervals as mentioned above.

As such please ensure that above recommendations are adhered to in order to achieve interim screening targets of cervical cancer elimination by 2030.


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