



PROGRAMME AND ABSTRACTS

The Sri Lanka College of Oncologists

ANNUAL ACADEMIC SESSIONS 2025

22nd - 24th August 2025

Scaling Heights; Transforming Lives





THE SRI LANKA COLLEGE
OF ONCOLOGISTS

22nd - 24th August 2025

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The Sri Lanka College of Oncologists

Annual Academic Sessions

Scaling Heights; Transforming Lives

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The Sri Lanka College of Oncologists

Council for 2025/26



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Third Row (Left to Right) - Dr Roshan Gunarathne, Dr Pradeep Alahakoon, Dr Samanthi Premarathne, Dr Sriharan Ganeshamoorthy, Dr Pradeep Siriwardena (**Treasurer**), Dr Buddhika Somawardana (**Assistant Secretary**), Dr Sachintha Wijesiriwardana, Dr Wasantha Rathnayake (**Assistant Treasurer**), Dr Devinda Jayathilake

Absent: Dr A J Hilmi (**Past President**), Dr Mahalingam Chenthuran, Dr Nuradh Joseph

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Dr Sriharan Ganeshamoorthy

Dr Thushari Hapuarachchi

Dr Roshan Gunarathne

Dr Mahendra Somathilaka

Dr Sujeeva Weerasinghe

Message from the President



It is with great pleasure and honour that I welcome all our local and international delegates, members of other medical colleges, council members, and members of the Sri Lanka College of Oncologists (SLCO) to our Annual Academic Sessions 2025.

This year's theme, "Scaling Heights: Transforming Lives," reflects both the advances we strive for in the field of oncology and the deep responsibility we bear in improving the lives of our patients. It is a call to continuously rise above clinical, logistical, and systemic challenges- pushing forward with innovation, resilience, and collaboration.

This year's programme includes three parallel pre-congress sessions: a precision-guided contouring session on cervical and lung malignancies, a session and quiz on early cancer detection, and a live surgical workshop on colorectal cancer. During the two-day main sessions, delegates can look forward to a broad range of topics, covering both cancer-specific and general clinical subjects, through symposia, plenaries, and case-based discussions. We are also pleased to host breakfast meetings on research in clinical oncology on both mornings, along with free paper and poster presentations that offer a valuable platform for academic exchange.

Despite many challenges, SLCO continues to work closely with administrative bodies to improve access to radiotherapy facilities, expand drug availability, and enhance diagnostic services. As an academic community, we also collaborate actively- both locally with other professional colleges and regionally with organizations such as SFO (SAARC Federation of Oncologists) and FARO (Federation of Asian Organization of Radiation Oncology)- to share expertise and strengthen regional partnerships.

I extend my heartfelt gratitude to the organizing committee for their commitment and hard work in making this event a success, and to our sponsors for their generous support.

May these sessions inspire us all to scale new heights together and continue transforming lives through knowledge, compassion, and unity.

Dr Sanath Wanigasooriya

The President

The Sri Lanka College of Oncologists.

Message from the Secretary



Dear esteemed Participants and Colleagues,

It is with great pleasure that I welcome you all to the Annual Academic Sessions of the Sri Lanka College of Oncologists for the year 2025.

This year's sessions begin with three parallel pre-congress workshops, designed to address the diverse learning needs of our multidisciplinary audience.

The first workshop focuses on radiotherapy contouring, tailored specifically for the consultants and trainees in clinical oncology.

The second session addresses cancer screening, early detection, and symptom evaluation in primary care, and is intended for medical officers, general practitioners, and medical students.

The third is an onco-surgical workshop on colorectal cancer, featuring a live surgical demonstration, targeting onco-surgeons and surgical trainees from multiple specialties.

The main congress will be inaugurated with the prestigious Dr. Kumar Weerasekara Oration, to be delivered by Dr. Prasad Abeysinghe, Senior Consultant Oncologist. Over the following two days, participants can look forward to an engaging program comprising plenary lectures, symposia, and case-based discussions, all curated to enhance clinical knowledge and practice.

Beyond the annual academic sessions, the SLCO has actively engaged in a wide range of educational initiatives throughout the year. We have conducted multiple CME programs for oncologists and postgraduate trainees and organised regular monthly journal clubs to foster academic growth among trainees in clinical oncology.

In addition to advancing academic excellence, the SLCO and its Council have remained committed to national healthcare development. We have been actively involved in strengthening radiotherapy services across the country, in close collaboration with the Ministry of Health, and continue to advocate for the uninterrupted availability of essential cancer drugs nationwide.

We hope that all participants will find this year's sessions both enriching and inspiring and leave with valuable insights that will contribute meaningfully to their clinical practice and professional development.

Thank you, and we wish you a productive and fulfilling experience.

Dr Jaliya Jayasekera

Secretary

The Sri Lanka College of Oncologists.

Message from the Chief Guest



I am delighted to be contributing to the Annual Academic Sessions of the Sri Lanka College of Oncology this year. The theme, “Scaling Heights; Transforming Lives”, is both timely and inspiring, reminding us of the immense impact we can have on the journey of individuals living with cancer when we strive to deliver the very best care possible. It is not only about advancements in treatment but also about compassion, dedication, and the pursuit of excellence that together can transform lives.

Sri Lanka already maintains a remarkably high standard in oncology, supported by a well-established training programme and rigorous examinations. Over the past 20 years, I have been privileged to witness the Sri Lanka College of Oncology grow in depth and breadth, embracing collaboration, fostering professional development, and promoting excellence in clinical practice. This progress has been an example to the wider oncology community in the region.

This year’s meeting continues that tradition, offering an exceptional programme showcasing cutting-edge advances in oncology. The scientific sessions encompass not only the management of common tumours but also focus on emerging areas such as oligometastases, immunotherapy, and genomic medicine—topics transforming the global landscape of cancer care. The pre-congress sessions provide value across disciplines, from radiotherapy volume definition and innovations in primary care to complex surgical approaches.

For those determined to truly “scale the heights,” two dedicated research workshops will further strengthen research capacity in Sri Lanka. These workshops will offer mentorship and practical guidance to develop projects that will benefit both the local context and the global evidence base.

I warmly congratulate the organisers for curating a programme that is wide-ranging and relevant to everyday practice. It is designed not only to inform but also to inspire, encouraging all participants to apply the knowledge gained to improve patient care.

As we gather for these sessions, let us be reminded that each step we take in advancing knowledge and practice has the potential to transform lives. I look forward to joining you and to sharing in the collective ambition of scaling new heights for the benefit of patients and families across Sri Lanka and beyond.

Prof Peter Hoskin
Professor of Clinical Oncology
Christie NHS Trust, UK

Message from the Guest of Honour



It is with great pleasure and honour that I extend my warmest greetings to the Sri Lanka College of Oncologists on the occasion of its Annual Academic Sessions 2025. This year’s theme, “Scaling Heights; Transforming Lives”, reflects our shared vision of advancing cancer care and improving the quality of life for all Sri Lankans through innovation, collaboration, and compassionate service.

Cancer remains one of the most pressing public health challenges in our country. The steady increase in incidence, demands a robust, united response from every sector of our health system. The Ministry of Health remains committed to ensuring that no citizen is deprived of timely, life-saving treatments due to financial or geographic barriers. Our continued investment in oncology services, together with the prioritisation of essential cancer medicines, underscores the government’s dedication to equitable and universal access to care.

The Sri Lanka College of Oncologists has been a steadfast partner in this mission — guiding national cancer policy, advising on the essential drug list, and contributing to the expansion of critical treatment infrastructure such as radiotherapy facilities. These efforts have not only improved service availability but also ensured cost-effective and sustainable cancer care delivery.

As we navigate the broader challenges facing our health sector, including the economic and logistical constraints of recent years, the importance of partnerships such as ours cannot be overstated. By working together government, professional bodies, academia, and civil society, we can continue to strengthen early detection, prevention, and advanced treatment capacity across the island.

I commend the College for organising this year’s academic sessions, bringing together a distinguished body of experts to share knowledge, research, and best practices. Such platforms are vital for fostering innovation, building capacity, and inspiring the next generation of oncology professionals.

Let us reaffirm our commitment to scaling new heights in cancer care, ensuring that every Sri Lankan has the opportunity not just to survive, but to live well. I wish the Sri Lanka College of Oncologists every success in this year’s sessions and in your continuing mission to transform lives through excellence in cancer care

Dr Anil Jasinghe
Secretary
Ministry of Health, Sri Lanka

Message from the Editor



It is with great pleasure that I forward this message celebrating the latest edition of the Annual Academic Sessions of the Sri Lanka College of Oncology a platform that continues to showcase the depth, diversity, and dedication of our oncology community. This conference remains a vital resource for the dissemination of scientific knowledge, clinical experience, and research findings that are relevant not only to Sri Lanka but also to the broader South Asian region and beyond.

As we collectively face the challenges of a growing cancer burden, rapid technological advancements, and evolving treatment paradigms, it becomes increasingly important to stay informed and engaged. This year's sessions feature plenaries, symposia, case discussions, and updates on local initiatives that reflect our commitment to multidisciplinary, evidence-based cancer care.

Our goal is to encourage scholarly dialogue and promote best practices that will ultimately improve patient outcomes. I encourage all members, especially our younger colleagues to contribute actively and take ownership of the academic voice of our profession.

I extend my sincere gratitude to all resource personnel, reviewers, judges and the editorial team for their continued support, dedication, and high standards. We hope you find this edition insightful, thought-provoking, and a source of inspiration in your clinical and academic journey.

Dr Sanjeeva Gunasekera

Editor

The Sri Lanka College of Oncologists.

Message from the Chairperson of the Young Oncologists' Forum



It is with great pleasure that I extend my warmest felicitations to the Sri Lanka College of Oncologists on the occasion of its 2025 Annual Academic Sessions. This distinguished gathering represents a vital forum for the exchange of knowledge, the presentation of new research, and the strengthening of professional collaboration among colleagues dedicated to the care of patients with cancer.

The Annual Academic Sessions provide a timely opportunity to reflect on the rapid advances in oncology, while also addressing the unique challenges faced within our own clinical and research environments. Through the sharing of scientific evidence, clinical experience, and innovative approaches, we are collectively better equipped to deliver comprehensive and compassionate care to those who need it most.

Such academic engagements not only enrich our individual practice but also contribute to the strengthening of oncology as a discipline in Sri Lanka, ensuring that we remain aligned with global standards while remaining sensitive to local needs.

I wish the College every success in its endeavours and trust that these Sessions will be intellectually stimulating, collegial, and impactful, ultimately furthering our shared mission of reducing the burden of cancer and improving outcomes for patients and their families.

Dr Sachintha Wijesiriwardana

Chairperson of the Young Oncologists' Forum

The Sri Lanka College of Oncologists.

SLCO FELLOWSHIP AWARDEES 2025



Dr Thushari Hapuarachchi
MBBS, MD



Dr Priyantha Madawala
MBBS, MD



Dr Chrishanthi Rajasooriyar
MBBS, MD, FRANZCR



Dr Wasantha Rathnayake
MBBS, MD

DR KUMAR WEERASEKARA MEMORIAL ORATION 2025

Oration Abstract

Dr Prasad Abeysinghe MBBS, MD
Consultant Clinical Oncologist
National Cancer Institute, Sri Lanka



A Second Chance at Life: Establishing the First National Bone Marrow Transplant Unit in Sri Lanka

In 2016, Sri Lanka achieved a historic milestone in cancer care with the establishment of its first government sector bone marrow transplant (BMT) unit at the National Cancer Institute, Maharagama, in partnership with the National Blood Transfusion Service. Prior to this, patients with blood cancers requiring stem cell transplantation had to seek treatment abroad at unaffordable costs, leaving many without access to curative therapy.

This initiative originated in 2014 through a collaboration with St. Vincent's Hospital, Sydney, supported by the Australian Endeavour Executive Fellowship, the Australian-Sri Lankan community, and numerous local donors. Sixteen multidisciplinary professionals from National Cancer Institute were trained in Australia in stem cell collection, processing, transplant care, and ward management, creating a skilled local team capable of delivering world-class transplantation services.

The first autologous transplant was performed in late 2016. Since then, the unit has conducted 289 transplants: 286 autologous and 3 allogeneic with autologous outcomes comparable to leading international centers. Early results from the first 100 patients showed high survival rates, zero transplant-related mortality for multiple myeloma, and a median engraftment time of 13 days.

The program overcame challenges posed by the COVID-19 pandemic, the economic crisis, and shortages of drugs and consumables, maintaining uninterrupted services. It has expanded facilities from two to eight HEPA-filtered rooms, enabling a doubling of annual transplant numbers and paving the way for complex allogeneic and haploidentical procedures. The launch of Sri Lanka's bone marrow donor registry in 2024 marks another key step toward self-sufficiency.

Beyond patient care, the BMTU has become a national training hub, transferring expertise to other hospitals and developing local haemato-oncology capacity. Government investment exceeding SLR 200 million for these 289 transplants, has saved billions in potential overseas costs, while giving hundreds of patients renewed hope.

This success story demonstrates how vision, teamwork, and international partnership can transform national healthcare. It stands as a testament to Sri Lanka's commitment to equitable, high-quality cancer treatment, ensuring that every patient has a second chance at life.

