

# **Cancer Registration toward National Cancer Control Programme**

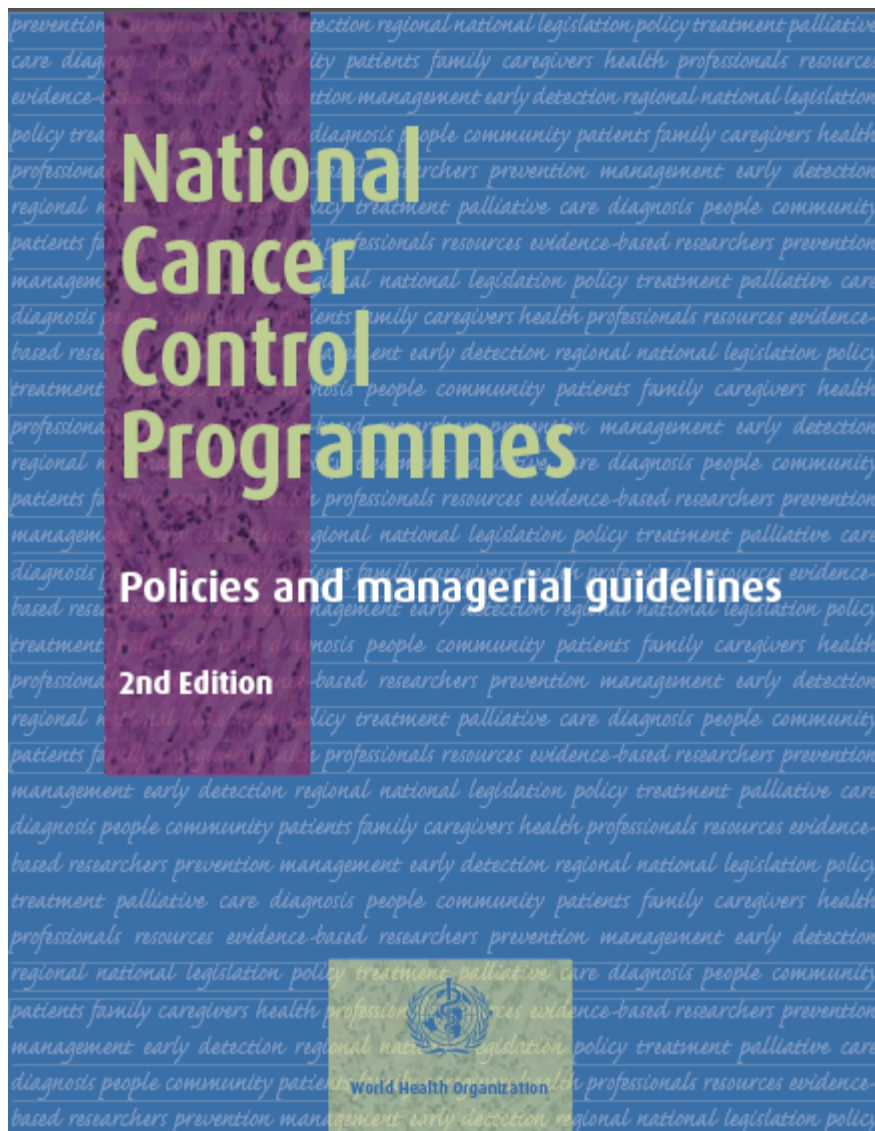
**Noncommunicable Diseases and Health Promotion  
Dr Hai-Rim Shin**



