

# Manuals for Training in Cancer Control

## Manual for Facilitators



Directorate General of Health Services  
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## FOREWORD

India is one of the few countries in the world to have a National Cancer Control Programme. The programme was conceived with the objectives of providing preventive and curative services through public education and enhancement of treatment facilities.

We have been able to develop 23 Regional Cancer Centres and several Oncology Wings in India, which provide comprehensive cancer care services. One of the major limitations of the programme is the late stage at presentation of common cancers thus reducing the chances of survival. There is a need to increase awareness among the community regarding prevention and early detection of cancers. The programme is developing IEC materials for the same. Once the population is armed with the necessary information, it is expected that the health system should be geared to tackle the increased demand for care. There have to be trained health care professionals to support the needs of the community. This can be addressed by proper training and sensitisation of general practitioners and health care providers.

These manuals are developed for training health professionals and specific modules have been prepared for Cytology, Palliative care and Tobacco cessation. The facilitator's manual will assist the trainers to conduct the programmes. The manuals are self-explanatory and the health professionals will be able to use them on their own.

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## PREFACE

Demographic and epidemiological transitions and changes in lifestyle are leading to the emergence of cancer and other chronic diseases as public health problems in India. Cancer pattern in India reveals the predominance of tobacco related cancers, which are amenable to primary prevention. Cancer Registries in different parts of the country reveal that majority of cancer cases present in an advanced stage and makes treatment options prolonged and expensive. Therefore, the National Cancer Control Programme has placed its emphasis on prevention, early detection, enhancement of therapy facilities and provision of pain and palliative care. Comprehensive legislation on tobacco by the Government of India will help to control the tobacco related cancers. The programme has been able to augment the treatment capacity and to address the geographical gaps in cancer care services. Awareness and early detection programmes are undertaken through District Cancer Control Programmes.

Health care personnel have a major role in providing awareness, promoting early detection, prompt referral to a cancer treatment facility and in providing pain relief and palliative care. The knowledge and skills in the above areas have to be enhanced and these manuals have been developed in response to this need. This set of manuals, which consists of a facilitators' manual and separate manuals for health professionals, cytology, tobacco cessation and palliative care, is an attempt at providing the minimum required capacity. The manuals are self explanatory and will help the trainers, who will be from Regional Cancer Centres and other cancer treatment centres.

The manuals and the compact disc will be widely disseminated and same will be available on the website of the Ministry of Health and Welfare. The National Cancer Control Programme will urge that these may be used in cancer control training programmes in various settings.

  
(K. RAAMAMOORTHY)  
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## Introduction

Cancer is an emerging public health problem and needs comprehensive approaches for prevention and control. The National Cancer Control Programme (NCCP) has been conceived with the primary objectives of prevention of cancers by health education, early detection, diagnosis of cancers and strengthening of existing cancer treatment facilities. Training is an essential component of all the strategies under the NCCP. This series of manuals is developed for the purpose of training health professionals in cancer control. The series contains a facilitators' manual for the trainer and four manuals for trainees. The facilitators' manual is to enable the trainers to conduct training for the health professionals in a standardized manner all over the country. A Compact Disc containing all the manuals is being provided along with the manuals.

### Objectives:

- To enhance knowledge about common cancers, their risk factors and preventive measures
- To augment the skills necessary for early detection of oral, cervical and breast cancers.
- To strengthen the capacity of health professionals to provide tobacco cessation services, pain relief and palliative care services.

### Organization of the training programme for Medical Officers:

The training programme may be held in a medical college or a cancer treatment facility, so that adequate practical exposure may be provided. It would be preferable for the sessions to be conducted by faculty from the medical college or cancer treatment facility. In addition, the session on tobacco control may be held by a psychiatrist and the session on palliative care may be held by an expert on pain management or anaesthetist. The number of trainees in each batch may be about 30 health professionals. The training programme is scheduled for three days, and the sessions can be made as interactive as possible.

