



WEEKLY EPIDEMIOLOGICAL REPORT

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Cancer Survivors and Supportive Care : A New Challenge for the Health System (Part II)

'Assessment of supportive care needs of cancer survivors

Though the traditional outcome measures of disease such as incidence, prevalence, and mortality rates are easy to define and easy to measure, they do not measure the holistic goals of health (Martin & Douglas, 2003).

To understand the subjective aspects of health care needs of a patient, a large number of approaches have been introduced, including quality of life, patient satisfaction, decision regret, patient preference and needs (Martin & Douglas, 2003). Out of these, patient preferences and decision regret are rarely used due to various limitations. Compared to assessment of quality of life and patient satisfaction, "needs assessment" enables direct assessment of perceived needs of patients and their magnitude and direct identification and prioritization of the resources needed (Bonevski et al., 2000).

A large number of tools which has been developed in different countries to assess the supportive care needs of cancer survivors could be found in literature. Supportive Care Needs Survey –Short Form (SCNS-SF34); originally developed in Australia is the most widely used tool to assess unmet supportive care needs. Translated and validated versions of it have been used in several other counties. Most of the tools are generic tools to assess needs of cancer patients with any type of cancer and at any stage of cancer trajectory. However, there are tools devel-

oped to assess needs of specific cancer types, those who are on specific treatment modalities or at different stages such as initial phase and end of life phase.

However, supportive care needs being a culture sensitive subject, developing a tool which is suitable for any cultural setting has been a challenging task.

Prevalence and associated factors of unmet supportive care for cancer survivors

Unmet supportive care of cancer could be categorized under few domains. Physical, psychological, financial, social, spiritual and Health system and informational are some commonly identified domains or aspects of unmet supportive care of cancer.

According to literature, needs related to 'Health System and Information' were the commonest unmet needs among cancer survivors in Western countries. Across different cultural settings, the prevalence of needs related to 'Health System and Information' ranged between 30% to 92%. Unmet supportive care needs of 'physical' domain ranged between 20% to 30% in different settings. Unmet needs related to 'social' were around 13%. Even though rarely assessed needs related to spiritual and financial domains too were high among cancer survivors. Spiritual unmet needs ranged between 15% -60% in different settings.

WEB SRI LANKA 2017

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Out of specific unmet needs, needs related to worries about cancer recovery were the commonest unmet needs. For example “worries about cancer recurrence”, “to know about the future chance to cure” were the commonest unmet needs according to two studies and they were present among 40.8% (White et al.,2011) and 96% (Meridith et al., 1996) of the samples respectively. Further, “worries about those close to the patient” were also highly prevalent among cancer survivors (Boyes, Girgis, D’Este, Zucca,et al.,2012).

Time since diagnosis was the single most important associated factor which determined the presence or absence of unmet needs irrespective of the domain. Prevalence of unmet supportive care needs was highest during the initial treatment year.

Treatment modality is another important correlated factor for the presence of unmet needs in most of the domains especially in ‘physical’ domain. Cancer type and anxious pre-occupation were among the other correlated factors for the presence of unmet supportive care needs in physical domain. Sedentary physical activity level, anxious pre-occupation, and female sex have been identified as correlates for having unmet needs in ‘psychological’ domain. Spiritual unmet needs were also found to be more among female cancer survivors.

Higher educational level, anxious pre-occupation, were found to be important correlates for having unmet needs in ‘health system and informational’ domain. Cancer survivors who were in remission showed low levels of unmet needs in most of the domains especially in ‘health system and informational’ domain and ‘social’ domain.

However, it was evident through literature that the prevalence of unmet supportive care needs and correlates for having unmet needs of different domains differ among different cultural settings.

Supportive care Services for Cancer Survivors

“To cure sometimes, to relieve often, to comfort always”- Anonymous author in the 16th century.

During the early eras, when ‘cures’ were not readily available focus of the medical care was to alleviate pain and suffering. However, with the advances of safe surgery and anesthesia, antibiotics, advanced obstetric care etc more emphasis was placed on ‘cure’ and all the other aspects of care were given less attention. However, with the rising trends of Non Communicable Diseases for most of which a definite ‘Cure’ is not available, the importance of ‘supportive care’ has again been highlighted.

The diagnosis of cancer is a destructing experience for any person. According to a qualitative study by Petrone in 2001 (as cited by Gardner, et al., 2008) a patient expressed his experience ; “Suddenly illness arrived, uninvited, unexplained, I found myself caught between life and death, light and dark, banished to an unknown place ...between night and day.... The arrival of illness interrupted my cycle of life, displacing its normal parts”. With the diagnosis of a cancer, after the period of initial shock, patients need to piece together the displaced parts of his or her life and rebuild it on a stronger foundation (Gardner, et al., 2008). It is the responsibility of any health system to assist the patients during this process of rebuilding, not only through clinical management but also holistically , addressing all the sensitive aspects of the life

The importance of supportive care for cancer has been acknowledged by the Charter of Paris, which was signed at the World Summit against Cancer for the new Millennium, has recognized the cancer patients’ rights as human rights, and in article VII it stated that, “any commitment to total patient well-being should include not only clinical care, but also information and psychological support”.

