

## Project Dissemination Seminar

on 28<sup>th</sup> January 2026

The Dissemination Seminar of the TNNCD (Oncology) Project was held on 28 January 2026 at the Sovereign Hall of the GRT Convention Centre in Chennai. The event brought together directors and representatives from NHM, DPH, DMS and DME, expert clinicians, district representatives from Coimbatore and Ariyalur, NGO representative and members of the JICA team. The gathering aimed to share the achievements and lessons learnt, and consolidate recommendations to contribute to the government's future strategies for cancer prevention and control.

### What's JICA TNNCD (Oncology) Project?

The Project for the Prevention and Control of Non-Communicable Diseases in Tamil Nadu (TNNCD (Oncology) Project) is a technical cooperation funded by Japan International Cooperation Agency and implemented by the Health and Family Welfare Department, Tamil Nadu. The project aims to enhance the managerial capacity of cancer prevention and control from administrative and clinical perspectives through three major components/outputs. See this [website](#) for further details.

### OPENING SESSION

The day started with a traditional lamp-lighting ceremony, followed by welcome remarks by Dr. S. Vineeth I.A.S., Project Director (PD), TNHSP. Then, Dr. P. Senthilkumar, Health Secretary, Health and Family Welfare Department (HFWD) gave a keynote speech and stressed the need to further strengthen cancer response. In her remarks, Chief Advisor to the JICA team, Ms. Akiko Hirano expressed her sincere gratitude to all the counterparts for their efforts and contributions and emphasised the importance of critically reviewing the project's achievements and challenges together and utilisation of the lessons learnt to enhance state cancer response.



*Keynote Speech by Health Secretary*

### OUTPUT 3: ENHANCING CLINICAL SKILLS AND PRACTICES FOR CANCER DIAGNOSIS AND TREATMENT

The first session of the seminar reviewed the progress made under Output 3, of which focus was on strengthening clinical skills for cancer diagnosis and treatment. A number of experts selected by DME underwent short-term training in (i) advanced surgical techniques in gynaecological cancers, (ii) molecular diagnostic techniques, (iii) minimally invasive surgical techniques for colorectal cancer and (iv) advanced radiation oncology, either in Japan or in India. Representatives of the four groups presented what they learnt, how the acquired knowledge and skills are being disseminated within and outside of their home institutions,



*Presentation by an expert*

and what kind of impact in terms of treatment outcomes and patients' quality of life are being made as a result of the Project. Across all areas, the key challenges identified include the need for adequate equipment, sustained supply of consumables, and hands-on training opportunities to disseminate the skills to other clinicians in the government system. The forum saw valuable exchanges between the clinical experts and administrators about how to overcome these challenges, underpinned by

dedication and aspiration for service excellency and improved patient outcomes. Recognising the pivotal role the Project played in each subject area, the forum noted the importance of continuous process of capacity building to streamline the techniques learnt with appropriate mentoring and monitoring of the effects.

## **OUTPUT 2: STRENGTHENING EARLY DIAGNOSIS OF COLORECTAL CANCER**

The seminar then moved to Output 2, which focused on strengthening early diagnosis of colorectal cancer practices by the introduction of standardized clinical protocol with capacity building of primary-level healthcare practitioners and public awareness raising. NHM Coordinator, DHO and DPO from Coimbatore District, as a pilot district, reported the improvements in the identification of symptomatic patients including precancerous cases and more appropriate referrals by healthcare providers. At the same time, they noted persistent challenges, including gaps within the referral system and low patient awareness about colorectal cancer, both of which contribute to drop-out at each stage of the care pathway. Participants emphasised the importance of improving access to diagnostic services, which could be addressed by close follow-up with referrals and decentralising diagnostic services. They also highlighted the need for stronger, cancer-specific awareness campaigns repeatedly. The recommendation to scale up the colorectal cancer program to other districts was positively supported by the forum.



*Discussion for Output 2*

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## **OUTPUT 1: STRENGTHENING THE MANAGEMENT AND ORGANISATION OF CANCER SCREENING**



**Presentation for Output 1**

Output 1 focused on strengthening the management and organisation of breast and cervical cancer screening, with pilot interventions in Ariyalur district through various tools and systems for organised cancer screening were established/tested in search of feasible and sustainable models of organized cancer screening. The presentations by the Deputy Chief Advisor to the JICA Team, DPO and DTTMO of Ariyalur District Health Office

included the process, products, challenges faced and lessons learnt from the interventions i.e. call & recall systems, cancer screening data management, cancer screening data management, community sensitization and service provision. Produced materials such as (i) invitation and screening registers designed to capture necessary data to compute Key Performance Indicators (KPIs), (ii) personal invite card, recall materials, (iii) Flipbook as a job aid for screening service providers (iv) training materials for various cadres and (v) various IEC materials to create wider public awareness were also displayed in the venue.

Following the above, the NHM program officer presented encouraging early results from its Organized Cancer Screening program (the OCS), designed and implemented based on the learning from the two-week health administrators training in Japan organised under TNNCD in 2023. The forum noted a significantly higher proportion of cervical cancer cases detected at early stages compared with the national statistics as an indication for the effectiveness of the cancer screening model adopted by the state. Also discussed were the needs to (i) strengthen IEC/SBCC statewide, (ii) improve the data quality (iii) continuously monitor, train and support service providers and WHVs to ensure quality interventions to bring about even higher results.

## **GROUP WORK: STRATEGIES TO IMPROVE CERVICAL AND BREAST CANCER CARE FOR THE NEXT 2-3 YEARS**

During the group work session, representatives from DMS, DME, and DPH identified action points for strengthening cancer prevention and care for the next 2-3 years in accordance with their respective mandate. They highlighted the need to strengthen the service provision with appropriate training and a system to monitor the effect of the training, and also to make the services as accessible and convenient as possible for the clients. They also emphasised the importance of close coordination and collaboration among specialists/cadres involved, and reliable supplies of essential consumables. At the community level, they stressed expanding health education and refresher training for frontline workers, supported by practical tools such as breast mannequins and HPV



**Group work discussion**

self-sampling, along with improved data-entry support, integrated digital systems, and stronger NGO partnerships.

## CLOSING SESSION

In his concluding remarks, the Project Director noted various outputs and recommendations produced under the Project, acknowledging that lessons learnt from trials are also valuable achievements to guide future interventions. He highlighted the needs for accurate and wide variety of data to manage a comprehensive cancer care programme, while reducing unnecessary data collection. Limitations of CMCHIS were acknowledged while noting the popular demands for its funds to provide cancer care services. He also noted ongoing efforts to introduce technologies like ICIS brachytherapy and AI-enabled mammography into state services.



*Participants of the Seminar*

The seminar closed with appreciation to all stakeholders for their contributions to the project and commitment to strengthening cancer prevention and control in Tamil Nadu.