2. **Advantages of Camp based programme** –

- Camp based programs conducted by NGO's & voluntary organisations
- Advantages of such camps are few.
- Outcomes are based on the organizers.
- Access to specialists in cancer.
- Several frank cases are picked up.
- Attendance is good.

3. <u>There are more minus points in camp based screening</u> –

- Camps are not population based.
- Screening is opportunistic.
- The target population is missed.
- Pick up rate is low.
- Not cost effective
- Poor follow-up.
- Not ideal for a Cancer Control programme.
- No impact on the incidence of the cancer.

5. **Problems faced by team during these programmes** –

- Not properly informed. Lack of awareness.
- The basis of screening is not properly conveyed.
- Non compliant population.
- Waste of time.
- Waste of resources.
- Poor follow-up.

6. **Problems faced by the public** –

- Women are not mentally prepared.
- Tests results not conveyed as promised.
- No guidance for screen positive individuals.
- Improper referral leads to disappointment & discontent.

7. **Problems faced by organizers** –

- Organizers most often have to spend a lot of money in the form of food for the attending population, and drugs to motivate them to attend the camp.
- They face problems in trying to locate the screen positive persons as the population screened is most often a floating and tracing the patients in most cases is difficult.

8. Solutions for all these problems can be categorized into

-Planning, Implementing, Intervention, Monitoring & Evaluation.

Planning:

- Situational analysis.
- Identify the magnitude of cancer.
- Identify risk factors, common cancers that are amenable for screening & early detection.
- Referral system for screen positive and detected cases.
- Screening to be organized in a defined population.
- Identify cost effective, affordable, acceptable tools for screening.

Implementation & Intervention:

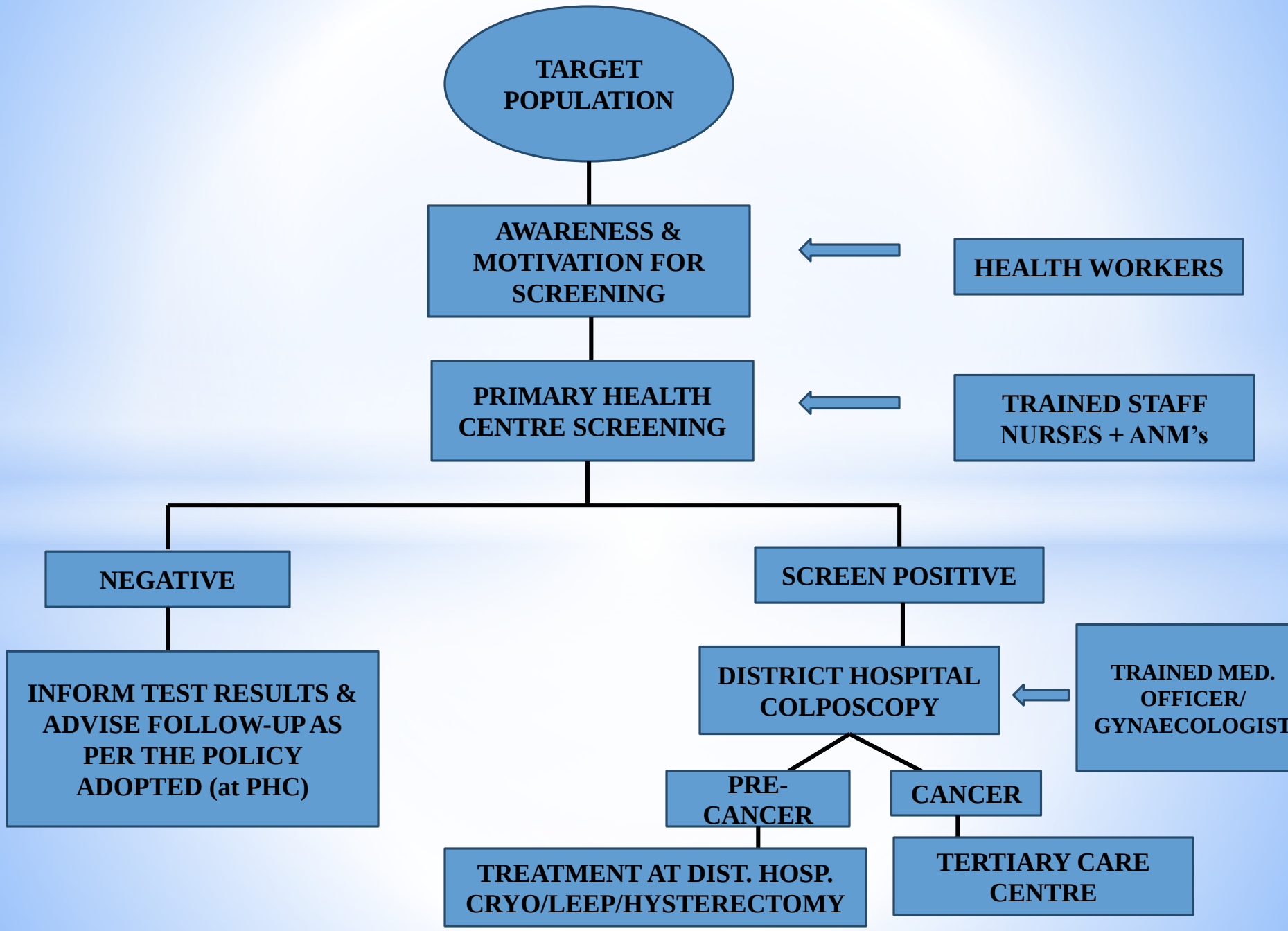
Primary prevention- Aim is to make a shift in the knowledge & attitude in the population.