Many countries of the world have incorporated ‘cancer supportive care’ to their health systems through either institutional based or field based strategies or both. National Cancer Control programme, Sri Lanka too has initiated providing supportive care through several supportive care centers scattered around the country and plans are underway to expand them to reach each and every cancer survivor in Sri Lanka(Personal communication with National Cancer Control Programme).

Compiled by:

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th - 10th March 2017 (10th 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	379	5389	2	27	0	1	2	7	0	3	2	16	0	1	0	5	0	0	0	7	66	0	10	0	1	75	100
Gampaha	100	2827	0	14	0	8	0	9	0	8	1	18	0	4	0	5	0	1	2	50	0	14	0	4	27	60	
Kalutara	74	1152	2	12	0	2	0	1	0	12	3	48	0	2	0	0	0	0	17	124	3	24	0	0	57	93	
Kandy	69	629	4	22	0	3	0	0	0	0	0	11	3	35	0	5	0	1	14	80	2	13	0	2	91	100	
Matale	28	282	0	4	0	0	0	0	0	0	0	10	0	1	0	3	0	0	1	7	0	21	0	2	54	100	
NuwaraEliya	10	100	1	7	0	1	0	2	0	0	2	10	2	36	1	4	0	0	3	34	0	14	0	0	77	92	
Galle	71	1455	1	13	1	4	0	4	0	8	2	44	3	17	0	0	0	0	8	72	2	16	0	0	85	90	
Hambantota	49	519	0	13	0	2	0	5	0	15	0	13	2	15	0	4	0	0	5	66	0	7	11	109	83	100	
Matara	48	946	2	15	0	4	0	0	0	2	3	17	0	9	1	2	0	1	5	48	0	2	7	31	94	94	
Jaffna	185	1385	6	79	0	3	0	13	2	24	0	16	9	276	0	3	0	0	4	86	3	14	0	0	93	100	
Kilinochchi	2	146	0	6	0	0	0	3	0	0	0	2	0	9	0	2	0	0	0	0	0	0	0	0	3	25	75
Mannar	15	269	0	4	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	4	0	0	0	0	60	100	
Vavuniya	22	185	0	6	0	0	1	10	0	2	1	10	0	2	0	1	0	0	2	14	0	0	0	1	4	100	100
Mullaitivu	5	74	0	2	0	0	0	3	0	0	0	7	0	2	0	0	0	0	0	1	0	5	0	1	40	100	
Batticaloa	55	820	3	36	0	8	0	8	0	1	0	6	0	0	0	2	0	0	2	53	0	11	0	1	50	86	
Ampara	8	119	0	6	0	0	0	1	0	0	1	5	0	1	0	1	0	0	2	44	0	5	0	1	57	71	
Trincomalee	234	1619	0	3	0	1	1	3	0	1	0	4	0	5	1	7	0	0	4	45	1	4	1	1	77	77	
Kurunegala	79	960	1	22	0	0	0	0	0	2	4	28	0	17	0	5	0	0	19	151	0	14	3	33	76	93	
Puttalam	34	391	0	17	0	1	1	1	0	0	1	4	1	10	0	1	0	0	8	54	0	13	0	1	64	79	
Anuradhapura	8	350	1	11	0	1	0	0	0	2	0	23	0	9	0	5	0	0	2	87	0	17	3	72	32	74	
Polonnaruwa	15	147	0	7	0	3	1	4	0	0	1	12	0	2	0	1	0	0	2	61	1	5	5	38	86	100	
Badulla	33	413	1	25	0	3	0	2	0	1	1	13	1	11	0	10	1	1	4	72	4	43	1	4	76	94	
Monaragala	16	223	1	12	1	2	0	0	1	2	0	21	2	38	2	17	0	0	4	29	2	16	0	4	100	100	
Ratnapura	69	870	5	45	3	34	0	4	1	1	5	82	0	7	2	17	0	0	12	81	4	54	0	0	56	94	
Kegalle	48	581	1	15	0	4	0	1	0	13	6	15	1	18	0	3	0	0	6	60	6	24	0	2	91	91	
Kalmune	16	711	0	18	0	4	0	1	0	4	0	3	0	0	0	0	0	0	0	69	0	4	0	0	23	85	
SRILANKA	1672	22562	31	441	5	89	6	83	4	101	33	438	24	528	7	93	1	4	133	1458	28	350	32	314	69	90	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 11th 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

04th – 10th March 2017 (10th 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*	01	00	00	00	00	00	00	00	00	01	03	22	11	+ 100%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	02	00	01	00	02	00	05	07	59	78	- 24.3%
Measles	01	00	03	00	00	00	00	02	01	07	06	73	129	- 43.4%
Rubella	00	00	00	00	00	00	00	00	00	00	01	04	05	- 20%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	01	00	01	01	00	05	01	+ 400%
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	- 77.8%
Tuberculosis	53	17	13	13	07	12	14	08	35	172	67	1541	1652	- 6.7%

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,

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

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