### Organization of the training programme for Nurses and Health Workers:

The venue for the training of nurses and health workers may be any well-equipped District Hospital or Medical College with sufficient facilities for relevant practical demonstration. All other criteria will be similar to the training programme of medical officers.

The trainers should familiarize themselves with the training manuals and should try to lead the session as per the manuals.

## Proposed Training Schedule:

		Session 1		Session 2
<b>Time</b>	9.30 — 10.00 am	10.00 — 10.45 am	10.45 — 11.00 am	11.00 — 12.00 noon
<b>Day 1</b>		<ul style="list-style-type: none"> <li>• Introduction to course and participants</li> <li>• Pretest</li> </ul>	B R E A K	Magnitude of Cancers
<b>Day 2</b>	Recapitulation of previous day	<ul style="list-style-type: none"> <li>• Common cancers – focus on oral, cervical and breast cancers</li> </ul>		Common cancers (continued)
<b>Day 3</b>	Recapitulation of previous day	Principles of palliative care		Pain relief in cancer

	Session 3		Session 4		Session 5
	12.00 — 1.00 pm	1.00 — 12.00 pm	2.00 — 3.30 pm	3.30 — 3.45 pm	3.45 — 5.00 pm
	<ul style="list-style-type: none"> <li>Principles of Cancer Control</li> </ul>	B R E A K	<ul style="list-style-type: none"> <li>Principles of Tobacco Control</li> </ul>		<ul style="list-style-type: none"> <li>Techniques for Tobacco Cessation</li> </ul>
	<ul style="list-style-type: none"> <li>Introduction to cancer cytology</li> </ul>	B R E A K	<ul style="list-style-type: none"> <li>Practical session on diagnosis of common cancers</li> </ul>		<ul style="list-style-type: none"> <li>Practical session continued</li> </ul>
	Relief from other symptoms in cancer	L U N C H	Communication with patients	T E A	3.45 - 4.30 pm National Cancer Control Programme 4.30 - 5.00 pm Post test and feedback from participants.

## General guidelines for all sessions

- Sufficient practical exposure may be provided to all trainees on cancer prevention, early detection, tobacco cessation and palliation
- The focus should be on common cancers such as that of oral cavity, breast and uterine cervix.
- At the end of training it is expected that all trainees will have a clear understanding of the principles of prevention, early detection, management and palliation of cancer and the level of services they can provide in their settings.
- Relevant training manuals can be used while planning individual sessions. As all manuals are common for all categories of health professionals, trainers may modify the content of their sessions to make them more appropriate for the particular batch.

The word “Cervix” in this manual refers to “uterine cervix”.

## Suggestions for conducting individual sessions

### DAY ONE

#### Session 1: Introduction to the course and participants

The idea is to make the trainees comfortable as a group. Make the participants introduce themselves, and introduce yourself in turn. Familiarize participants with the aims of the training course, and the course structure.

#### Pre-test

The pretest will give an idea of the current knowledge and practice of the trainees. The pre-test is to be carried out for all participants with a time limit of 10 minutes.

The scores obtained may be grouped into 3 categories

< 5 – poor knowledge regarding cancer

5 – 10 – fair knowledge regarding cancer

> 10 – good knowledge regarding cancer

Similar scoring may be used for the post-test to evaluate any change in knowledge on cancer.

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## Pretest/Post-Test for Medical Officers

**Name of the Medical Officer: (optional)**

**Qualification:**

**No. of years of service:**

**MARK THE FOLLOWING STATEMENTS AS TRUE (1) OR FALSE (2)**

1. Food is the single most important risk factor in cancer.
2. Cancers are mainly genetic.
3. Oral cancer can be detected only in the advanced stage.
4. Breast cancer is curable if detected early.
5. Cancer of cervix is a common cancer in Indian women.
6. Primary prevention is not possible in cancer.
7. Palliative care is meant for patients whose disease is not responsive to curative treatment.
8. Pain relief in cancer depends only on the aetiology of pain.
9. Improvement in quality of life is an important goal in cancer treatment.
10. Tobacco avoidance is a key message that must be communicated to all clients.
11. Cancer Registry in India is only hospital-based.
12. We do not have a National Programme for Cancer Control in India.
13. The functions of Regional Cancer Centres are awareness generation, early detection, treatment and palliation, training and research.
14. Every clinic can be a cancer prevention clinic.
15. Most of the oral cancers arise from pre-existing lesions.