SCIENTIFIC PROGRAMME

Friday | 22nd August 2025

Pre-congress 01 | PGIM, Sri Lanka | 08:00 - 14:00

Precision-Guided Contouring for Cervical and Lung Malignancies: Best Practices and Pitfalls

Time	Topic	Speaker
08:30 - 10:00	Radiotherapy contouring: CA Prostate	Prof Peter Hoskin
10:00 - 10:30	Tea	
10:30 - 12:00	Radiotherapy contouring: CA Lung	Prof Gerry Hanna
12:00 - 13:00	Lunch	

Pre-congress 02 | Hotel Galadari | 08:00 - 14:00

Session and Quiz on Early Cancer Detection: Enhancing Symptom Evaluation in Primary Care

Time	Topic	Speaker
07:45 - 08:15	Registration	
08:15 - 08:30	Welcome speech	President, SLCO
08:30 - 09:00	Unraveling the Neck: Evaluation and Management of Paediatric Cervical Lymphadenopathy	Dr Sanjeeva Gunasekera Dr Prabani Maddumarachchi Dr Anuradha Kodippili
09:00 - 09:50	The Mystery of the Persistent Fever: A Multidisciplinary Panel Discussion	Dr Ananda Wijewickrama Dr Buddhika Somawardana
09:50 - 10:30	Tea Break and Interfaculty Quiz - First Round	
10:30 - 11:15	Back to Basics: A Panel Approach to Back Pain in Adults	Dr Pradeep Siriwardena Dr Ushani Wariyapperuma Dr Kelum C Vidana Gamage Dr Jaliya Jayasekera
11:15 - 11:45	Beyond the Disease: Holistic Approaches to Symptom Management in Cancer Care	Dr Sampath Kondasinghe
11:45 - 12:30	When Eating Fades: Clinical Insights into Unintended Weight Loss and Anorexia	Dr Heshan Siriwardena Dr Sajitha Mallawaarachchi Dr Sumedha Udumalagala Dr Nuradh Joseph
12:30 - 13:10	Participant (Pre-MD) Quiz and (Parallel) Interfaculty Quiz - Second Round	
13:10 - 13:20	Closing Remarks and Award Ceremony	
13:20 - 14:00	Lunch	

Frieday | 22nd August 2025

Pre-congress 03 | PGIM, Sri Lanka | 08:00 - 14:00
Master Class on Colorectal Cancer with Live Surgical Demonstration

Time	Topic	Speaker
08:30 - 08:45	Registration & Opening Remarks	Dr Sanath Wanigasooriya Dr Rasitha Manatunga
08:45 - 09:00	Recent Advances in Oncological Treatment in Colorectal CA	Dr Yasiru Malinda
09:00 - 09:15	Laparoscopic Colorectal Resection and Oncological Principles	Dr Anuruddha Thewarapperuma
09:15 - 09:30	Tips and Tricks of Laparoscopic Colorectal Cancer Surgery	Dr Prakash Kurumboor
09:30 - 09:35	Presentation of Tokens of Appreciation	Dr Rasitha Manatunga Dr Sanath Wanigasooriya
09:35 onwards	Laparoscopic AR & Colectomy Demonstration	Dr Prakash Kurumboor & Local Faculty
12:30 - 13:00	Lunch	

Saturday & Sunday

Breakfast Meeting: Research in Clinical Oncology |
Hotel Galadari | 07:00 - 08:00

Meet the Experts: Elevate your research with insights from global pioneers!

Time	Topic	Speaker
Day 1 – 23rd August	Research in Clinical Oncology: Practical Tips Interactive Q&A	Prof Peter Hoskin Prof Gerry Hanna
Day 2 – 24th August	Discussion and Refinement of Selected Research Proposals	Dr Anuruddha Abeygunasekera

23th August 2025 | Day 01

Main Congress | Hotel Galadari | 08:30 - 16:20

Session Time	Topic	Speaker
08:30 - 08:45	Opening remarks	President, SLCO
Keynote 08:45 - 09:20	Modern Management of Endometrial Cancer	Prof Peter Hoskin
Plenary 1 09:20 - 09:55	Healthcare and Hashtags: A Delicate Balance	Dr Sanjana Hattotuwa
Modern Horizons in Lung Cancer: Precision, Progress, and Personalized Therapy		
Symposium 1 09:55 - 11:00	Practical Guide to Modern Radiotherapy for NSCLC in the Era of Immunotherapy and Targeted Treatment	Prof Gerry Hanna
	SABR in NSCLC: Standard of Care and Evolving Frontiers	Dr Brendan Hup
	Evolving Treatment Landscape in SCLC	Dr Buddhinie Karunaratne
11:00 - 11: 15	Tea Break	
Optimizing Therapy in Lymphomas: First-Line to Relapse		
Symposium 2 11:15 - 12:20	How Do I Treat Diffuse Large B-cell Lymphoma	Dr Jithma Abeykoon
	Current Guidelines vs. Ground Reality: Managing Hodgkin Lymphoma in Low-Resource Setting	Dr Nilupulee Gunarathna
	Clinical Practice Changes in the Front-line Management of Mantle Cell Lymphoma	Dr Jithma Abeykoon
Plenary 2 12:20 -12:55	Transforming Cancer Care in the Genomic Era	Dr Mahesh Iddawela
12:55 - 13:30	Lunch	
Plenary 3 13:30 - 14:05	The Changing Landscape of Melanoma: Treatment with Immunotherapy	Dr Hafiz Algurafi
Case-Based Discussion		
Symposium 3 14:05 - 15:10	Tailored Colorectal Cancer Treatment: A Multimodality Strategy	Dr Mahesh Iddawela Dr Asanka Gamage Dr Randima Nanayakkara
Plenary 4 15:10 - 15:45	How I Treat Adult Histiocytic Neoplasms	Dr Jithma Abeykoon
Plenary 5 15:45 - 16:20	CNS tumours: Maximizing Outcomes, Minimizing Toxicities	Dr Brendan Hup

24th August 2025 | Day 02

Main Congress | Hotel Galadari | 08:30 - 14:15

Session Time	Topic	Speaker
08:30 - 08:45	Recap Day 1	
Plenary 6 08:45 - 09:20	Mastering Complexity: Surgery for Advanced Head and Neck Tumors	Dr Rasitha Manatunga
Case-Based Discussion		
Symposium 4 09:20 - 10:25	Beyond Cure, Within Care	Prof Peter Hoskin Dr Sampath Kondasinghe Dr Sujeeva Weerasinghe
10:25 - 11:25	Free Paper Presentation	
11:25 - 11:40	Tea Break	
Individualizing Breast Cancer Care Through Integrated Therapies		
Symposium 5 11:40 - 12:45	Internal Mammary Node Irradiation: Strengthening Regional Control and Improving Outcomes in Breast Cancer	Dr Hafiz Algurafi
	New Horizon in Metastatic Breast Cancer Management: Expanding HER-2 Targeting and Impact on Outcome	Dr Mahesh Iddawela
	Personalized Management of the Axilla in Breast Cancer	Dr Sandani Wijerathne
Plenary 7 12:45 - 13:20	Radiotherapy Research: "As Good as It Gets"	Prof Gerry Hanna
13:20 - 14.15	Lunch	

FACULTY

Faculty & Moderators



Dr Anuruddha Abeygunasekera
Consultant Urological Surgeon
Sri Lanka



Dr Jithma Abeykoon
Assistant Professor of Medicine
Mayo Clinic, USA



Dr Hafiz Algurafi
Consultant Clinical Oncologist
Mid & South Essex NHS, UK



Dr Asanka Gamage
Consultant Clinical Oncologist
DGH Hambantota, Sri Lanka



Dr Kelum C Vidanagamage
Professor of Surgery
Consultant Orthopaedic Surgeon
DGH- Nuwara Eliya



Dr Nilupulee Gunarathna
Consultant Haemato-Oncologist
NH, Kandy



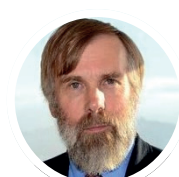
Dr Sanjeeva Gunasekera
Consultant Paediatric Oncologist, NCI Sri Lanka



Prof Gerry Hanna
Marie Curie Professor of Clinical Oncology, Trinity College, UK



Dr Sanjana Hattotuwa
Independent Researcher/ Data Scientist
Disinformation Project



Prof Peter Hoskin
Professor of Clinical Oncology
Mount Vernon Cancer Centre, UK



Dr Brendan Chia Hup
Consultant Radiation Oncologist
Raffles Cancer Centre, Singapore



Dr Mahesh Iddawela
Director of Oncology
Peninsula Monash University Australia



Dr Jaliya Jayasekera
Consultant Clinical Oncologist, NCI Sri Lanka



Dr Nuradh Joseph
Consultant Clinical Oncologist
DGH- Matara, Sri Lanka



Dr Buddhinie Karunaratne
Consultant Clinical Oncologist
DGH Avissawella, Sri Lanka



Dr Anuradha Kodippili
Consultant Paediatric Pulmonologist
University of Colombo, Sri Lanka



Dr Sampath Kondasinghe
Clinical Associate Professor
University of Western Australia



Dr Prakash Kurumboor
Consultant GI Surgeon
India



Dr Prabani Maddumarachchi
Consultant Paediatric Oncologist, NCI Sri Lanka



Dr Yasiru Malinda
Consultant Clinical Oncologist
TH- Batticaloa, Sri Lanka



Dr Sajitha Mallawaarachchi
Consultant Clinical Nutrition Physician, NCI Sri Lanka



Dr Rasitha Manatunga
Consultant Surgical Oncologist, NCI Sri Lanka



Dr Randima Nanayakkara
Consultant Surgical Oncologist, NCI Sri Lanka



Dr Pradeep Siriwardena
Consultant Haemato-Oncologist, NCI Sri Lanka



Dr Heshan Siriwardena
Consultant Surgical Oncologist
TH- Badulla, Sri Lanka



Dr Buddhika Somawardana
Consultant Haemato-Oncologist, NCI Sri Lanka



Dr Anuruddha Thewarapperuma
Consultant Surgical Oncologist, NCI Sri Lanka



Dr Sumedha Udumalagala
Consultant Gastroenterologist
National Hospital, Sri Lanka



Dr Ushani Wariyapperuma
Specialist in Internal Medicine, University of Moratuwa



Dr Sujeewa Weerasinghe
Consultant Clinical Oncologist, NCI Sri Lanka



Dr Sandani Wijerathne
Consultant Oncological Surgeon
GH- Kandy, Sri Lanka



Dr Ananda Wijewickrama
Consultant Physician
Sri Lanka



Dr Kasun Gunathilake
SR- Surgical Oncology
National Cancer Institute, Sri Lanka



Dr Vimukthini Pieris
Consultant Clinical Oncologist
DGH- Nuwara Eliya, Sri Lanka



Dr Janaka Thushan Piyasiri
Consultant Clinical Oncologist
TH- Badulla, Sri Lanka



Dr Anuththara Senevirathna
Consultant Clinical Oncologist
TH- Kurunegala, Sri Lanka



Dr Buddhika Thilakarathna
Consultant Oncological Surgeon
TH- Batticaloa, Sri Lanka



Dr Sachintha Wijesiriwardana
Consultant Clinical Oncologist
GH- Chilaw, Sri Lanka

FACULTY ABSTRACTS

Workshop on Radiotherapy Contouring and Planning

Precision-Guided Contouring for Cervical and Lung Malignancies: Best Practices and Pitfalls

Accurate target delineation and treatment planning are critical determinants of outcomes in radiotherapy for cervical and lung cancers. This workshop will provide a structured overview of contemporary contouring principles and planning strategies, with emphasis on precision, reproducibility, and toxicity reduction.

The program is directed toward radiation oncologists, trainees and clinical fellows. Session will address best practices in contouring primary tumors and nodal regions, alongside systematic approaches to defining organs at risk. Advanced imaging modalities, including CT, MRI, and PET, will be reviewed in the context of improving target definition and minimizing interobserver variability. Key challenges such as organ motion, anatomical heterogeneity, and common contouring pitfalls in cervical and thoracic sites will be examined in detail.

Practical, hands-on exercises using representative clinical cases will enable participants to apply principles of contouring and radiotherapy planning under expert supervision.

By the conclusion of the workshop, attendees will have enhanced competence in evidence-based contouring and planning for cervical and lung cancers, with direct implications for improved treatment accuracy, reduced normal tissue toxicity, and better patient outcomes in clinical practice.

Pre-Congress Session & Qwis on Early Cancer Detection

Enhancing Symptom Evaluation in Primary Care

The Sri Lanka College of Oncologists proudly presents a dedicated pre-congress session on Early Cancer Detection: Enhancing Symptom Evaluation in Primary Care, ahead of its 22nd Annual Academic Sessions. This important programme will take place on 22nd August 2025 at the Galadari Hotel, Colombo, bringing together experts, practitioners, and students in a collaborative academic forum.

The session aims to empower primary care physicians and young doctors to sharpen their clinical skills in recognizing early warning signs of cancer. As cancer outcomes are heavily dependent on timely diagnosis, the programme focuses on improving symptom interpretation and decision-making at the first point of care.

Highlights of the event include two plenary lectures, addressing critical issues in everyday practice: lymphadenopathy in children and symptom management in cancer. Both topics are highly relevant to clinicians who encounter these conditions in community

and hospital settings. Complementing these plenaries, panel discussions will explore practical approaches to three common but often challenging presentations—prolonged fever, loss of weight, and back pain. These are among the most frequent symptoms faced in primary care, yet their significance in detecting underlying malignancy is often underestimated.

In addition, this session will host the first-ever Interfaculty Quiz on Oncology in Sri Lanka, designed to encourage participation, stimulate academic interest, and foster a spirit of healthy competition among undergraduates across medical faculties. A separate Doctor Quiz for pre-MD doctors will also provide an engaging platform for knowledge exchange.

This pre-congress session promises to be a highly interactive and educational experience, enriching participants with practical insights and reinforcing the pivotal role of primary care in cancer detection.

Workshop on Surgery

Masterclass on Colorectal Malignancy with Live Laparoscopic Surgical Demonstration

Laparoscopic colorectal surgery has transformed the treatment of colorectal cancer, offering smaller incisions, less pain, quicker recovery, and fewer complications compared to traditional open surgery. In Sri Lanka, it has become the standard approach, although there remains a need to expand specialized training and equipment. Addressing these gaps will help ensure consistent, high-quality care and broader adoption across the country.