**World Health  
Organization**

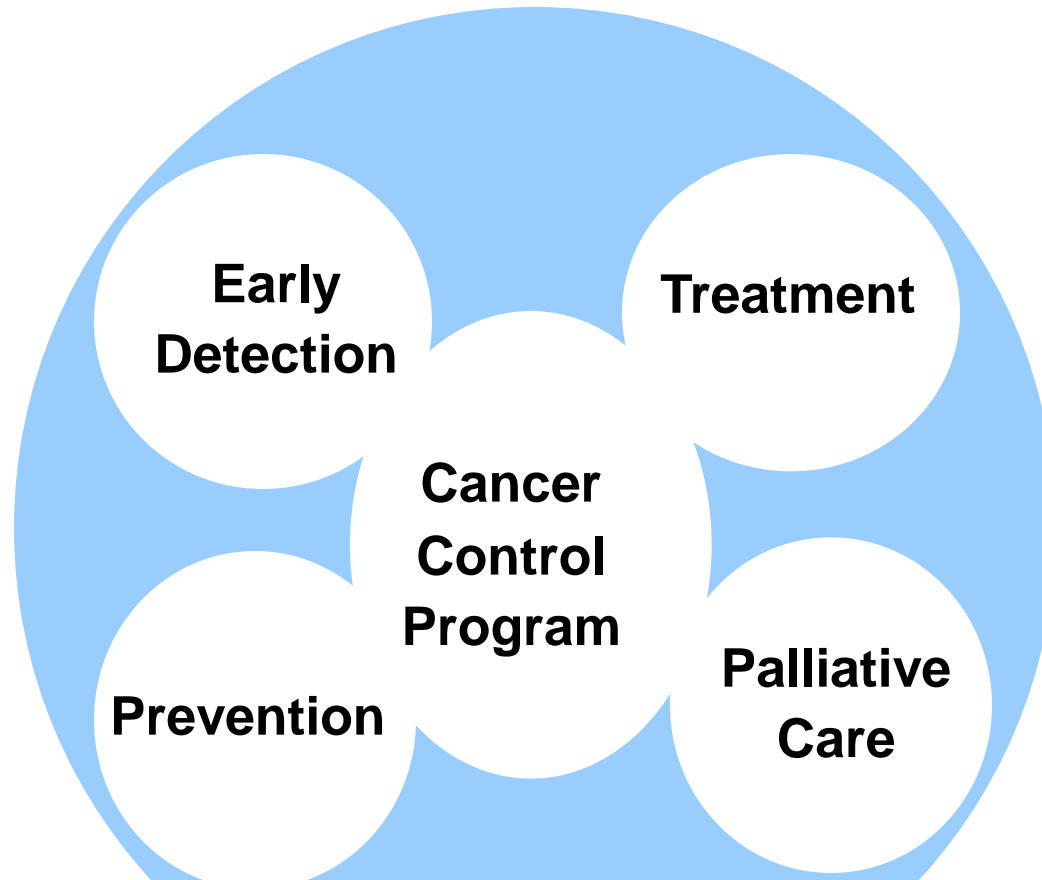
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**Western Pacific Region**



# National Cancer Control Program

: a systemic and comprehensive approach



**The cancer registry is  
an essential part of cancer control  
program**



# Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (BruMAP-NCD)

2013-2018



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Prevention and control of NCD services in primary care and community settings



- Lifestyle risk factor interventions e.g. Smoking Cessation Clinics (2005); Weight Management Clinic (KCHS) (2005)
- Screening – opportunistic and programme-based; occupational health fitness assessment; Well Women’s Clinics; Cervical **Cancer** Screening Programme (2011), Health Screening for NCDs (2013)
- Diagnosis and management of NCDs and risk factors including hypertension, diabetes, hypercholesterolemia and COPD
- Management of NCD complications including diabetic retinopathy through Community Ophthalmology Clinics
- Counselling and patient education on NCDs & risk factors – asthma and diabetic nurse educators and dietitians

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NCD surveillance



- NCD risk factor surveys i.e. National Nutritional Status Survey (NNS), 2<sup>nd</sup> National Health and Nutritional Status Survey (NHANSS)
- Mortality and morbidity indicators
- Birth and Death Registries
- National **Cancer** Registry
- Pap Smear Registry
- Other Chronic Diseases Registry e.g, diabetes (hospital-based)

## Strategic themes

### Improving Health Through Enabling Environment and Healthy Choices

### Improving Health Through Enhancing the Continuum of Care for NCDs

**Objective 1:**  
To reduce tobacco use

**Objective 2:**  
To promote balanced and healthy diet

**Objective 3:**  
To increase physical activity

**Objective 4:**  
To identify people at risk for NCDs and manage effectively

**Objective 5:**  
To improve the quality of care and outcome of NCDs management

### National targets to be achieved by 2018 (with baseline value of 2010)

- A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- All public places to be smoke-free by 2016

- A 10% relative reduction in mean population intake of salt/sodium and prevalence of hypertension
- Reduction in the rate of increase of obesity and diabetes to 1%
- All school canteen operators stop selling sugar-sweetened beverages containing 6 grams or more added sugar per 100mls\*\*
- 50% reduction on 'regular' consumption of sweetened drinks by children
- 50% of all workplaces having established healthy workplace programs to promote a healthy lifestyle
- A 10% relative reduction in prevalence of insufficient physical activity

- 50% of eligible people\* receive drug therapy and counselling (including glycemic control) to prevent heart attack and stroke

- An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities

- 10% reduction in CVD, cancer and DM mortality in hospitals, other health centres and clinics.