**Total Score:**

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## Pretest/Post-Test for Nurses/Health Workers

**Name of the Nurse/ Health worker: (optional)**

**Qualification:**

**No. of years of service:**

**MARK THE FOLLOWING STATEMENTS AS TRUE (1) OR FALSE (2)**

1. Tobacco use is an important risk factor in cancer.
2. Cancers are mainly genetic.
3. Oral cancer can be detected only in the advanced stage.
4. Breast cancer is curable if detected early.
5. Cancer of cervix is an uncommon cancer in Indian women.
6. Primary prevention is not possible in cancer.
7. Palliative care is meant for patients whose disease is not responsive to curative treatment .
8. Pain relief is not possible in cancer.
9. Improvement in quality of life is an important goal in cancer treatment.
10. Stopping use of tobacco is a key message that must be communicated to all clients.
11. There is no Cancer Registry in India.
12. We do not have a National Programme for Cancer Control in India.
13. The functions of Regional Cancer Centres are awareness generation, early detection, treatment and palliation, training and research.
14. Every clinic can be a cancer prevention clinic.
15. Most of the oral cancers arise from pre-existing lesions.

**Total Score:**

## Session 2: Magnitude of Cancers

### Key points:

- Cancer is not a single entity but a group of diseases with common characteristics.
- Oral, lung, cervical and breast cancers are the common cancers in India.
- Tobacco use is the single most important risk factor for many cancers.
- Alcohol use, intake of high fat diets and certain infections are other risk factors.

## Session 3: Principles of Cancer Control

### Key points:

- Tobacco control is an important step in primary prevention of cancer.
- Cancers of the oral cavity, breast, and cervix can be successfully treated if detected early.
- All health professionals must be able to provide information and detect cancers early.
- History and Clinical examination followed by appropriate investigations are important steps towards diagnosis.
- There are three main methods of treatment – surgery, radiotherapy and chemotherapy, all of which may be used for cure or palliation; alone or in combination.
- Type of cancer and stage at presentation are important factors in deciding management options.

## Session 4: Tobacco control

### Key points:

- Tobacco control includes advocacy, legislation, policy initiatives, education, awareness and cessation.
- Health professionals have an active role in all aspects of tobacco control, especially in education and cessation.

## Session 5: Techniques for Tobacco cessation

Familiarize participants with the various techniques for tobacco cessation.

A brief intervention for tobacco cessation, the 5 'A's approach (namely "Ask, Advise, Assess, Assist, Arrange"), can be practised by all health professionals to help people stop tobacco use. It may be beneficial to include a practical demonstration of the 5 'A's approach so that trainees understand how they are expected to handle such clients.

## Day Two

### **Session 1 and 2: Common cancers – focus on Oral, Cervical and Breast cancers**

Discuss with the participants why these cancers are being considered in detail. For each cancer, discuss the risk factors, symptoms, methods for early detection and treatment and appropriate referral options. It may be helpful for trainees to have a list of referral centres in their neighbourhood.

A few case studies are provided at the end of this manual that may be of help in generating discussions.

### **Session 3: Introduction to cancer cytology**

This session is based on the Manual of Cytology. Consider explaining the basics of cytology, the need for proper collection and processing of samples, and interpretation of results. A more detailed session on cytological techniques may be organized, if the need is felt. A separate two-day course for cytology may also be organized for further training in these techniques. The intended participants for such detailed training include medical officers and laboratory technicians.