The 'Masterclass on Colorectal Cancer with Live Laparoscopic Surgical Demonstration, organized by the Sri Lanka Association of Surgical Oncologists (SLASO) on behalf of the Sri Lanka College of Oncologists (SLCO), is part of the SLCO's annual academic sessions. This workshop provides an in-depth look at the latest techniques in laparoscopic surgery for colorectal cancers. Dr. K. Prakash, a leading expert in laparoscopic colorectal surgery, will share his expertise. Dr. Prakash, who has received advanced training in South Korea and France, currently serves as the Lead Senior Consultant in GI & HPB Surgery at Aster Medcity, Kochi, India.

The local faculty, including Dr. Anuruddha Thewaraperuma, Dr. Randima Nanayakkara, and Dr. Buddhika Thilakarathana, will focus on tips and tricks for laparoscopic surgery, as well as principles of surgical oncology and the role of neoadjuvant and adjuvant therapies. The workshop will provide surgeons with practical insights into these critical aspects, enhancing their skills and understanding of modern approaches to colorectal cancer treatment.

Breakfast Meeting

Research in Clinical Oncology: Practical Tips - Discussion, Q & A

The Sri Lanka College of Oncologists is pleased to host a Breakfast Meeting on Research in Clinical Oncology, offering a unique platform to strengthen research skills and enhance academic engagement. Scheduled for 23rd and 24th August 2025, from 7:15 AM to 8:15 AM at the Galadari Hotel, Colombo, this early morning session is designed to inspire, guide, and empower participants in their journey of clinical oncology research.

This meeting is a lifetime opportunity for young oncologists, postgraduate trainees, and researchers to refine their knowledge of research methodology, proposal development, and the practical aspects of conducting high-quality clinical studies.

Day 1 (23rd August) will feature an interactive session on Research in Clinical Oncology: Practical Tips, followed by an engaging Q&A where participants can raise questions and clarify challenges faced in their own academic work.

Day 2 (24th August) will be fully dedicated to Discussion and Refinement of Submitted Research Proposals. Participants will benefit from the collective wisdom of international and local experts, who will provide constructive feedback, highlight potential improvements, and guide them towards developing impactful and methodologically sound research projects.

The meeting will be chaired by Prof. Peter Hoskin and Prof. Gerry Hanna, both distinguished Professors in Clinical Oncology, along with Dr. Anuruddha Abeygunasekera, Consultant Urological Surgeon. The sessions will be moderated by Dr. Nuradh Joseph, ensuring a dynamic and interactive exchange of ideas.

This breakfast meeting promises to nurture a research-driven culture in oncology and inspire the next generation of clinician-scientists in Sri Lanka.

Keynote

Modern Management of Endometrial Cancer- Prof Peter Hoskin

The mainstay in the management of endometrial cancer is hysterectomy with very few patients considered unsuitable for primary surgery. Adjuvant treatment is then considered and may include vaginal vault brachytherapy, pelvic external beam therapy with or without chemotherapy and chemotherapy alone or with chemoradiation. Many current guidelines are based on conventional parameters to define risk: stage, grade, histological subtype and lymphovascular space invasion (LVSI). Low grade stage IA tumours can be observed, high grade, serous or clear cell and stage III tumours are recommended chemoradiation and adjuvant chemotherapy whilst those outside these groups will be considered for vaginal vault brachytherapy.

The advent of molecular classification has refined and modified this simple schema. The TransPORTEC initiative redefined risk groups in the PORTEC dataset identifying DNA Polymerase Epsilon (POLE) and Microsatellite Instability (MSI) as markers of good prognosis and P53 mutation and non-specific molecular profiles (NSMP) as poor prognostic markers. Early analysis of the PORTEC 2 trial identified mutant P53 and >10% L1CAM as independent predictors of outcome from adjuvant radiotherapy. A reanalysis of the PORTEC 3 study identified POLE, Mismatch Repair (MMR) NSMP and P53 to be predictive of outcome whilst a similar analysis of NRG 258 which randomised between chemotherapy alone or with the addition of pelvic chemoradiation confirmed that MMR and P53 mutant are associated with poor prognosis.

More recently prospective validation of these observations has been reported from PORTEC IV which used molecular classification to select adjuvant treatment. The current ESMO practice guidelines now incorporate molecular diagnosis with conventional staging information in its recommendations for adjuvant treatment after hysterectomy for endometrial cancer.

Plenary 1

Healthcare and Hashtags: A Delicate Balance- Dr Sanjana Hattotuwa

Social media has fundamentally, and irrevocably transformed every aspect of public health, from research to communication, creating both unprecedented opportunities and significant challenges. This presentation examines the dual nature of social media in healthcare, drawing parallels between social media's proliferation and cellular dysregulation in cancer - both exhibiting rapid, sometimes uncontrolled growth that can be harmful if not detected early, and remedial measures taken.

Social media's benefits are substantial: rapid disease surveillance, peer support networks for patients, democratisation of health information access, and enhanced public health messaging reach especially during public health emergencies. During COVID-19, social media was invaluable for real-time information dissemination and maintaining

healthcare connections despite physical distancing. For oncology specifically, online communities provide crucial emotional support and practical guidance for patients navigating cancer journeys.

However, there many concerning pathologies. Disinformation spreads virally, potentially undermining evidence-based treatments, and medical advice. Excessive social media use correlates with increased anxiety and depression, particularly amongst adolescents. Algorithmic amplification of sensational content over accurate health information poses major risks comparable to environmental carcinogens: subtle, pervasive, persistent, and cumulative. Healthcare professionals must navigate social media strategically, embracing benefits whilst combating the "infodemic" that threatens public health as seriously as any biological pathogen.

Symposium 1 Modern Horizons in Lung Cancer: Precision, Progress, and Personalized Therapy

Practical guide to Modern Radiotherapy for NSCLC in the Era of Immunotherapy and Targeted Treatment- Prof Gerry Hanna

In this keynote titled, "Artificial Intelligence: Mastering the Unknown," we will delve into the transformative potential of AI, particularly in cancer care. The keynote will first address the exploding AI jargon by simplifying some of the common terminologies such as machine learning, deep learning, predictive modelling, generative AI etc. We will also explore how AI technologies differ from traditional means of analyzing data, the development of AI models and inherent challenges in applying AI technologies, particularly in a field such as Oncology and in low and middle-income country settings. The participants will also gain insights into real-world applications of AI from the field of oncology illustrating how AI-driven tools are already making a tangible difference in clinical settings. However, mastering the unknown comes with its set of ethical and practical challenges. We will address concerns related to data privacy, the interpretability of AI decisions and the importance of maintaining the human touch in patient care. By highlighting these aspects, we aim to provide a balanced perspective that recognizes the immense potential of AI while acknowledging the need for careful and thoughtful implementation.

SABR in NSCLC: Standard of Care and Evolving Frontiers - Dr Brendan Hup

Stereotactic body radiotherapy (SBRT) has become the gold standard for medically inoperable early-stage NSCLC, demonstrating exceptional local control rates of 85-90% with an excellent safety profile. This presentation will examine the pivotal clinical evidence establishing SBRT's role in thoracic oncology, highlighting its efficacy, safety parameters, and evolving indications.

The application of SBRT continues to expand significantly beyond its original indication. Growing evidence supports its use in operable patients, with outcomes comparable to surgical resection, while emerging roles include treatment of multifocal NSCLC,

recurrent disease, and oligometastatic presentations. Modern SBRT protocols employ high dose fractionation combined with advanced motion management techniques to optimize tumor targeting while protecting critical structures.

The future of SBRT lies in several key areas: refinement of dose optimization strategies, improved motion control methods, and innovative combinations with systemic therapies. Technological advances including MRI-guided radiotherapy, adaptive planning algorithms, and breath-hold techniques are enhancing treatment precision and reducing toxicity. Particularly promising is the exploration of SBRT's synergy with immunotherapy and targeted agents, which may significantly improve systemic disease control in advanced cases.

As clinical evidence accumulates, SBRT is transitioning from an early-stage treatment to a versatile modality with applications in oligometastatic and even select locally advanced lung cancers. These developments position SBRT as an increasingly central component in the multidisciplinary management of lung cancer, with ongoing research continuing to refine its role across the disease spectrum.

Evolving Treatment Landscape in SCLC - Dr Buddhinie Karunaratne

Small cell lung cancer (SCLC) is a highly aggressive subtype of lung cancer, characterized by rapid progression, early metastasis, and historically poor long-term outcomes. While patients often respond initially to platinum-based chemotherapy, relapses are common, and durable survival gains have been limited.

We have made very little progress with treatment of SCLC for the last few decades; Unmet need is durability of response to treatment and prolongation of survival.

Main focus of the talk is to emphasis on new treatment paradigms in SCLC and how we have made progress in this field.

Immunotherapy integration in frontline treatment is shown to improve long-term survival in patients with extensive stage SCLC, establishing a new standard of care. Emerging targeted and biologic therapies like Tarlatamab, Lurbinectedin have revolutionized the management of relapsed SCLC. More drugs are being tested in the first line maintenance setting to further improve outcomes of these patients.

The consolidation Durvalumab provided a "game changing" and a new standard of care for Limited Stage SCLC patients following concurrent Chemoradiation, especially since the disease had seen little therapeutic progress over decades.

These advancements, along with ongoing research into new treatment combinations and personalized strategies, offer hope for improved outcomes in SCLC management.

Symposium 2 Optimizing Therapy in Lymphomas: First-Line to Relapse

How Do I Treat Diffuse large B-cell lymphoma - Dr Jithma Abeykoon, M.D

Diffuse large B-cell lymphoma (DLBCL) management requires a multifaceted approach, encompassing accurate diagnosis, risk stratification, and personalized treatment strategies. This presentation provides a practical guide to treating DLBCL, addressing key considerations in evaluation, staging, and therapy selection.

The discussion will begin with the essentials of DLBCL pathology, including cell-of-origin determination (ABC vs. GCB) and the role of cytogenetic and molecular markers. It will also address the assessment of initial baseline symptoms and family history of lymphoma. Staging procedures, including biopsy considerations and the use of PET/CT, will be reviewed. The current role of bone marrow biopsy in staging will be addressed.

The presentation then turns to first-line treatment approaches, emphasizing risk-adapted strategies using the International Prognostic Index (IPI). The cornerstone of therapy, R-CHOP, will be discussed, along with strategies to improve the standard of care. We'll explore novel agents, including polatuzumab vedotin, in combination with R-CHP. Also addressed will be the special situation such as double hit lymphomas, primary mediastinal B-cell lymphoma (PMBCL), testicular DLBCL and intravascular DLBCL.

Finally, relapsed/refractory DLBCL management will be addressed, covering the role of CAR T-cell therapy, bispecific antibodies (including glofitamab and epcoritamab), and antibody-drug conjugates like loncastuximab tesirine and novel agent combinations, offering practical guidance on how to optimize treatment outcomes. This presentation is intended for clinicians seeking an evidence-based, practical approach to the management of DLBCL.

Current Guidelines vs. Ground Reality: Managing Hodgkin Lymphoma in Low-Resource Setting - Dr Nilupulee Gunarathna

Hodgkin lymphoma (HL) is one of the most curable malignancies, with cure rates exceeding 90% in early-favorable disease when standard treatment is applied. Contemporary international guidelines rely on positron emission tomography (PET)-adapted, risk-adapted, and response-adapted strategies, with interim PET serving as an important prognostic tool. However, in low-resource settings such as Sri Lanka, implementation of these strategies faces significant challenges. PET scans are not widely available, fertility preservation options are limited, and novel therapeutic agents are scarce. Advanced radiotherapy techniques such as four-dimensional radiotherapy (4D-RT) and volumetric modulated arc therapy (VMAT) are not freely accessible, and facilities for stem cell transplantation remain inadequate.

Despite these limitations, favorable outcomes are still achieved with standard chemotherapy and conventional radiotherapy techniques, including three-dimensional conformal radiotherapy (3DCRT) and intensity-modulated radiotherapy (IMRT). Less toxic chemotherapy regimens such as BEACOPP or BEACODAC are

practiced, with increasing emphasis on patient education and supportive care. Nevertheless, the management of geriatric HL and relapsed or refractory HL remains a major challenge, owing to comorbidities, treatment-related toxicity, and restricted access to effective salvage therapies. In contrast, patients with lymphocyte-predominant HL benefit from the addition of targeted therapy such as rituximab, which has shown favorable outcomes even in resource-constrained environments.

In summary, while alignment with international guidelines is limited by infrastructural and resource constraints, Sri Lanka achieves comparable results in early-favorable HL through pragmatic standard approaches. Development of national data and context-specific treatment protocols is urgently needed, particularly to address the challenges of elderly and relapsed HL patients.

Clinical Practice Changes in the Front-line Management of Mantle Cell Lymphoma - Dr Jithma Abeykoon, M.D

Mantle cell lymphoma (MCL) management is rapidly evolving. This presentation reviews practice-changing updates in the front-line treatment of MCL, focusing on recent clinical trial data and emerging therapeutic strategies.

For older/unfit patients, we explore the SHINE and ECHO trials, highlighting the addition of Bruton tyrosine kinase inhibitors (BTKis) like ibrutinib and acalabrutinib to bendamustine-rituximab (BR) regimens. While these combinations improve progression-free survival (PFS), overall survival benefits remain less clear, necessitating a discussion of risk-benefit considerations. The ENRICH trial results, evaluating BTKi-rituximab with or without chemotherapy, will also be examined. These studies prompt a re-evaluation of traditional BR-based approaches, and the role of novel combinations. We address the use of venetoclax as well as novel triplets in the frontline setting, and review the ALTAMIRA trial that has led to the incorporation of acalabrutinib plus rituximab in practice.

For younger/fit patients, we discuss strategies to optimize induction, consolidation with autologous stem cell transplant (ASCT), and maintenance therapy. The EA4151/BMT-CTN 1601 trial sought to determine if ASCT could be skipped but the study did not meet its primary endpoint. We will review whether MRD can be used to guide treatment decisions to allow for ASCT omission. Finally, the role of chemo-free induction will be explored as multiple novel agents are being incorporated in practice. With ASCT eligibility and multiple chemo backbone options available, treatment plans should be tailored to individual patient characteristics and disease risk profiles.