## ***Objective 4: To Identify People at Risk of NCDs and Manage Effectively***

### **RECOMMENDED ACTIONS FOR MINISTRY OF HEALTH**

5. To strengthen **cancer** screening programme for cancers of the uterine cervix, colorectum and breast:
  - To develop guidelines and SOPs and to ensure that adequate infrastructure and human resources are available for cervical cancer screening to be available in all health centres; and colorectum and breast cancer in all hospitals.

## ***Objective 5: To Improve the Quality of Care and Outcome of NCD Management***

### **RECOMMENDED ACTIONS FOR MINISTRY OF HEALTH**

4. To enhance and improve **cancer** management through provision of adequately-trained human resources, early detection programmes, patient support systems for compliance to treatment and follow up and cancer registration.

## C. MONITORING FRAMEWORK

**Goal: 18% Relative Reduction in Premature Mortality from NCDs by 2018 (“18 by 18”)**

*Data sources: National NCD Risk Factor Survey (STEPS), Global School-based Health Survey (GSHS), Global Youth Tobacco Survey (GYTS), Civil Registration, Cancer and Other NCD Registries and NCD Hospital-based Mortality Registry.*

Objectives	Activities	Short-term outcomes	Intermediate outcomes	Long term outcomes
4. To identify people at risk for NCDs and manage effectively	<ul style="list-style-type: none"><li>• Screening</li></ul>	<ul style="list-style-type: none"><li>• Increased awareness amongst population of the risk factors associated with NCDs</li><li>• Increased awareness amongst population that it is possible to reduce personal risk of NCDs by practicing healthy lifestyle and adhering to therapy</li></ul>	<ul style="list-style-type: none"><li>• 50% of eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attack and stroke</li></ul>	<ul style="list-style-type: none"><li>• 10% relative reduction in risk of premature mortality from CVD, cancer and DM</li></ul>

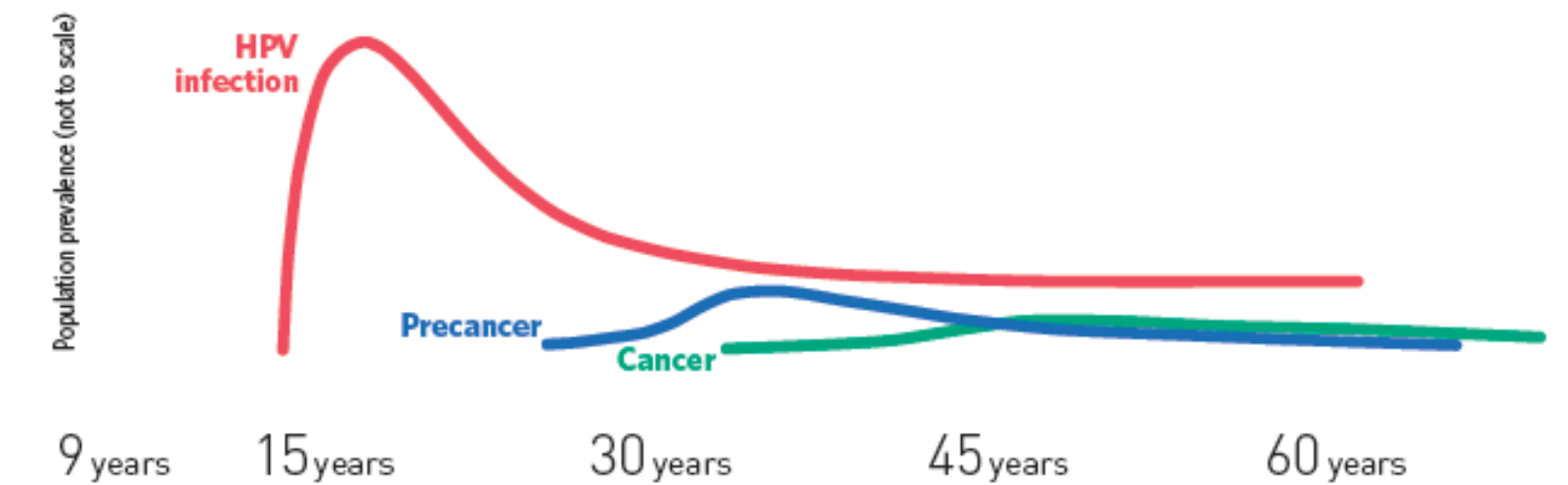


## D. RESEARCH AGENDA

A set of research topics are provided to support the implementation of BruMAP-NCD. Further prioritisation will be carried out using a set of criteria for implementing the agenda. Due to human resource constraints, most if not all, will be done in collaboration with academic or research organisations such as the University of Brunei Darussalam (UBD) and Centre for Strategic Policy Studies (CSPS), Regional and International Partnerships. Dedicated funding and other resources will need to be identified early for the research to be conducted within the timeframe.

