PLANNING AND IMPLEMENTATION OF A CANCER CONTROL PROGRAM WITH INTEGRATION OF PRIMARY HEALTH CARE AND CANCER CARE SERVICES IN A DISTRICT IN KERALA

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Background: Cancer, the second leading cause of death globally, accounted for an estimated 9.6 million deaths in 2018. More than 70% of all cancer deaths occur in low- and middle-income countries, where resources available for prevention, diagnosis and treatment of cancer are inadequate with limited health care infrastructure and competing health care priorities. LMICs have a lower incidence but higher mortality rate from cancer than HICs, partly due to late diagnosis of cancer and consequent delay in treatment. If cancer is detected at the initial contact with health system and is followed up for successful diagnosis and treatment the case fatality rate of cancer could be brought down. **Objective:** We describe an approach that integrates cancer prevention, early detection and supportive care by utilizing the services of existing primary health and palliative care. **Methods:** We planned and executed the program funded by local-self-government since January 2019, which targeted three common cancers, breast, cervix and oral cavity. The strategies implemented include; improving cancer literacy among the public to encourage self-referral, and awareness of early warning signs of cancers among primary care physicians, also to empower specialists in diagnostic procedures, prompt referral and timely initiation of treatment and integrate cancer surveillance with palliative care network. **Results:** The program was able to train about 700 healthcare workers and 70,000 members of public. There were 608 biopsies performed over 6 months out of which 59 were malignant, 8 premalignant. Median age of diagnosis was 60, 55% were female. 48% of the total cancer diagnosis was oral cancer. The median time of availability of biopsy report was 6 days. **Conclusion:** Primary care and cancer care services can be successfully integrated for cancer early detection using the existing infrastructure and manpower. Further research is planned to evaluate the long-term goals of downstaging cancer, reducing the time period from diagnosis to treatment and improvement of cancer care outcome.