Plenary 2

Transforming Cancer Care in the Genomic Era: A Focus on Breast Cancer - Dr Mahesh Iddawela

The genomic era has revolutionized cancer care by enabling a more personalized, precise approach to diagnosis and treatment. In breast cancer, this transformation is especially evident. Traditional treatment strategies often relied on generalized protocols, but genomic profiling now allows clinicians to tailor therapies to the specific genetic makeup of a patient's tumour. By identifying mutations in genes such as BRCA1, BRCA2, and HER2, we can select targeted therapies that are more effective, less toxic and improved outcomes.

The use of gene expression assays, like Oncotype DX, MammaPrint, EndoPredict, which help assess the likelihood of cancer recurrence and guide decisions on chemotherapy. Additionally, for patients with metastatic disease, comprehensive genomic profile has improved access to novel therapies including PIK3CA, PARP inhibitors and others. These have emerged as effective treatments for patients, thus offering improved outcomes for a subset of breast cancer patients.

Overall, the genomic era is redefining breast cancer treatment, making care more personalized, proactive, and precise.

Plenary 3

The Changing Landscape of Melanoma: Treatment with Immunotherapy - Dr Hafiz Algurafi

Melanoma, an aggressive form of skin cancer with high metastatic potential, has historically carried a poor prognosis in advanced stages. Over the past decade, the therapeutic landscape has transformed dramatically with the advent of immune checkpoint inhibitors (ICIs), leading to substantial improvements in survival and long-term disease control. This presentation examines the evolving role of immunotherapy in melanoma, focusing on clinical evidence, mechanisms of action, and emerging strategies to overcome resistance.

Key milestones in this paradigm shift include the introduction of CTLA-4 blockade (ipilimumab) and subsequent development of PD-1 inhibitors (nivolumab, pembrolizumab), which have redefined standard-of-care in advanced and adjuvant settings. Combination regimens, particularly CTLA-4 plus PD-1 inhibition, have shown synergistic efficacy at the expense of higher immune-related toxicities, necessitating careful patient selection and toxicity management.

The discussion will cover biomarkers of response, including PD-L1 expression, tumor mutational burden, and circulating immune signatures, as well as their limitations in routine practice. Special attention will be given to neoadjuvant immunotherapy, novel immune targets (e.g., LAG-3, TIGIT), and the integration of immunotherapy with targeted agents for BRAF-mutated melanoma.

Strategies for managing primary and acquired resistance—such as combination checkpoint blockade, intralesional therapies, and adoptive T-cell transfer—will be

highlighted. The presentation will also address survivorship and quality-of-life considerations in the era of durable responses.

By synthesizing current evidence and future directions, this session aims to equip clinicians with a comprehensive understanding of how immunotherapy has reshaped melanoma management and the opportunities ahead for further improving patient outcomes.

Symposium 3

Case Based Discussion

Tailored Colorectal Cancer Treatment: A Multimodality Strategy - Dr Mahesh Iddawela, Dr Asanka Gamage, Dr Randima Nanayakkara

Colorectal cancer (CRC) is a heterogeneous disease with diverse molecular profiles, clinical behaviors, and treatment responses. Advances in diagnostic imaging, molecular pathology, and surgical techniques have facilitated a shift from a uniform treatment paradigm to individualized, multimodality strategies aimed at optimizing oncological outcomes while preserving quality of life. This presentation explores the principles and practical application of tailored CRC management, integrating surgery, systemic therapy, radiotherapy, and targeted biologics based on disease stage, tumor biology, and patient factors.

The discussion will highlight the role of multidisciplinary team (MDT) decision-making in treatment planning, with emphasis on preoperative staging, biomarker-guided therapy (e.g., RAS, BRAF, MSI status), and neoadjuvant/adjuvant strategies. For locally advanced rectal cancer, we will examine evidence supporting total neoadjuvant therapy (TNT) and selective organ-preserving approaches. In metastatic disease, the focus will be on resection of oligometastatic lesions, conversion chemotherapy, and integration of immunotherapy in microsatellite instability-high (MSI-H) tumors.

Emerging modalities, including minimally invasive surgery, stereotactic body radiotherapy (SBRT), and novel targeted agents, will be discussed in the context of patient selection and sequencing of therapies. The presentation will also address survivorship, functional outcomes, and the growing importance of patient-reported measures in defining success.

By synthesizing current evidence and clinical practice guidelines, this session aims to provide a pragmatic framework for delivering personalized, stage-specific, and biology-driven treatment for CRC. Through a multimodality, patient-centered approach, clinicians can improve disease control, reduce treatment-related morbidity, and enhance long-term quality of life for individuals with colorectal cancer.

Plenary 4 How I Treat Adult Histiocytic Neoplasms - Dr Jithma Abeykoon

Histiocytic neoplasms are rare disorders involving the abnormal proliferation of histiocytes, dendritic cells, and related cells, leading to varied clinical presentations across multiple organ systems. This presentation provides a practical approach to diagnosis and management in adult patients, with particular emphasis on strategies relevant even in resource-limited settings.

The talk begins by defining histiocytes and reviewing the classification of key entities, including Langerhans cell histiocytosis (LCH), Erdheim-Chester disease (ECD), Rosai-Dorfman disease (RDD), and malignant histiocytosis. Effective diagnosis requires a high index of suspicion and multidisciplinary collaboration, combining clinical findings with histopathology, immunohistochemistry, and molecular markers. The case of a 22-year-old female with CNS involved ECD will be reviewed.

A key focus of this talk is treatment strategies based on disease features, molecular profiling, and organ involvement. Targeted therapies (BRAF, MEK inhibitors, vemurafenib, cobimetinib, respectively) will be discussed, as will common adverse effects and how to best mitigate them. More conventional chemotherapy with agents like cladribine and cytarabine will be reviewed. Efficacy and outcomes of fixed-duration therapy versus continuous duration treatment in histiocytosis will be discussed. Questions such as what is a reasonable treatment end point? What if NGS is unavailable? When is fixed duration treatment a consideration, we will be discussed.

Even in resource-limited environments, timely diagnosis is critical. Understanding these rare malignancies and promptly initiating appropriate therapy, including readily available chemotherapeutic options, is essential to improve patient quality of life and reduce associated morbidity and mortality. This presentation offers hematologists, oncologists, and other clinicians practical guidance to manage histiocytic neoplasms, regardless of setting or resources.

Plenary 5 CNS tumours: Maximizing Outcomes, Minimizing Toxicities

Dr Brendan Hup

Central nervous system (CNS) tumours encompass a diverse spectrum of malignant and benign neoplasms, each with unique biological behaviours, prognostic factors, and therapeutic challenges. The dual imperative in modern neuro-oncology is to achieve maximal disease control while preserving neurological function and quality of life. This presentation explores evidence-based, multidisciplinary strategies aimed at optimizing outcomes and minimizing treatment-related toxicities in CNS tumours.

Advances in neuroimaging, molecular profiling, and intraoperative navigation have refined surgical precision, enabling maximal safe resection—an independent prognostic factor—while reducing morbidity. For high-grade gliomas, integration of radiotherapy with concurrent and adjuvant temozolomide remains the standard, augmented by molecular markers such as MGMT promoter methylation and IDH mutation status to

guide prognosis and therapy. In low-grade gliomas and paediatric CNS tumours, risk-adapted approaches seek to defer or limit radiotherapy exposure to reduce long-term neurocognitive sequelae.

Emerging modalities, including proton beam therapy, tumour-treating fields, and targeted molecular agents, offer potential for enhanced efficacy with reduced collateral damage. The role of immunotherapy in selected CNS tumours, though still evolving, is a growing area of research.

The presentation will also address supportive care—seizure control, corticosteroid stewardship, and neurorehabilitation—as essential components of comprehensive management. Longitudinal survivorship planning, including endocrine monitoring, cognitive rehabilitation, and psychosocial support, is critical for improving life after treatment.

By integrating surgical innovation, precision radiotherapy, molecularly targeted therapy, and holistic survivorship care, clinicians can balance aggressive oncological control with preservation of function, delivering personalised, patient-centred care in CNS tumour management.

Plenary 6 Mastering Complexity: Surgery for Advanced Head and Neck Tumors - Dr Rasitha Manatunga

Dr Rasitha Manatunga

Advanced head and neck tumours present unique surgical challenges due to their proximity to critical neurovascular structures, complex anatomy, and the functional and aesthetic demands of the region. Successful management requires meticulous surgical planning, advanced technical expertise, and integration within a multidisciplinary framework to achieve oncological clearance while preserving form and function.

This presentation outlines contemporary strategies in the surgical management of advanced head and neck malignancies, including squamous cell carcinomas, salivary gland tumours, and selected skull base neoplasms. Advances in imaging, three-dimensional modelling, and virtual surgical planning have enhanced preoperative assessment, enabling precise delineation of tumour margins and critical structure involvement. The principles of en bloc resection, compartment surgery, and margin assessment will be discussed alongside the role of elective and therapeutic neck dissection.

Reconstructive considerations are central to optimizing postoperative outcomes. Microvascular free flap techniques, composite tissue transfers, and functional reconstructions have expanded the scope of resectable disease while improving speech, swallowing, and airway outcomes. The timing and integration of adjuvant radiotherapy or chemoradiotherapy will be reviewed, highlighting the importance of coordinated care to minimise treatment delays.

Attention will also be given to perioperative strategies that reduce morbidity, including airway management, nutritional optimisation, and early rehabilitation. Emerging techniques—such as transoral robotic surgery (TORS) and endoscopic skull

base approaches—are expanding surgical options in selected cases, offering reduced morbidity without compromising oncological control.

Through case-based discussion and evidence synthesis, this session aims to equip surgeons with the principles, technical innovations, and collaborative strategies necessary to master the complexity of advanced head and neck tumour surgery.

Symposium 4 Case Based Discussion, Beyond Cure, Within Care - Prof

Peter Hoskin, Dr Sampath Kondasinghe, Dr Sujeeva Weerasinghe

This interactive case-based session will focus on practical approaches to symptom management in palliative oncology, guided by the expertise of Prof Peter Hoskin, Prof Gerry Hanna, and Dr Sujeeva Weerasinghe. Using real clinical cases, the session will explore key challenges commonly encountered in advanced cancer care.

Discussion topics will include the management of spinal cord compression and brain metastases, addressing acute symptoms such as breathlessness and stump bleeding, and strategies for effective pain control. The session will also highlight the importance of timely decision-making, holistic care, and communication with patients and families. Participants will examine the role of advance care planning in aligning treatment with patient goals, particularly when balancing symptom relief with overall quality of life. The cases presented will offer opportunities to consider both oncological and palliative interventions, including when and how to integrate radiotherapy as a supportive tool.

Designed for clinicians across oncology and palliative care, the session encourages active participation and shared learning. It will provide a valuable platform for discussing real-world dilemmas, enhancing confidence in managing complex symptoms, and promoting collaborative, patient-centred care at all stages of the cancer journey.

Symposium 5 Individualizing Breast Cancer Care Through Integrated

Therapies

Internal Mammary Node Irradiation: Strengthening Regional Control and Improving Outcomes in Breast Cancer - Dr Hafiz Algurafi

The internal mammary lymph nodes (IMNs) are a key component of the regional lymphatic drainage in breast cancer, particularly for tumours located medially or centrally. Involvement of the IMNs is associated with higher rates of locoregional recurrence and reduced survival, yet their management has been historically controversial due to uncertainties regarding staging, technical challenges in radiotherapy delivery, and concerns about treatment-related toxicity.

This presentation examines the evolving role of internal mammary node irradiation (IMNI) as part of comprehensive regional nodal irradiation in breast cancer. Contemporary evidence from large randomized trials and meta-analyses indicates that

IMNI, when appropriately indicated, improves locoregional control and contributes to overall survival benefits, particularly in patients with high-risk node-positive disease. Advances in imaging, including PET-CT and dedicated MRI, have enhanced IMN detection, allowing for more precise selection of candidates for targeted irradiation.

Modern radiotherapy techniques—such as intensity-modulated radiotherapy (IMRT), volumetric modulated arc therapy (VMAT), and deep inspiration breath-hold (DIBH)—enable accurate IMNI delivery while minimizing exposure to the heart, lungs, and contralateral breast. This has significantly reduced the incidence of late cardiopulmonary toxicities, a major historical limitation of IMNI.

The presentation will also explore integration of IMNI into various treatment settings, including postmastectomy and breast-conserving therapy, as well as its role in the era of systemic therapy intensification. Optimal patient selection, individualised treatment planning, and multidisciplinary decision-making remain essential to balancing the oncologic benefits of IMNI with the goal of minimizing harm.

By combining modern technology with robust evidence, IMNI can strengthen regional disease control and improve long-term outcomes in appropriately selected breast cancer patients.

New Horizon in metastatic breast cancer management- expanding HER-2 targeting and impact on outcome - Dr Mahesh Iddawela

The management of metastatic breast cancer (MBC) has entered a promising new era with the expansion of HER2-targeted therapies. Human Epidermal Growth Factor Receptor 2 (HER2) has long been recognized as a critical driver in a subset of aggressive breast cancers. Historically, patients with HER2-positive tumours benefited significantly from agents like trastuzumab and pertuzumab. However, recent advancements have broadened the HER2 landscape, impacting both HER2-positive and HER2-low subtypes.

One of the most groundbreaking developments is the emergence of antibody-drug conjugates (ADCs), such as trastuzumab deruxtecan (T-DXd). T-DXd has demonstrated impressive efficacy even in patients with low HER2 expression—those previously classified as HER2-negative—thus challenging and expanding traditional HER2 classification. This innovation has opened treatment options to a wider population, offering improved progression-free and overall survival rates.

