



ABSTRACT

State Health Society Tamil Nadu – National Rural Health Mission – Screening for oral Cancer in Selected Areas- Appointment of State Nodal Officer (Oral cancer) and District Nodal Officer (Oral Cancer) to implement the programme – Orders issued.

HEALTH AND FAMILY WELFARE (EAP II/2) DEPARTMENT

G.O. (Ms.) No: 60

Dated 1.4.2013

Thiruvalluvar Aandu- 2044

Panguni -19

Read:

From the Mission Director, State Health Society Lr.No.4163/P3/SHS/2012,
dated 15.2.2013.

ORDER:

The Mission Director, State Health Society in his letter read above has stated that the Oral squamous cell carcinoma, the fifth most common cancer worldwide, is a major cause of morbidity and mortality in India. In Tamil Nadu oral cancer is third largest number of patients with oral cancer. The effect of lifestyle factors, including tobacco chewing, smoking and alcohol drinking, diet and dental care, on the risk of oral cancer was investigated at all areas. Among people with chewing habits, those who chewed betel nut with tobacco, bidi smoking and alcohol drinking emerged as significant risk factors for oral cancer. These three habits showed increasing risk with increasing frequency and increase in duration of habits among any age group in both sex. Addition of alcohol to other habits also enhanced the risk for oral cancer. The fact that these risk factors are modifiable emphasizes the need for increasing awareness among the general public. Screening for oral cancer may be done during a routine check-up by a dentist or ENT doctors. The exam will include looking for lesions, including areas of leukoplakia (an abnormal white patch of cells) and erythroplakia (an abnormal red patch of cells). Leukoplakia and erythroplakia lesions on the mucous membranes may become cancerous.

2. Oral cancer is a disease in which malignant (cancer) cells form in the lips, oral cavity or oropharynx. Oral cancer may develop (early detection) in any of the following areas with changes:

- Lips.
- Oral cavity:
 - The front two thirds of the tongue.
 - The gingiva (gums).
 - The buccal mucosa (the lining of the inside of the cheeks).
 - The floor (bottom) of the mouth under the tongue.
 - The hard palate (the front of the roof of the mouth).

- The retromolar trigone (the small area behind the wisdom teeth).
- Oropharynx:
 - The middle part of the pharynx (throat) behind the mouth.
 - The back one third of the tongue.
 - The soft palate (the back of the roof of the mouth).
 - The side and back walls of the throat.
 - The tonsils.

If lesions are seen in the mouth, the following procedures may be used to find abnormal tissue that might develop into oral cancer:

3. The Mission Director, State Health Society has also stated that the Government of India D.O No.10(11)/2012/NRHM-1 dated 31.5.2012 approval was given by NPCC of NRHM for the proposal of Screening for oral Cancer in Selected Areas. This was approved by the Executive committee.

Existing Manpower in rural area: In Tamil Nadu there are 208 Dental units in Upgraded PHCs. 65 new are also proposed this year with expected number of dentist 273. They are located approximately at the rate of one per block with dental assistants to assist them. This manpower will be used taking up the Oral Cancer Screening through a standard protocol developed through the group of experts in this field. At present dentist are engaged for morning OP one session only.

Planned activity under the Oral Cancer programme: At present the approval is obtained for screening in selected rural area of Tamil Nadu and later it will be expanded based on this experience.

The screening will be in three stages

1. Identification/ Suspected cases:

The dental assistant will be engaged in screening all adults between 20-60 years in the sub center villages on the previous day with a referral slip to the dentist in the PHC afternoon OP. A defined patient identification profile will be developed by experts and given to the field staff for easy identification.

Screening in PHC Dental OP: (Staining / case identification)

The dentist will identify and refer the cases to District Hospital

- Toluidine blue stain: A procedure in which lesions in the mouth are coated with a blue dye. Areas that stain darker are more likely to be cancer or become cancer.
- Fluorescence staining: A procedure in which lesions in the mouth are viewed using a special light. After the patient uses a fluorescent mouth rinse, normal tissue looks different from abnormal tissue when seen under the light.

2. Testing at District Head Quarters:

The district level dentist will assess the extent of lesion and confirm the diagnosis

- Exfoliative cytology: A procedure to collect cells from the lip or oral cavity. A piece of cotton, a brush, or a small wooden stick is used to gently scrape cells from the lips, tongue, mouth, or throat. The cells are viewed under a microscope to find out if they are abnormal.

- Brush biopsy: The removal of cells using a brush that is designed to collect cells from all layers of a lesion. The cells are viewed under a microscope to find out if they are abnormal.

1. Treatment and follow up:

The cases thus detected will be referred to the higher institution for chemotherapy or radiation therapy as the case may be and it will be the responsibility of DNO. The SNO will coordinate activities for treating these cases in the higher medical institutions. The treating institution will inform the concerned dentist for ensuring continuous therapy and for follow up.