Research topics	Responsible agencies
<b>Objective (1) To reduce tobacco use</b>	
1. Study on the impact of trade agreement on importation of tobacco	MOH
2. Study on the effect of current tobacco taxation on tobacco consumption	MOH
<b>Objective (2) To promote balanced and healthy diet</b>	
1. Study of dietary consumption patterns among patients with cancer.	MOH

**FIGURE 1: OVERVIEW OF PROGRAMMATIC INTERVENTIONS OVER THE LIFE COURSE TO PREVENT HPV INFECTION AND CERVICAL CANCER**



**PRIMARY PREVENTION**

**Girls 9-13 years**

- HPV vaccination

**Girls and boys, as appropriate**

- Health information and warnings about tobacco use\*
- Sexuality education tailored to age & culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

**SECONDARY PREVENTION**

**Women >30 years of age**

**Screening and treatment as needed**

- “Screen and treat” with low cost technology VIA followed by cryotherapy
- HPV testing for high risk HPV types (e.g. types 16, 18 and others)

**TERTIARY PREVENTION**

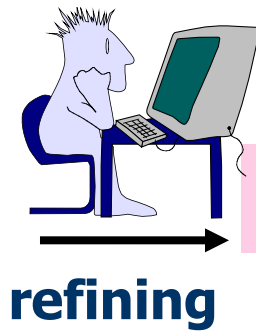
**All women as needed**

**Treatment of invasive cancer at any age**

- Ablative surgery
- Radiotherapy
- Chemotherapy

\* Tobacco use is an additional risk factor for cervical cancer.

**Cancer Statistics**



**Information**



**Patients/Family  
Policy makers  
/Researchers**

**Calculation  
Estimation**



**Central CR  
Regional CR  
Site-spec CR  
Insurance info  
NSO etc**

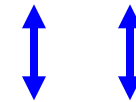
**Collaboration  
Supports  
Technically  
Financially**



**WHO/IARC:IACR**

**Supports**

**Legislation (Act)  
Budget (Finance)  
Administration**



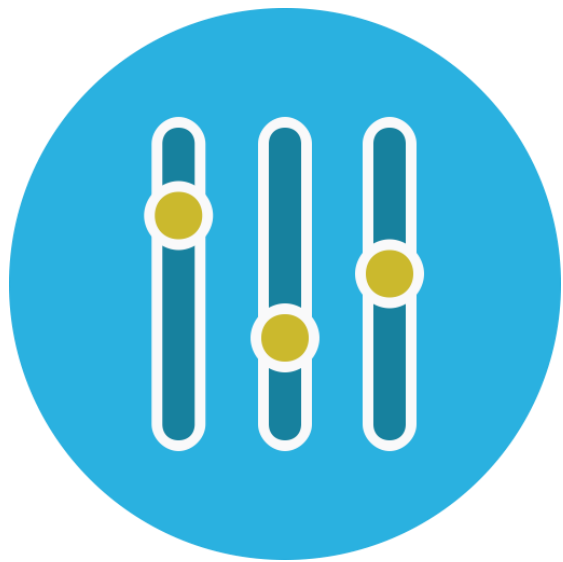
**Roles**

**Ministry of Health  
Ministry of  
Administration  
Ministry of Law**



**CHANGE  
AHEAD**

How do we create change for better  
Cancer prevention and control?



# Parameters for strategic planning exercise:

- Focus: Comprehensive Cancer Control Plan development
- Linked to a measurable **change** in your community



# HOW DOES **CHANGE** HAPPEN?



Begin with the END in mind.



# Exercise : What change do you want to create?



**Specific**  
Not vague



**Measurable**  
with numbers



**Attainable**  
Possible to  
achieve



**Results-  
Oriented**  
Tied to Goals



**Time-Bound**  
Have an  
endpoint



**Thank you for your attention....**