Additionally, next-generation HER2-targeted therapies are showing activity in patients with brain metastases, a traditionally hard-to-treat group. Combining HER2-targeted agents with immunotherapy and CDK4/6 inhibitors is also under investigation, further diversifying therapeutic strategies.

Personalized Management of the Axilla in Breast Cancer - Dr Sandani Wijerathne

Management of the axilla in breast cancer has undergone a paradigm shift from routine radical dissection to tailored, minimally invasive approaches guided by tumour biology, disease stage, and treatment response. Historically, axillary lymph node dissection (ALND) was the standard for staging and local control, but it is associated with significant morbidity, including lymphedema, sensory deficits, and reduced shoulder

mobility. Modern practice increasingly favours personalized strategies that maintain oncological safety while minimizing functional impairment.

This presentation reviews the current evidence underpinning individualized axillary management. Sentinel lymph node biopsy (SLNB) has replaced ALND for clinically node-negative patients, providing accurate staging with reduced morbidity. Landmark trials such as ACOSOG Z0011 and AMAROS demonstrated that selected patients with limited nodal disease can safely omit ALND when treated with breast-conserving surgery and radiotherapy.

In the neoadjuvant setting, advances in imaging, targeted axillary dissection (TAD), and clipped-node retrieval enable precise post-treatment staging, allowing avoidance of ALND in patients achieving nodal pathological complete response. The role of regional nodal irradiation as an alternative to surgical clearance in high-risk patients will also be discussed.

Patient-specific factors—including tumour subtype, nodal burden, age, comorbidities, and preferences—are central to decision-making. Molecular profiling and treatment response assessment offer further opportunities for personalization.

By integrating surgical innovation, precision radiotherapy, and systemic therapy advances, clinicians can individualize axillary management to optimize locoregional control, reduce treatment morbidity, and enhance quality of life. A multidisciplinary approach remains key to safely implementing de-escalated strategies while preserving long-term outcomes in breast cancer patients.

Plenary 7 Radiotherapy Research: “As Good as It Gets” - Prof Gerry Hanna

Bone metastases are a common complication of advanced malignancies, particularly breast, prostate, and lung cancers, leading to pain, pathological fractures, spinal cord compression, and impaired quality of life. Radiotherapy (RT) is a highly effective, evidence-based treatment for palliation of symptoms and prevention of skeletal-related events. Despite its proven efficacy, RT remains underutilized in clinical practice, with many patients receiving suboptimal or delayed referral.

This presentation examines the role of RT in the management of bone metastases, summarizing the robust clinical evidence supporting its use. Multiple randomized controlled trials and meta-analyses have demonstrated that both single-fraction (e.g., 8 Gy × 1) and multi-fraction regimens achieve comparable pain relief, with single-fraction RT offering greater convenience, lower cost, and equivalent efficacy for uncomplicated metastases. Fractionated schedules remain preferable for cases with high fracture risk, spinal cord involvement, or re-irradiation needs.

Advances in RT delivery, including stereotactic body radiotherapy (SBRT), have enabled high-dose, conformal treatment of oligometastatic and radioresistant lesions, potentially improving local control and delaying systemic progression. Integration of RT with systemic therapies such as bone-targeting agents, immunotherapy, and targeted drugs offers synergistic benefits and is an area of active research.

Barriers to optimal RT use include lack of awareness, late referrals, and misconceptions about treatment burden in palliative settings. A multidisciplinary approach involving oncologists, palliative care teams, and radiation specialists is essential to ensure timely intervention.

By recognizing RT as a cornerstone of supportive oncology, clinicians can significantly improve pain control, function, and overall quality of life for patients with bone metastases.

ORAL PRESENTATIONS

Comparative performance of predictive models and development of a novel predictive model for DNA mismatch repair deficient colorectal carcinoma in Sri Lanka: a multicentre study

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Introduction and Objectives

DNA mismatch repair deficient (dMMR) colorectal carcinoma (CRC), occurs in Lynch syndrome and 10-20% of sporadic cases. In resource-limited settings where universal testing is not feasible, selective testing is necessary. This study evaluated available predictive scores and developed a new model tailored to a Sri Lankan multicentre cohort.

Method

A cross-sectional descriptive study was conducted on CRC patients from four tertiary care hospitals in Sri Lanka. Immunohistochemical staining for the four proteins MLH1, MSH2, PMS2, and MSH6 identified dMMR cases. Logistic regression determined predictive variables for the score formulated by us. Performance of existing predictive scores for dMMR CRC were evaluated for comparison.

Results

Our scoring system “Histological Evaluation and Risk Assessment using Local Demographics for Mismatch Repair” (HERALD-MMR), assigns points for age < 60 years (3 points), proximal tumour location (3 points), family history of at least one 1st/2nd degree relative with CRC (2 points), mucinous areas ≥ 20% in tumour (2 points), solid regions ≥ 15% (4 points), iTILs ≥ 3/HPF (3 points), and Crohn-like peritumoral inflammation (3 points). A cutoff score of ≥ 6 (of 20) yielded a sensitivity of 0.955 and specificity of 0.682. The sensitivities of Amsterdam criteria II, revised Bethesda criteria, Path score, PREDICT score, RER test-6, and the model of Cao et al., were 0.091, 0.773, 0.864, 0.773, 0.409 and 0.182. Their specificities were 0.987, 0.637, 0.599, 0.815, 0.745, and 0.898 respectively.

Conclusion

The proposed HERALD-MMR predictive score will be of value to guide dMMR testing in low resource settings.

Diagnostic Delays in Colorectal Cancer: Patient and System Barriers in A Sri Lankan Cohort

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Introductions and Objectives

Timely diagnosis of colorectal cancer (CRC) is essential for improved outcomes, yet delays persist in low-resource settings. This study quantified diagnostic delays in Sri Lankan CRC patients, distinguishing patient- and system-related factors, and examined the effect of healthcare entry points on diagnostic timelines.

Method

A retrospective cohort study was conducted among 179 CRC patients presented at National Hospital, Sri Lanka (2024–2025). Delays were classified as: (1) symptom onset to first healthcare contact (patient delay), (2) first contact to specialist consultation (system delay), (3) referral to endoscopy, and (4) endoscopy to surgery. Subgroup analysis was performed for patients receiving neoadjuvant chemoradiotherapy (NCRT).

Results

Of 179 patients (104 males [58.1%], 75 females [41.9%]). 127 patients (69.8%) initially presented to outpatient clinics. The total median diagnostic delay was 122 days. Median patient-related delay accounted for 40 days. System delays varied by initial healthcare contact: patients who first consulted general practitioners (GPs) had a shorter median system delay (39.5 days, n=37) compared to those seeing traditional medical practitioners (123 days, n=15).

Within the formal system, the median delay from specialist referral to endoscopy was 23 days. The endoscopy-to-surgery interval was 33 days for those undergoing direct surgery versus 139 days for those receiving NCRT.

Conclusion

Substantial diagnostic delays were identified in Sri Lankan CRC patients, particularly when initial consultation occurs outside the formal medical system. Integrating traditional practitioners into structured referral pathways and improving public awareness may reduce delays and improve early CRC detection.

Circulatory Cell Free Nuclear and Mitochondrial DNA as Potential Non-Invasive Biomarkers for Early Detection of Breast Cancer in a Sri Lankan Cohort

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Introduction and objectives

Mechanisms such as apoptosis, necrosis, and active secretion release nuclear (nDNA) and mitochondrial DNA (mtDNA) into the bloodstream from cancer cells. Circulating cell-free DNA (ccf-DNA) has emerged as a promising non-invasive biomarker for early breast cancer (BC) detection. This first study in Sri Lanka aims to assess serum mtDNA and nDNA levels as potential biomarkers for early BC detection.

Method

A case-control study was conducted with 52 female participants (23 BC patients, 29 age-matched controls). Two fragments (79bp and 230bp) of the MT-RNR2 gene (mtDNA) and GAPDH (nDNA) were quantified using dye-based quantitative PCR. Absolute concentrations were calculated as genome equivalents (GE) per mL of serum.

Results

BC patients showed significantly lower ($P<0.05$) mtDNA levels compared to controls, with no significant difference in nDNA levels ($P>0.05$). ROC analysis was indicative of a good diagnostic performance for both fragments individually and in combination. (79bp: AUC= 0.678, sensitivity=73.9 %, specificity=58.6%; 230bp: AUC=0.703, sensitivity: 78.3% and specificity: 65.5%; combined: AUC=0.708, sensitivity=73.9%, specificity=62.1%, PPV=0.607, NPV=0.75). Both fragments showed a significant positive correlation with tumor size ($P<0.05$), with 230bp levels significantly higher in larger tumors compared to moderate and small groups ($P<0.01$). Similarly, 79bp levels were significantly higher in large tumors compared to small ones ($P<0.05$). No significant correlation was found with tumor grade, estrogen receptor status, or HER-2 expression.

Conclusion

Serum mtDNA fragments (79bp and 230bp), alone and combined, show promise as non-invasive biomarkers for BC detection and tumor burden assessment. Further validation in larger cohorts is warranted to support their use in early detection and cost-effective screening in the Sri Lankan population.

Descriptive Study Of Brain Metastases Secondary To Solid Tumors Treated With Whole Brain Radiotherapy In A Tertiary Care Hospital In Sri Lanka

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Introduction and objectives

Brain metastasis (BM) is the most common intracranial malignancy in adults and associated with poor overall survival, limited progression-free survival, and neurological decline. However, due to limited data on current practices in this field in Sri Lanka, this study was planned to evaluate demographic and clinical profiles, survival outcomes, and management strategies to optimize patient care.

Method

Data was collected on 156 patients with solid tumors metastasizing to the brain treated between July 2020 and June 2024 at a tertiary hospital of which 145 were eligible for final analysis. Demography, patterns of incidence, and median overall survival (MOS) were evaluated.

Results

Median age was 58 years with female preponderance. Breast followed by lung were the most common primaries. MOS is 4 months for the cohort (95% confidence interval [CI] 4 - 19 months). The MOS for breast and lung primaries were 6 and 4 months. Solitary BM showed MOS of 12 vs. 4 months for multiple (log Rank $P=0.006$). MOS was 7 months with 30Gy/10# and 4 months with 20Gy/5# (log-rank $P=0.059$). MOS 6 months (<60 years), 4 months (≥ 60 years) Log Rank 0.017.

Conclusion

Better MOS was seen in patients with single metastasis, females, and those under 60 years. No MOS difference was noted between radiotherapy regimens or timing of brain metastasis (synchronous vs metachronous). The 20 Gy/5 fractions regimen is feasible and resource-efficient. As patients with single brain metastasis demonstrated significantly improved median OS, the use of advanced radiotherapy techniques (SRS) is suggested.

The Role of Ultrasound Lymph Node Visibility, Fatty Hilum Preservation, and Histological Features in Preoperative Prediction of Sentinel Lymph Node Biopsy Positivity in Breast Cancer

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Introduction and Objectives

Sentinel lymph node biopsy (SLNB) is essential for breast cancer staging, management, and prognostication. Identifying predictive factors of SLNB positivity can guide treatment strategies. This study aimed to evaluate the correlation between radiological factors (ultrasound lymph node visibility and fatty hilum preservation) and histological features (tumor grade and lymphovascular invasion) with SLNB positivity.

Method

This retrospective study included patients who underwent breast surgery with SLNB for confirmed breast cancer between 2012 and 2022. The analysis focused on radiological factors (ultrasound findings) and histological features (tumor grade and lymphovascular invasion). Chi-square tests were employed for statistical analysis.

Results

A total of 1,138 patients were included, with 239 (21.0%) exhibiting SLNB positivity. Ultrasound findings showed that 321 patients had visible lymph nodes, and 275 showed absent fatty hilum in USS. A statistically significant correlation was found between visible lymph nodes on ultrasound and SLNB positivity ($p = 5.18 \times 10^{-6}$). Loss fatty hilum showed a marginal correlation with SLNB positivity ($p = 0.061$). Regarding histological features, 511 (44.9%) patients had tumor grade 2, 255 (22.4%) had grade 3, and 160 (14.1%) had grade 1. Lymphovascular invasion showed a strong correlation with SLNB positivity ($p = 4.22 \times 10^{-19}$), whereas tumor grade did not correlate with SLNB positivity ($p = 0.735$).

Conclusion

The study realized a reduction of over 50% in the time required for pain control, highlighting the effectiveness of quality improvement initiatives in low-resource settings. This success underscores the potential for enhancing overall quality of care at NCI Sri Lanka.

Transhiatal Oesophagectomy in Sri Lanka: Oncologic Outcomes from a Tertiary Cancer Centre

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Introduction & Objectives

Transhiatal oesophagectomy (THE), described by Orringer (1978), was historically a standard surgical approach for oesophageal cancer. Although minimally invasive and transthoracic approaches have demonstrated oncologic advantages in high-income countries (Biere et al., 2012; Mariette et al., 2019), their adoption in resource-limited settings is constrained by infrastructure and expertise requirements. THE remains widely practiced in Sri Lanka due to its technical feasibility and reduced cardiopulmonary stress (Pera and Melfi, 2019; Yang et al., 2022). This study assessed the oncologic and perioperative outcomes of THE at a tertiary cancer centre.

Method

A retrospective analysis of 51 patients who underwent THE at Apeksha Hospital, Colombo, between October 2020 and September 2022 was performed. The operative protocol involved cervical oesophagogastric anastomosis and gastric conduit formation. Data included demographics, tumour characteristics, complications graded by Clavien–Dindo, and two-year survival.

Results

Median age was 57 years; 72.5% were male. Histology included 30 adenocarcinomas and 21 squamous cell carcinomas. The mean lymph node yield was 15, below NCCN guideline recommendations (≥ 15). Complete pathological response was 7% compared to 29% in the CROSS trial (van Hagen et al., 2012). Two-year survival was 59.5%, recurrence 26.2%. Overall complications occurred in 71.4%, with major complications in 35.7% and anastomotic leak in 9.8%.