- Plan an intensive health education campaign.
- Target younger generation through school programmes.
- At-risk population through media, street plays, health workers.
- Easy availability and affordability of vaccines.

Secondary prevention- Screening & Early Detection

- Focus should be to limit number of screen tests with maximum population coverage.
- Preferably linked to the regular health programmes.
- Training staff nurses & ANM'S in screening to reach out to a larger population.
- Ensure adequate coverage of population at-risk.
- Proper referral for treatment.

Flow-Chart of Screening for Cervical Cancer Management Programme



Monitoring & Evaluation:

- Periodic monitored.
- Make Necessary modifications
- Decision making with all members of the team.
- Co-ordinator to monitor the programme at regular intervals.
- Start small as a demonstration project.

9. How to take forward particularly to public at large?
Urban Population
Rural population

- Aim is to reach out to a larger population.
- Concepts & Principles are the same for both.
- Implementation is different for both populations.
  (a) Health Education
  (b) Screening strategies
  (c) Screening Techniques

10. Comments and criticism

<u>Camp based Programmes</u> –

- Camp based programmes are not planned.
- Screening of casual population.
- Population at risk is missed.
- They are not cost effective.
- No impact on the reduction in the incidence of cancer.

Cancer Awareness Programmes –

- Empowers the population
- Makes a shift in the attitude of people.
- Helps in making life style changes.
- Enhances compliance to screening
- Early diagnosis and referral for treatment.
- Impacts on cure, quality of life & higher survival rates.

11. Camp base program vis- a- vis organized screening programmes

CAMP BASED PROGRAMMES	ORGANISED SCREENING
1. Opportunistic	1. Organized
2. Non defined. Held at different places	2. Population based
3. General population	3. Target population
4. Screening low risk group	4. Screening of at risk group
5. Follow-up poor	5. Follow-up good
6. Pick up rate poor	6. Pick up rate high
7. Not cost effective	7. Cost effective

12. (a) <u>Professionals</u>: There is a total apathy towards prevention at all levels. Concepts of prevention and early detection should be started from under-graduate level through post graduate and super specialties. It should include nursing professionals.

(b) <u>Institutions</u>:

- Must make a policy for cancer screening and early detection.
- Introduce Preventive Oncology clinics.
- The Primary Health Centres involved can be utilized for screening and early detection. As each Medical college caters to 3 Primary Health Centres in their area, a large population can be covered for screening.

(c) NGO's:

- They play a major role in cancer care.
- They can assist in planning & developing a cancer control programme.
- They can also fund such programmes.

(d) Govt:

- Cancer prevention and early detection has to be recognized as a burden to be dealt with aggressively as diabetes and cardio-vascular disease.
- Integration of cancer control programme into the existing health programmes.
- Policy makers at both State and Centre must provide a unifying frame work so that actions at all levels are mutually supportive.
- Such a programme must aim at the reduction in the incidence of cancer.

The plan includes –

1. Enhancing information advocacy
2. Training a core group of advocates & leaders for implementation.
3. Establishing a mechanism to co-ordinate the implementation of the programme.