### **Session 4 and 5: Practical session on diagnosis of common cancers**

Techniques of oral cavity examination, breast examination, and basic diagnostic techniques, like performing a Visual inspection of cervix, pap smear and Fine Needle Aspiration etc are to be covered. It may be preferable if the techniques are demonstrated to trainees in small batches. If oral/cervical/breast cancer patients are available, trainees may be allowed to examine them, and perform the necessary tests. The aim is to enable trainees to perform these techniques at their work places.

## Day Three

### Session 1: Principles of Palliative care

Almost the whole of the third day of training is devoted to palliative care, because this is an area to which most health professionals would not have been exposed to. It is important for the people working at the periphery to understand the principles of palliative care and bring them into practice as far as is feasible.

#### All trainees must know the following –

- Palliative care neither hastens nor postpones death, but helps patients live as actively as possible until death.
- Palliative care allows alleviation of pain and other distressing symptoms, and therefore improves quality of life.
- Palliative care is a team approach to address the needs of patients and their families. The team may be headed by a nurse also.
- Palliative care must begin along with other therapies after diagnosis of cancer and not only at the terminal stages of illness.

### Session 2: Pain relief in cancer

- Pain relief is a key component of palliative care. Pain medication should be provided “by mouth, by the clock, by the ladder, tailored for the individual and with attention to detail”.
- Oral morphine is safe and is advocated by World Health Organisation (WHO) for use in pain relief in cancer patients.

A session may be arranged at the Pain Clinic (if available in the vicinity) for explaining the details.

### Session 3: Relief from other symptoms in cancer

Practical demonstration on how to deal with the various symptoms that may arise in any patient due to complications, and how to extend psychosocial support to the patients and their families is to be arranged.

### Session 4: Communication with patients

This key aspect in patient management is one of the most neglected. It may be difficult to change trainees’ long-established communication styles in one session, but aim to sensitize trainees to the need for more effective communication. The effort will be worthwhile, if at the end of it, participants are able to give more time to listening to patients.

## Session 5: National Cancer Control Programme (NCCP) and specific roles of health professionals under NCCP

The aim of this session is to orient the health professionals towards the NCCP so that they are better able to appreciate their roles under the programme. Ensure that all participants have understood the NCCP objectives and strategies and their roles and responsibilities.

**Post test and Feedback:** Administer the post test in the same fashion as the pretest. Solicit feedback from the participants regarding relevance and usefulness of the training, and suggestions for improvement.

### Some case studies

The case studies may be discussed by the facilitators, either before or after the discussion of each cancer, depending on the baseline knowledge of the trainees. The case studies may also be used while discussing cancer prevention and palliation. A brief outline of management is given below each case study. This can act as a guide for further discussion. Discussion should, however, focus on management possible by the trainees in the field. Facilitators are free to modify the cases according to the requirements of their trainees.

### Case 1 – Early breast cancer

Lalitha, a 46 year-old lady, married with two children, has found a lump in her right breast. She has come to the local health centre for advice. She is anxious since she has heard someone say that a lump in the breast means cancer.

(At this point, facilitators should discuss with the trainees the method of eliciting a detailed history, clinical examination and the appropriate investigations for confirmation of diagnosis. Ideally she should be reassured that all lumps are not cancer. It should also be ensured that the patient complies with the advice of the health professional.)

This patient has been sent to district hospital for FNAC. Cytology has revealed cells suggestive of adenocarcinoma. She has been advised surgery to remove the lump at the district hospital. The patient is slightly confused, and has come back with the report to the local health centre. (At this point facilitators should discuss with trainees about how to convince the patient to comply with medical advice, and how to support her and her family in this process. If patients are sent back to the local health centres for follow-up after treatment, this aspect should also be discussed, and detailed instructions given to trainees on what to look for in each follow up visit.)