Conclusion

Despite limited nodal harvest, THE demonstrated survival outcomes comparable to TIME and MIRO trials (Biere et al., 2012; Mariette et al., 2019). Higher complication rates reflected nutritional deficits and systemic constraints. In resource-limited settings, THE remains an oncologically sound, scalable, and context-appropriate option.

POSTER PRESENTATIONS

A survey on antimicrobial utilization patterns and stewardship opportunities in paediatric oncology patients at National Cancer Institute Sri Lanka.

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Introduction and Objectives

Antimicrobial resistance (AMR) is a multifaceted issue with numerous interconnected roots. One of the main causes of AMR's spread includes the improper use of antibiotics and the lack of surveillance systems. Our main objective for this point prevalence survey(PPS) was to enable us to better understand the factors contributing to antibiotic misuse and to inform targeted interventions aimed at improving prescribing practices. By analysing these patterns, we hope to contribute to more effective strategies for combating AMR and promoting responsible antibiotic usage.

Method

A PPS conducted at paediatric high-risk population accroding to WHO guidelines.

Results

A review of 102 patients revealed that 55% (56/102) received antibiotics, primarily for respiratory tract infections (26.7%) and non-focal febrile illnesses (19.6%). The most used antimicrobials were Piperacillin-tazobactam (28.8%,26/90), Meropenem (20%) and Amikacin (15.5%). Co-trimoxazole was the main prophylactic agent (68%, 17/25). AWaRe classification showed predominant use of Watch category antibiotics (80%,72/90), with 6% from the Reserve group. Empirical prescribing accounted for 92% (52/56), with cultures requested in 73% (41/56) of cases and a culture positivity rate of 10% (4/41). Dosing and frequency were appropriate in over 95% of patients. An antibiotic review was conducted in 50% of patients, and there was 75% adherence to guideline.

Conclusion

This survey highlights extensive antibiotic utilization, predominantly from the WHO AWaRe watch category, with high empirical prescribing and limited culture-guided therapy. Despite appropriate dosing, antibiotic review and guideline adherence require improvement. Strengthening antimicrobial stewardship and diagnostic practices are essential to optimize therapy and mitigate resistance.

Lymphadenectomy Deficiencies in Gastric Cancer Surgery in a Sri Lanka Cohort: A Retrospective Study of Oncologic Adequacy and Tumor Biology

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Introduction

Gastric cancer remains a significant oncological burden worldwide, with increasing incidence in South Asia. Accurate nodal staging through adequate lymphadenectomy is a cornerstone of curative surgery. However, data on surgical adequacy and tumor biology in resource-constrained settings like Sri Lanka are limited.

Method

A retrospective review was conducted on 136 gastrectomy cases (2015–2024) at a tertiary care center in Sri Lanka. Data were analyzed in three stages: baseline demographics and surgical characteristics, tumor biology correlations with T/N staging, and lymph node yield assessment. Statistical analyses included chi-square, ANOVA, and Pearson correlation tests.

Results

The mean patient age was 59.99 years, with a male predominance (63.2%). The majority of procedures were partial (28.7%) and distal gastrectomies (27.2%). Invasive adenocarcinoma was the most common histological subtype (55.1%). Advanced T stage was significantly associated with perineural invasion (p = .046), venous invasion (p = .030), tumor budding (p = .003), and tumor histology (p < .001). However, only 28.7% of cases met the benchmark of ≥16 lymph nodes retrieved, with a mean nodal yield of 3.5. Surgical technique was significantly associated with nodal harvest (p = .019), while biological features showed no significant correlation with yield.

Conclusion

Despite the presence of aggressive tumor features, nodal harvest was frequently suboptimal, undermining staging accuracy. This study highlights the urgent need for standardized lymphadenectomy protocols and improved surgical-pathological integration to align gastric cancer care in Sri Lanka with international oncological standards.

Implementing Ultra-Hypofractionated Radiotherapy for Prostate Cancer in Resource-Limited Healthcare Systems: An update analysis of a single-center cohort.

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Introduction

Radiotherapy is key in treating localized prostate cancer. Conventional and moderate hypofractionation require 7–8 and 4 weeks, placing a burden on radiotherapy departments with over 3-month wait times. The PACE-B trial showed 5-fraction ultra-hypofractionation is equally effective and safe. We adopted this regimen at the National Hospital, Galle.

Method

The study included intermediate-/high-risk localized and oligometastatic prostate cancer patients referred from Hambantota and Matara between Nov 2023 and May 2025. Standard CT simulation was done, with daily enemas advised. Contouring followed PACE-B, with 3–5 mm margin added to prostate CTV for PTV. CTV received 40 Gy and PTV 35 Gy in 5 alternate-day fractions. Planning CT was fused with simulation CT to ensure bladder and rectal conformity. GI and GU toxicities were recorded post-treatment.

Results

A total of 25 patients were successfully treated using the new radiotherapy schedule. Among them, 17 patients (68%) were in the high-risk group,7 patients (28%) in the intermediate-risk group, and 1 patient (4%) had oligometastatic disease. Six patients (25%) experienced Grade 2 genitourinary (GU) toxicity acutely, while an additional two patients (8.33%) reported it as late toxicity. Acute Grade 2 gastrointestinal (GI) toxicity was observed in two patients (8.33%). Grade 3 acute or late toxicity was not observed.

Conclusion

The delivery of ultra-hypofractionated radiotherapy is easy and feasible in our setting and offers substantial resource savings.

Awareness and Knowledge of Colorectal Cancer Symptoms and Risk Factors: A Study from the National Hospital of Sri Lanka

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Introduction

Colorectal cancer (CRC) is a major contributor to cancer mortality worldwide. Early detection through symptom recognition and awareness of risk factors is vital for timely intervention. This study assessed awareness of CRC symptoms and risk factors among adults attending the National Hospital, Sri Lanka.

Method

Descriptive cross-sectional study was conducted. 506 adults (≥18 years) were recruited using convenience sampling. Data were collected through an interviewer-administered validated questionnaire based on the Bowel Cancer Awareness Measure (BCAM), culturally adapted and translated into Sinhala. Both unprompted and prompted awareness of symptoms and risk factors were assessed. Descriptive statistics and multivariable regression were used to analyse awareness levels and associated factors.

Results

The majority of participants (58.7%) failed to recall any CRC symptoms without prompting; blood in stools (18.4%) was the most frequently recalled symptom. Prompted awareness improved markedly, with 75.3% identifying blood in stools as a symptom.

Similarly, 44.3% could not recall any CRC risk factors unprompted, while excessive alcohol intake (72.7%) and low fibre intake (64.0%) were the most recognized risk factors when prompted.

The mean symptom and risk factor awareness scores were 5.69±2.61 and 5.47±2.63, respectively. Female sex (B=0.559, p=0.028) and older age(B=0.029, p=0.007) were positively associated with higher awareness, while lower education level(B = −0.104, p=0.018) and unemployment(B= −0.175, p=0.045) were associated with poorer awareness.

Conclusion

CRC awareness remains inadequate in this cohort, particularly for unprompted recall. Public education strategies targeting youth, the unemployed, and the less educated are urgently needed to improve early CRC detection.

Colorectal Cancer Presentation Patterns and Histological Trends at the National Hospital of Sri Lanka (2024–2025)

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Introduction and objectives

Colorectal cancer (CRC) incidence is rising in South Asia, yet region-specific data remain limited. This study aimed to characterise the clinical, demographic, and pathological profile of CRC patients at Sri Lanka’s largest tertiary care centre, identifying trends in presentation and staging.

Method

A retrospective analysis of 179 consecutive CRC patients presented to the National Hospital of Sri Lanka (2024–2025) was performed. Data included age, gender, ASA status, presenting symptoms, tumour-location, CT-based staging (n=109), and histopathology.

Results

The cohort comprised 104 males (58.1%) & 75 females (41.9%), with a mean age at diagnosis of 60.92 years (males: 62.96; females: 57.97). Most were ASA-2 (56.4%). Outpatient clinics were the first contact point in 69.8%. Rectal bleeding was the most common initial symptom (37%), while abdominal pain predominated in sigmoid cancers (45.9%). Loss of appetite (53.6%) and significant weight loss (>5% over 6 months; 43%) were common at diagnosis.

Rectum (31.9%) and sigmoid colon (23.1%) were the most frequent tumour sites. All descending colon tumours (0.03%) occurred in males. Among CT-staged patients, 36.7% had AJCC (American Joint Committee on Cancer) stage IIIB disease. Moderately-differentiated adenocarcinoma was most common (33.1%). All poorly differentiated tumours (n=5) were observed in males. Weight loss >5% within 6-months was more prevalent in tumours located from the ascending to the descending colon (70.8%).

Conclusion

CRC in Sri Lanka shows alignment of symptoms with tumour-location and gender disparities in histology. These findings emphasise the need for early detection programmes and gender-sensitive strategies to improve cancer outcomes.

A minimally invasive, cell-free DNA-based epigenetic dual marker panel for early detection of breast cancer in Sri Lankan women: A pilot study

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Introduction and objectives

Aberrant promoter methylation of tumour suppressor genes (TSGs) such as APC and RAR-β2 in liquid biopsies presents a promising non-invasive strategy for early breast cancer (BC) detection. This first-of-its-kind study in Sri Lanka aimed to evaluate the diagnostic potential of APC and RAR-β2 promoter methylation in serum for early BC screening.

Method

Serum samples were collected from BC patients (n=30), benign breast disease patients (n=10), and healthy controls (n=30). DNA was extracted, bisulfite-converted, and analyzed using nested methylation-specific PCR. Relative Methylation Levels (RMLs) were quantified using ImageJ. Optimal RML cut-offs were identified using ROC analysis and the Youden Index. Associations with BC were assessed using chi-square tests, and diagnostic performance was evaluated using ROC-derived metrics.

Results

The most prevalent symptoms among the onco-palliative patients were pain (93%), lack of energy (71%), loss of appetite (70%), sleep disturbances (69%) and psychological symptoms (67%). This was consistent regardless of sex or primary malignancy.

Patients under 60 showed a higher prevalence of pain and psychological symptoms compared to those over 60 (p< 0.05).

Patients with metastatic disease reported a higher prevalence of symptoms compared to patients with non metastatic disease (p<0.05).

Majority (79%) of the patients exhibited a palliative performance scale above 50%.

Conclusion

This study sheds light on the symptomatology among onco-palliative patients at the NCISL. These insights pave the way for tailored interventions aimed at improving patient outcomes and fostering holistic wellbeing within the realm of onco-palliative care.

Symptom prevalence in last 72 hours of life among onco-palliative patients at National Cancer Institute, Sri Lanka (NCISL)- Single institution experience.

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Introduction and objectives

End-of-life (EOL) care is a crucial aspect of onco-palliative services, aiming to address physical, emotional, and psychological symptoms during a patient's final days. Despite the recognized importance of symptom management in the last 72 hours of life, local data from Sri Lanka remain limited. This study examines symptom prevalence during the final 72 hours among onco-palliative inpatients at the National Cancer Institute, Sri Lanka (NCISL), with the aim of improving quality of care and informing national palliative care practices.

Method

A retrospective descriptive study was conducted at NCISL, including all adult onco-palliative patients who received inpatient care and died between July 31, 2023, and August 1, 2024. Symptoms were assessed through review of clinical records and analyzed using descriptive and analytical statistics.

Results

Of the 194 patients analyzed, 58.25% were over 60 years of age, and 80% were aged between 40–80 years. A slight male predominance was noted (53.6%). Most patients (65.5%) accessed palliative care only during their final month. ICU admission during the terminal stage was rare (2%). A significant symptom burden was noted in 75.77% of patients, with common symptoms including weakness (53.56%), altered breathing (49.48%), reduced consciousness (48.45%), dyspnea (48.45%), pain (41.85%), and social withdrawal (40.72%). Agitation, anxiety, and terminal delirium were also observed. No significant associations were found between symptom prevalence and age, gender, cancer type, or performance status.

Conclusion

Late referral to palliative care contributes to high symptom burden near death. These findings highlight the need for early integration of care, standardized assessment tools, and caregiver education to improve quality and cultural appropriateness of EOL care in Sri Lanka.

Prevalence of pain, severity and associated factors among the newly registered adult onco palliative patients in the palliative care unit of the National Cancer Institute Sri Lanka (NCISL): A single institution experience.

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Introduction and objectives

Pain is a prevalent and distressing symptom among cancer patients, particularly those receiving palliative care. In Sri Lanka, palliative care is still evolving, and data on pain prevalence and its associated factors remain limited. This study aimed to assess the prevalence, severity, and related factors of pain among newly registered adult onco-palliative patients at the National Cancer Institute Sri Lanka (NCISL), the country's leading cancer care center.

Method

A retrospective descriptive study was conducted at NCISL's palliative care unit, analyzing the records of 458 adult onco-palliative patients registered between October 1, 2023, and March 31, 2024. Data were analyzed using descriptive and analytical statistics to identify trends and associations.

Results

Most patients were over 60 years old (58.08%), with a near-equal gender distribution (52% male, 47% female). The most common cancer types were head and neck, hematologic, breast, lung, and colorectal cancers. Metastatic disease was present in 64% of patients. Pain was reported by the majority, with 36% experiencing mild, 48% moderate, and 15% severe pain. Opioid analgesics were required in 65% of cases. While pain prevalence did not significantly differ by age, gender, cancer type, or metastasis, it was strongly associated with lower palliative performance scores (p=0.004) and psychological distress, especially anxiety. Pain was most prevalent (91%) in patients with fungating wounds.

Conclusion

The findings highlight the need for enhanced opioid access and the development of standardized, context-specific pain assessment and management protocols. Incorporating psychological care into pain management is vital to address the multidimensional nature of pain and improve patient quality of life.