Budget:

| Sl. No. | Items / Service details | Approved amount in PIP of 12-13 |
|---------|---|---------------------------------|
| | | Recurring (Rs. in Lakh) |
| 1 | Remuneration to Dental surgeons Rs.500 x 6 sessions x 36 weeks x 273 persons (208+65) | 14742000 |
| 2 | Remuneration to Dental Hygienist/ Assistant Rs.250x 6 x 52 x 273 | 7371000 |
| 3 | Developing Standard Protocol Meetings of experts and Stationeries and incidental | 400000 |
| 4 | Consumables and chemicals Rs.12000 per annum x 534 (273+230SDH+31DH) | 6408000 |
| 5 | Palliative drugs | 1000000 |
| Total | | 29921000 |

4. The Mission Director State Health Society has further stated that the cost of man power, developing protocol, screening case sheet, test agents and other support are to be provided. The Oral cancer screening programme will be done in phases initially in the districts of 208 existing dental units on all Tuesday, Saturday afternoon such that each Dental surgeon will be able to screen at least a minimum of 30 cases per session of 3 hours. Since the dentist are engaged in the School Children Dental Programme which is spaced for 3 months. Thereafter the Oral Cancer screening will be done on all 6 days in a week during afternoon from 2-5 pm and they may be paid a remuneration of Rs.500 (Rupees five hundred only) session. Consumables will be supplied to DHQ for exfoliative cytology and for brush biopsy and services of available district dental surgeon will be utilized who function as district nodal officer and also Toluidine blue stain and Fluorescence staining with light for detection to the UG PHC concerned. At the state level HOD of Community Dentistry Department will function as State Nodal Officer (SNO - Dental) to implement all dental and oral cancer screening programme. The District Dental Surgeon will be the District Nodal Officer (DNO - Dental) and Dentist in the PHC will be executing the work. The planning will be done by the DNO - Dental with the help of dentist and the DD HS and other district level officers. DHS must be involved regularly in all the activities. The project has been phased for extension to cover the entire state in 3 years.

5. Further during the year 2012-13 the budget proposed is Rs.300 lakhs. The item 3 in the budget will be released to the SNO – Dental and the others to the DHS. There will be a separate account for this program.

State Nodal Officer:

State Nodal Officer is the Dental Surgeon(Dr.Aswath Narayanan) working in the Department of Public Health Dentistry, Madras Medical College will provide technical guidance and programme management expertise to the District Dental Surgeons for the purpose of implementation of the programme in the State and District.

The functions-roles and responsibilities of State Nodal Officer:

1. To Plan and execute the work for Oral cancer programme and other dental services of NRHM through State Health Society
2. To monitor the activities of the District Nodal Officer and District Health Organization for the implementation of Dental Services.
3. To collect the data and to appraise the State Government on various Policy matters.
4. To inspect the institutions of dental care services functioning under NRHM and report to the concerned Department Official whenever required
5. To report to Government of India about Oral Health status of Tamilnadu as per their requirement.
6. To execute the instruction given by Government of India for oral health and to report back.
7. To plan, conduct and train the health personnel for activities related to prevention of Dental disorders.
8. To check Quality of dental care Services at various Government dental Institutions under NRHM for various Dental disorders especially in relation to HIV transmission.
9. To organize review meetings periodically for the district officials and also sensitize the state officials.
10. To provide expertise in modifying the programme activities related to dental care services whenever called for.
11. To prepare an annual plan for implementation of Oral cancer and Dental Care Services for implementation through National Rural Health Mission – Programme Implementation Plan(PIP).
12. To consult other colleges for any technical support within/ outside the institutions.

District Nodal Officer:

District Nodal Officer is the District Dental Surgeon working in the district hospital/District Health Society level will provide technical guidance and programme management expertise for the purpose of implementation of the programme in the district.

The functions-roles and responsibilities of District Nodal Officers:

1. Preparation of District Micro-Plan based on magnitude of persons affected with dental disorders and resources available for dental care.

2. To act in coordination with the state Nodal officer, Dental Services in working for Oral cancer screening programme and other dental services of NRHM through State Health Society as described above.
3. Implementation of the programme related to the dental disorders and Oral cancer Screening programme through utilization of government facilities, involvement of NGOs and community participation. Monitoring of Programme activities and quality control.
4. Social mobilization and public awareness Orientation of various functionaries of health and other related sectors.
5. Arrangements for screening camps having adequate infrastructure of carrying out activities under the programme.

6. The Mission Director, State Health Society therefore requested the following orders to approve the designation of incumbent officers at State Nodal centre - Department of Public Health Dentistry, Madras Medical College and District Nodal Centers as State Nodal Officer (Oral Cancer) and District Nodal Officer (Oral Cancer) respectively.

7. The Government has decided to accept the above proposals of the Mission Director, State Health Society. Government accordingly direct that Dental Surgeon, Department of Public Health Dentistry, Madras Medical College be approved as the State Nodal Officer (oral cancer) and the District Dental Surgeon working in the District Head quarters Hospital be appointed as District Nodal Officer (oral cancer) for the respective District to provide necessary technical guidance and programme management expertise to implement the Programme in the state and Districts respectively.

(BY ORDER OF THE GOVERNOR)

J. RADHAKRISHNAN
SECRETARY TO GOVERNMENT

To
The Mission Director, State Health Society, Chennai - 6.
The Director of Medical Education, Chennai-10,
The Director of Medical and Rural Health Services, Chennai-6,
The Director of Public Health and Preventive Medicine, Chennai-6,
The Dean, Madras Medical College, Chennai-6,
All Joint Director of Medical and Rural Health Services,
The Head of the Dept. Dept of Public Health Dentistry,
Madras Medical College, Chennai-3.
SF / SC.

// FORWARDED BY ORDER //

B. Jayaraman
SECTION OFFICER