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## Case 2 – advanced breast cancer

Sumitra, a 60 year old widow, presents to the local health centre with a grossly enlarged left breast. She has been staying alone in the village, as both her sons work in the city. She has very little income, and was scared to come earlier as she did not want to spend money on medicines. It has been six months since she first noticed that the breast was bigger, and the swelling has not gone away prompting her to seek expert advice. She also complains of swelling in the neck and back pain. On examination, there is a large tumour mass in the left breast, which has eroded the skin over the breast. Axillary lymph nodes are enlarged on both sides, as are the left supra-clavicular nodes. X-ray shows evidence of lung metastasis. (Discuss with trainees where to refer this patient, and how to convince her to go to the referral centre. Also discuss the palliative care they will be able to provide in their setting. Another important aspect that should be debated is how they can work to encourage patients to come promptly for treatment or advice.)

## Case 3 – early oral cancer

Kishore, a 38 year-old manual labourer, has come to the health centre with a small ulcer on the right lateral border of his tongue. He had noticed a white patch on that area of his tongue one year back. The white patch had grown slowly and two months ago, an ulcer developed. This ulcer has not healed, and so Kishore has turned up at the health centre. He has been a beedi smoker since the age of 14. He also chews ghutka regularly. (Discuss with trainees the pre-malignant conditions of oral cavity, what they should look for in this patient, what investigations would be needed to confirm diagnosis and the advice they should give him even without knowing the results of investigations. Tobacco cessation is a key message that should be communicated.) Following examination, Kishore has been sent to the nearby medical college hospital, Surgery has been done and part of his tongue removed.

Two years later, Kishore is back at the health centre for some other complaint and he has continued smoking. (Discuss Kishore's risk for recurrence and how he can be assisted to quit the tobacco habit.)

## Case 4 – advanced oral cancer

Haider Ali, a 52 year-old mason, has come with complaints of inability to chew properly and pain on opening the mouth. He says that there is a hard mass in his mouth, which does not allow him to chew. His face is grossly disfigured by a disproportionately large right cheek. On examination, a fungating mass is seen on the right buccal mucosa, occupying one-third of the oral cavity. Haider used to chew tobacco and usually kept the quid in the pouch between the teeth and the right buccal mucosa. He has been unable to chew tobacco since these complaints developed. (Discuss with trainees the method for

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eliciting history, carrying out detailed examination, the options available for investigation and treatment and appropriate and prompt referral. The discussion should also focus on how to convince him to go to the referral centre. Also discuss the palliative care that they will be able to provide in their setting. Another important aspect that should be deliberated upon is how they can work to encourage patients to come promptly for treatment or advice.)

### Case 5 – early cervical cancer

Srikala, a 40 year-old lady, has come to the health centre with her pregnant daughter. After her daughter's ante-natal check-up, Srikala wants to get herself examined. One of her relatives has recently died due to cervical cancer, as it was detected very late. She has heard that some test will let her know whether she has this cancer. She wants to know if this is true and where she can be tested. (Discuss how to deal with this patient – reassure her; explain what Pap smear is all about; take a proper history including complaints of discharge /abnormal bleeding; inspect her cervix for any visible lesions; perform a Pap smear if possible or refer her to a centre where it is done.)

### Case 6 – advanced cervical cancer

Kusum, a 46 year-old lady with 3 children, presents with complaint of bleeding per vaginum. She has stopped menstruating a year ago. She initially thought that her periods had started again, but bleeding has now persisted for three weeks. On examination, there is a large, friable mass on the cervix, and along the lateral wall of the vagina. Cervix is hard and fixed. (Discuss with trainees what they should tell the patient, where to refer her for prompt investigation and treatment. Also discuss how to ensure compliance with medical advice.)

**Repeated training may be needed to reinforce the principles of management of cancer. Linkages need to be established between the trainees and the faculty for further interactions. The training manuals may be printed and translated into the local language as per requirement depending on the number of trainees.**

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