Incidental Renal Angiomyolipoma in a Patient with Endometrioid Endometrial Carcinoma: A case report

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Introduction and Objectives

Renal angiomyolipoma (AML) is a benign mesenchymal tumor composed of blood vessels, smooth muscle, and fat. While often asymptomatic, AMLs can present diagnostic challenges due to their heterogeneous nature. This case highlights the incidental discovery of a renal AML in a patient with a history of endometrioid endometrial carcinoma (EEC), emphasizing the importance of comprehensive evaluation in oncologic patients.

Case Report:

A 55-year-old female with a history of grade 2 EEC underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO). Postoperative imaging revealed a Bosniak III/IV cystic lesion in the left kidney. Given the complex nature of the lesion, a left partial nephrectomy was performed. Histopathological examination specimen revealed features consistent with classic renal AML, including a triphasic composition of predominant mature adipose tissue, thick-walled blood vessels, and smooth muscle cells. Immunohistochemical staining was positive for HMB-45 and smooth muscle actin, confirming the diagnosis.

Discussion:

Current literature and evidence do not support a shared genetic link between these two tumors. The concurrent occurrence of EEC and AML in a single patient is very rare and this presentation is likely coincidental. This case is being presented for its rarity. The incidental finding of a renal AML in a patient with a history of EEC emphasizes the need for thorough evaluation of abdominal lesions in oncologic patients.

Keywords: Angiomyolipoma, endometrioid endometrial carcinoma, renal cyst, nephrectomy, immunohistochemistry

A rare case of non-Hodgkin's lymphoma associated pemphigus foliaceus.

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Introduction and Objectives

Pemphigus foliaceus is a rare autoimmune blistering disease which is characterized by superficial blisters, erosions and crusts on the skin. In pemphigus foliaceus, autoantibodies bind to a protein called desmoglein-1, which is found in desmosomes in the keratinocytes near the top of the epidermis. The result is the surface keratinocytes separate from each other, and are replaced by fluid: the blister. Because the blister is very close to the surface of the skin, the blisters rupture easily. In most cases, the autoantibodies are immunoglobulin type G.

Case report

79-year-old female diagnosed with biopsy confirmed pemphigus foliaceus was on oral prednisolone with bone protection and gastroprotection. She achieved the control of pemphigus foliaceus with oral steroids as well as topical moderately potent steroid applications. she has been followed up at Dermatology clinic for one year.10 months following the initial diagnosis of pemphigus foliaceus patient developed B/L cervical lymphadenopathy, B/L axillary lymphadenopathy and left sided epitrochlear lymph node enlargement.at the same time she had a relapse of pemphigus foliaceus as well. Cervical Lymph node biopsy revealed non-Hodgkin's lymphoma with small cell morphology. Treated with chemotherapy including, IV Rituximab, Vincristine, IV Cyclophosphamide. We initiated oral prednisolone 1mg /Kg. Patient show improvement of the pemphigus foliaceus with the chemotherapy as well.

Discussion

Paraneoplastic pemphigus is the most serious form of pemphigus, is more commonly associated with malignancies, such as NHL, where as PF is seen in non – malignant cases. But given the rare association of pemphigus foliaceus with malignancies as NHL we need to consider paraneoplastic screening in a patient with atypical therapy resistance presentation of pemphigus foliaceus.

Atypical Spindle Cell/Pleomorphic Lipomatous Tuomur (Asplt) And Atypical Lipomatous Tumour (Alt)- A Case Comparison

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Introduction

The range of lipomatous tumours, both benign and malignant, differentiate from each other by subtle histomorphological features. Immunohistochemical stains and molecular markers aid in differentiation.

Case 1

A 57 year old male presented with a painless calf lump for 2 years. 2.5x2.0x1.7cm solid mass of tissue with a solid, tan cut surface was received. Microscopy revealed a proliferation of atypical spindle cells with enlarged smudgy nuclei. Floret like giant cells, lipoblasts and adipocytes were also present. Thick collagen bundles seen admixed with the atypical cells. S 100 highlighted the lipoblasts and the adipocytes. Desmin showed week focal positivity and CD 34 was positive in atypical spindle cells. This tumour was reported as lipomatous tumour favouring an ASPLT and molecular studies were recommended to exclude a ALT.

Case 2

A 62 year old male presented with a recurrent upper arm tumour, reported as a lipoma with positive margins few years back. 8x5.5x3cm sized, lobulated fatty mass was received. Microscopy revealed varying sized mature adipocytes with bland nuclei with an area showing proliferation of spindle cells with mild nuclear pleomorphism arranged in a myxoid stroma. Molecular analysis with MDM2 was inconclusive and CDK4 amplification was present. This tumour was diagnosed as a ALT.

Discussion / Conclusion

Both the tumours have similar histomorphological features up to some extent but differentiation of the two is important as ALT can undergo dedifferentiation. CDK4, MDM2 and RB 1 molecular studies are important for a definitive diagnosis. Surgical excision with clear margins and follow up is the management option in a resource poor setting.

Demographic, clinical and mycological factors associated with candidemia at National Cancer Institute of Sri Lanka

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Introduction and objectives

Candidemia emerged as a major cause of nosocomial infection in critically ill patients with malignancies.

Method

A descriptive cross-sectional study was conducted for four-months, where all the blood cultures positive for Candida species were included in the study. The associated demographic, clinical and mycological factors were analysed.

Results

During the study period, a total of 26 patients were candidemic, out of which 17 were male (65.4%). The ages ranged from 7 months to 71 years, with a mean age of 40.7 (SD 23.8). The majority (38.5%, 10/26) were from intensive care units, while 23.1% (6/26) were from haematology wards. The vast majority of Candidemia were from the haemato-oncology wards (17/26, 65.4%) while the commonest type of neoplasm was acute lymphoblastic leukaemias (8/26, 30.8%).

Associated factors of note included neutropaenia (9/26, 34.6%) and central venous lines (8/26, 30.8%). All Candidemic patients (26/26) were on broad spectrum antibiotics, with a mean duration of antibiotics of 6.6 days (SD 4.4). Twenty-eight-day mortality was 15.4% (4/26).

The commonest species isolated was Candida tropicalis (46.2%, 12/26). The majority of isolates were sensitive to fluconazole, with 19.2% (5/26) demonstrating in-vitro resistance. Among the fluconazole resistant isolates, one was on sub-therapeutic doses of antifungals prior to the episode of Candidemia.

Conclusion

Candidemia increase mortality in critically-ill and haematology populations. Consideration must be given to modify risk factors, such as reducing the use of broad-spectrum antibiotics and effective antifungal prophylaxis.

Colorectal Cancer Trends and Lymph Node Harvest: A Comprehensive Analysis from Sri Lanka's Largest Tertiary Care Center (2019-2024).

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Introduction

This study examines colorectal cancer trends in Sri Lanka (2019-2024), filling a data gap. Analyzing patients at the National Hospital, it explores demographics, surgical outcomes, and pathology, emphasizing lymph node harvesting. Findings seek to inform regional management strategies for colorectal cancer.

Method

This retrospective study analyzed 786 colorectal cancer patients treated surgically at the National Hospital of Sri Lanka (2019-2024). Using AJCC 8th edition staging, we examined demographic data, tumor characteristics, and surgical outcomes, with emphasis on lymph node harvest. Statistical analysis included generalized linear models, Kruskal-Wallis, and Chi-Square tests to assess variable associations.

Results

The majority of patients (44.9%) were aged 65-84 years (mean 62.4 years). Sigmoid colon cancers were most common (30%), with 70.3% being left-sided. Most tumors were detected at T3 stage (59.2%), with 51.1% classified as N0. Lymph node harvest was suboptimal (<12 nodes) in 42.7% of cases. Right-sided tumors showed higher lymph node yields (mean 15.59) compared to left-sided (mean 13.98) and rectal tumors (mean 11.38). Age, tumor side, tumor budding, and T stage significantly influenced nodal harvest. Invasive adenocarcinoma was the predominant histological type (90.7%). Notable percentages of cases exhibited tumor budding (41.2%), lymphatic invasion (43.5%), and venous invasion (34.7%). Most tumors were moderately differentiated (92.7%).

Conclusion

This study of colorectal cancer in Sri Lanka reveals predominant left-sided tumors, suggesting benefits of targeted screening. Suboptimal lymph node harvest in many cases necessitates improved surgical and pathological techniques. Findings inform tailored management strategies for Sri Lanka and potentially South Asia, emphasizing early detection and standardized protocols.

Evaluating antifungal utilization in paediatric oncology units at National Cancer Institute of Sri Lanka: A Point Prevalence Survey

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Introduction and Objectives

The increasing prevalence of invasive fungal infections and the rise of antifungal resistance necessitate a comprehensive understanding of antifungal prescribing patterns in healthcare settings. A point prevalence survey (PPS) provides valuable insights into the extent, indications, and appropriateness of antifungal use, which are essential for optimizing antimicrobial stewardship efforts and ensuring effective patient management.

Method

A PPS was conducted at the paediatric oncology units, where the proportion of patients on antifungals at a specific point in time was assessed. Additional data collected were diagnosis and indication, whether they aligned with the institutional guidelines, and method of prescription (empirical / proven infection / prophylaxis).

Results

Total population of patients included were 102 in-ward patients. Out of them, 17/102 (16.6%) received antifungals. Among these patients, antifungals were prescribed mostly as prophylaxis 9/17 (53%). Targeted antifungal therapy was administered to 17.6% (3/17) of patients and empirical therapy to 29.4% (5/17). The most used antifungal agent for prophylaxis was fluconazole, accounting for 41.1% (7/17) prescriptions. Amphotericin B was the predominant antifungal used for proven infections and voriconazole was the most frequently used antifungal for empiric use. The accordance with the guidelines was 94.1% (16/17). Dosing and frequency of antifungal administration were appropriate in 100%.

Conclusion

The majority received prophylactic therapy. A confirmed aetiological diagnosis was limited, necessitating empiric therapy in most. These findings underscore the need for improved diagnostic accuracy to optimise antifungal management.

An unusual presentation of primary lung adenocarcinoma of a young female.

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Introduction and objectives

Lung carcinoma is a leading cause of cancer related mortality. Pericardial effusion is a known complication of advanced lung cancer, but its occurrence as an initial presenting symptom in a young patient is rare. This case highlights the importance of considering malignancy in young patients presenting with pericardial effusion.

Case Report

A 39-year-old non-smoking previously healthy female presented with progressive dyspnea over two weeks. Physical examination revealed tachycardia, hypotension, and muffled heart sounds. Echocardiography confirmed a large pericardial effusion with signs of tamponade. Pericardial fluid cytology revealed malignant cells of an adenocarcinoma. Chest CT showed a right upper lobe lung mass and mediastinal lymphadenopathy. Biopsy of the lung lesion revealed an adenocarcinoma. Immunohistochemical studies with TTF1 and CK7 confirmed a primary lung adenocarcinoma.

Discussion:

Primary lung adenocarcinoma presenting with pericardial effusion is uncommon, especially in young, non-smoking females. Identifying malignant cells in pericardial effusion can be challenging, as reactive mesothelial cells may show morphological features such as binucleation, increased nuclear-to-cytoplasmic ratio, and prominent nucleoli which overlaps with those of neoplastic cells. Malignant pericardial effusion often indicates advanced disease and predicts a poor prognosis in lung carcinoma. This case highlights the importance of considering malignancy in young patients presenting with pericardial effusion.

Keywords: Lung adenocarcinoma, pericardial effusion, cardiac tamponade

Lymph Node Yield and Margin Clearance in Oesophageal Cancer: Influence of Surgical Techniques and Neoadjuvant Therapy

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Introduction and Objectives

Oesophagostomy remains a cornerstone in the management of localized and locally advanced oesophageal cancer (EC), with or without neoadjuvant therapy (NAT). This study investigates the relationship between surgical approach (SA), margin clearance (MC), and lymph node yield (LNY), while also assessing the impact of NAT.

Method

This study retrospectively analysed secondary data from 47 EC patients who underwent surgery at National Cancer Institute Sri Lanka from 2022 to 2025. Data collection included, SA, histology, MC, LNY, and use of NAT. Statistical analysis was performed with Chi-Square and t-tests.

Results

The surgeries included 32 Transhiatal, 8 Thoracoscopic Assisted, and 2 Ivor Lewis oesophagostomies. Of the 47 patients, 57%(n=27) were Adenocarcinomas and 43%(n=20) were Squamous Cell Carcinomas (SCC). A significant association (P<0.05) was found between gender and histology, with Adenocarcinoma being more prominent in males. Analysis of MC showed that 38 patients had negative circumferential margins, and 4 had positive margins. No significant correlation was found between SA and MC (p=0.240). The LNY was significantly higher in the non-NAT group (mean = 12.5) compared to the NAT group (mean = 9.2, p = 0.028). SA had no significant impact on LNY, with Transhiatal yielding a higher mean (10.53) than Thoracoscopic Assisted (8.7, p = 0.227).

Conclusion

SA did not significantly influence MC or LNY. Although a statistically significant reduction in LNY was noted following NAT, its clinical relevance remains uncertain, warranting further investigation into the underlying causes of this reduction to refine clinical practices and ensure optimal outcomes.

Key words: Esophagectomy, Lymph node yield, Neoadjuvant therapy, Margin Clearance

Polymyositis as a Paraneoplastic Manifestation of Ovarian Carcinoma: A Case Report

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Introduction and Objectives

Polymyositis and dermatomyositis are idiopathic inflammatory myopathies of presumed autoimmune aetiology. Among them, dermatomyositis is well known to be associated with underlying malignancy, while polymyositis is less commonly linked. However, polymyositis alone, without skin involvement, is rarely reported in association with ovarian malignancy.

Case Report:

Mrs. D, a 55-year-old teacher, was diagnosed with an endometrioid-type borderline ovarian tumour in October 2023, at T.H. Ratnapura. She underwent TAH + BSO. According to standard guidelines, chemotherapy was not indicated, and the patient was followed up with regular abdominal ultrasounds and CA 125 tests.

After one year of follow-up, the patient complained of epigastric pain, jaundice, and CBD obstruction due to a porta hepatitis lymph node mass. CA 125 was 517U/mL, total bilirubin was 283µmol/L, and direct bilirubin was 157µmol/L. She underwent ERCP and CBD stenting. A laparoscopic biopsy of the peritoneal nodules confirmed mucinous adenocarcinoma. On day 4 post-ERCP, the patient complained of difficulty walking, with progressive muscle weakness mainly affecting the proximal muscles. About three days later, she could not get out of bed. Her CPK level was 13,956mcg/L, and the diagnosis of ovarian cancer with paraneoplastic polymyositis was made.

She was initially started on oral prednisolone, By day 3 of steroid therapy, the patient showed slight clinical improvement, and CPK had reduced to 11,795mcg/L. On day 4, chemotherapy was started simultaneously with steroids: Carboplatin AUC 6, Gemcitabine 1000 mg/m² on day 1 and day 8, and Bevacizumab. Paclitaxel was not given due to high bilirubin and transaminitis. One week after chemotherapy, there was significant improvement in muscle weakness, and CPK dropped to 5,054mcg/L. Before the second cycle, CPK was 91mcg/L, bilirubin was 38 µmol/L, and AST was 168U/L. As the patient showed clinical and biochemical improvement, steroids were tapered off and stopped.

After three cycles of chemotherapy, CPK was 48mcg/L, CA 125 was 86U/mL, serum bilirubin was 20 µmol/L, AST was 52U/L, and ALT was 47U/L. After six cycles of chemotherapy, CA 125 was 36U/ mL. The patient is currently on Bevacizumab maintenance.

Discussion:

This case illustrates an uncommon presentation of polymyositis in ovarian carcinoma. Despite steroid therapy, in the feasible first instance, chemotherapy should be started, since the symptoms resolve consequently.

Physical symptom prevalence in Pediatric Onco-Palliative Patients at National Cancer Institute, Sri Lanka (NCISL)

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Introduction

Pediatric Palliative Care (PPC) in Sri Lanka is still developing, with formal services established only in 2021 and mainly limited to the National Cancer Institute (NCISL), the sole pediatric oncology center. This study aims to assess the prevalence of physical symptoms in pediatric oncology patients receiving palliative care, both during routine management and at end-of-life, to guide evidence-based improvements in PPC services.

Method

A retrospective descriptive study was conducted at NCISL, including 115 pediatric oncology patients who received palliative care between March 2021 and April 2024. A subset analysis was done on 49 inpatients who died under inpatient care. Symptom data were collected using standardized tools and analyzed using descriptive and inferential statistics. Ethical approval was obtained, and patient confidentiality was strictly maintained.

Results

Among 115 pediatric patients (70 males, 38 females), the most common diagnoses were neuroblastoma, Ewing’s sarcoma, rhabdomyosarcoma, and osteosarcoma. Pain was the most frequent symptom (90.43%), significantly associated with cancer type (p = 0.031), with 65% requiring opioids. Fatigue (65.22%), appetite loss (60.87%), and sleep disturbances (51.30%) were also common. Psychological distress affected 90.5% of patients and 86.96% of parents.

Of the 49 patients who died in care, most received palliative services only in their final month. Common end-of-life symptoms included fatigue (68.97%), dyspnea (62.07%), social withdrawal (58.62%), and pain (41.38%).

Conclusion

The study reveals a high symptom burden and delayed palliative care integration among pediatric oncology patients at NCISL. Early, comprehensive PPC—with emphasis on symptom control and psychosocial support—is vital to improving quality of life and care outcomes for children with cancer in Sri Lanka.

Rectal Carcinoma with Penile metastasis, A rare presentation

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Introduction

Penile metastases are a rare clinical presentation, most commonly originating from genitourinary malignancies. Penile metastasis arising from a colorectal carcinoma is exceedingly rare.

Case Report

We report a case of a 54-year-old male diagnosed with lower rectal adenocarcinoma. He underwent Neo-adjuvant chemo-radiotherapy, followed by abdomino-perineal resection and adjuvant chemotherapy. Six months following adjuvant treatment, he developed a biopsy-proven liver metastasis and was awaiting work up for the surgical resection of the Liver metastasis.

He then presented with a painful nodular swelling of the penis. Clinical examination revealed nodular masses throughout the penile shaft without inguinal lymphadenopathy. USS penis showed multiple peripherally located masses, with enlarged corpora cavernosa and increased vascularity. Further investigations revealed a high CEA level and CECT chest abdomen pelvis showed new multiple lung metastases, nodular lesions in corpora cavernosa of the penis, and persistent liver metastases. A penile biopsy was performed, pending histology report. The patient was started on palliative chemotherapy and planned for palliative radiotherapy.

Discussion & Conclusion

Penile metastasis is a rare manifestation of colorectal carcinoma, causing significant morbidity and associated with a poor prognosis, usually indicating disseminated disease. Treatment is typically palliative. Our case highlights this very rare phenomenon, emphasizing the fact that such a presentation could indicate a significant underlying metastatic disease burden. This underscores the need to initiate prompt treatment and effective palliation to alleviate significant patient morbidity.

Delivering Real-Time Surgical Education in Resource-Limited Settings: An Innovative Framework for Transforming Surgical Training.

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Introduction

Access to real-time surgical education remains a major challenge in low-resource settings, where traditional telemedicine options are often unaffordable due to the need for commercial-grade audiovisual equipment, high-bandwidth internet, and technical personnel. This study reports the successful implementation of a cost-effective, mobile-based model for live-streaming a round block mammoplasty and sentinel lymph node biopsy from a modestly equipped operating theatre to a lecture hall. The goal was to assess its feasibility, educational value, and potential for broader use in resource-limited environments.

Methods

Two smartphones were used to capture multi-angle video footage of the surgical procedure. Audio was transmitted using the built-in microphones, and the session was streamed via the Zoom platform (paid version with HD support). A signal booster was deployed to enhance connectivity. At the receiving site, a laptop was connected to a projector and a Bluetooth speaker, with audio managed through a moderator’s microphone. A moderator facilitated real-time interaction between the surgical team and the audience. An additional laptop was used in the operating theater for quality monitoring. Post-session feedback focused on educational value, accessibility, and technical performance.

Results

The live session was successfully conducted with minimal interruptions. Feedbacks from participants highlighted high satisfaction with video quality, interactivity, and learning experience. The multi-angle setup and live narration were particularly well received.

Conclusion

Low-cost, mobile-based surgical live-streaming is a feasible, scalable, and effective educational tool. Despite technical challenges—the model shows strong potential for expanding medical education in low-resource settings.

Symptom Burden Among Lung Cancer Patients Living Beyond Six Months Post-Diagnosis: A Cross-Sectional Study at the National Cancer Institute, Maharagama, Sri Lanka

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Introduction and Objectives

Lung cancer patients often experience persistent symptoms long after diagnosis and initial treatment. This study aimed to assess the prevalence of pain, fatigue, and activity limitations among lung cancer patients beyond six months post-diagnosis, and their associations with demographic and clinical factors.

Method

A descriptive cross-sectional study was conducted among 80 lung cancer patients attending follow-up clinics at the National Cancer Institute, Maharagama. All patients had completed active treatment at least four weeks prior. The Brief Pain Inventory, Brief Fatigue Inventory, and SF-12 were used to assess symptoms. Data were analyzed using Pearson and Spearman correlations, ANOVA, and Mann–Whitney U tests.

Results

Pain, fatigue, and activity limitation were present in 66.3%, 86.3%, and 72.5% of participants, respectively. Walking ability was the most affected domain, limited by fatigue in 70% and by pain in 63.7% of patients. Pain severity was significantly associated with disease duration (p=0.000) and gender (p=0.004). Fatigue severity also showed significant associations with disease duration (p=0.000) and gender (p=0.022). No patients were undergoing chemotherapy at the time of assessment.

Conclusion

A high proportion of lung cancer patients beyond six months post-diagnosis experience significant symptom burden, particularly in walking ability. Symptom severity was significantly associated with disease duration and gender.

Thyroid Surgery Trends and Histopathological Patterns at a National Referral Center in Sri Lanka:A Retrospective Analysis (2017–2023)

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Introduction and Objectives

Thyroid disorders represent a significant global health concern, with the rising incidence of both benign and malignant pathologies. However, comprehensive national-level data from low- and middle-income countries, including Sri Lanka, remain limited. This study aimed to evaluate demographic patterns, surgical practices, and histopathological outcomes of thyroidectomy procedures performed over a seven-year period at Sri Lanka’s largest tertiary care center.

Methodology

A retrospective cohort analysis was conducted on 2,580 thyroidectomy specimens collected between 2017 and 2023. Patient demographics, surgical indications, type of surgery, and detailed histopathological features—including tumor subtype, invasion patterns, parathyroid and lymph node detection—were analyzed. Results were compared against international clinical guidelines and global datasets to assess conformity and divergence in surgical and oncological practices.

Results

Benign conditions comprised the majority of cases, predominantly multinodular goitre, with a strong female predominance and peak presentation in middle age. Malignant cases, chiefly papillary thyroid carcinoma, occurred at a younger median age than global counterparts. Total thyroidectomy was favored for malignancy, while hemithyroidectomy dominated in benign disease. Parathyroid glands were inadvertently excised in 18.4% of surgeries, exceeding international safety thresholds. Lymph node identification occurred in only 11.9% of cases, all associated with malignancy, raising concerns over staging adequacy.

Conclusion

This study, the largest of its kind in Sri Lanka, provides critical insight into national thyroid surgical trends. Despite limitations in documentation and ancillary diagnostics, it highlights areas for protocol enhancement, including parathyroid preservation, lymph node assessment, and surgical standardization. These findings offer a foundation for improving thyroid cancer care in resource-limited settings.

Association of Upper Limb Lymphedema with Handgrip Strength, Balance, and Gait Mobility in Women Following Mastectomy: A Cross-Sectional Study at the National Cancer Institute, Sri Lanka

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Introduction and objectives

Upper limb lymphedema (ULL) is a common post-mastectomy complication, resulting from lymphatic disruption due to cancer treatments, causing arm swelling, pain, and discomfort. This study aimed to investigate its association with handgrip strength, balance, and gait mobility in post-mastectomy women.

Method

A descriptive cross-sectional study was conducted, recruiting 64 women aged 18-60 with unilateral ULL within one year post-mastectomy, from the National Cancer Institute, Maharagama. ULL was assessed using the inter-limb volume (ILV) ratio derived from circumferential measurements. Handgrip strength and gait mobility were evaluated using a handheld dynamometer and the Timed Up and Go (TUG) test, respectively. Balance was measured with the Single Leg Stand Test (SLST) and Fullerton Advanced Balance Scale (FABS). Correlations were analyzed using Spearman's correlation in SPSS v22.

Results

Participants exhibited a mean ILV ratio of 29.55±13.28%. Mean handgrip strength was 7.42±5.00kgf (affected side) and 10.05±4.24kgf (unaffected side). Mean SLST times were 19.06±15.38 seconds (eyes-open) and 4.90±2.08 seconds (eyes-closed). Mean FABS score was 32.05±5.28. Mean TUG time was 15.79±3.81 seconds. No significant correlation was observed between ILV ratio and handgrip strength (affected side: rs=-0.039; unaffected side: rs=-0.218; p>0.05). However, ILV ratio correlated negatively with SLST (eyes-open: rs=-0.394, p=0.001; eyes-closed: rs=0.296, p=0.018) and FABS scores (rs=-0.285, p=0.023), and positively with TUG (rs=0.305, p=0.014).

Conclusion

ULL negatively affects balance and gait mobility in post-mastectomy women. Therefore, interventions should focus on enhancing balance and mobility to improve functional capacity in women with ULL.

Patient Satisfaction in Surgical Oncology Care at National Cancer Institute, Sri Lanka: A Cross-Sectional Study

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Introduction and objectives

Patient satisfaction is a key indicator of healthcare quality, particularly in oncology, where care is complex and emotionally demanding. In Sri Lanka, limited data exist on satisfaction within surgical oncology services. This study evaluated patient satisfaction across seven domains using the PSQ-18 tool and examined associations with sociodemographic characteristics and disease awareness.

Methods

A descriptive cross-sectional study was conducted over six weeks, involving 100 patients receiving surgical oncology care at the National Cancer Institute, Sri Lanka (NCISL). Data were collected using an interviewer-administered, two-part questionnaire: Part 1 gathered sociodemographic details and disease awareness; Part 2 comprised the validated PSQ-18 tool. Data were analyzed using SPSS, applying descriptive statistics and non-parametric tests (Mann-Whitney U, Kruskal-Wallis, Spearman's correlation).

Results

Participants reported high overall satisfaction. Satisfaction was assessed across seven PSQ-18 domains: General Satisfaction, Technical Quality, Interpersonal Manner, Communication, Financial Burden, Time Spent with Doctor, and Accessibility/Convenience. Each was rated on a 5-point scale. The highest mean scores were for Interpersonal Manner (4.96 ± 0.16) and Time Spent with Doctor (4.89 ± 0.32), while the lowest was for Accessibility/Convenience (4.25 ± 0.67). No significant associations were observed between satisfaction and sex, education level, or awareness of diagnosis/metastasis. A significant association was found between age and satisfaction with Technical Quality (p = 0.025), with lower ratings among patients aged 40–49.

Conclusion

Patients reported high satisfaction, especially in interpersonal and clinical domains. Improving accessibility and logistical coordination could further enhance the care experience and overall service quality.

Analysis of Survival Data in the Presence of High Censoring: Case Study on Childhood Acute Lymphocytic Leukaemia Patients

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Introduction and objectives

Cancer treating units in Sri Lanka has high volumes of data which are often incomplete due to varied reasons. This study aims to illustrate some statistical measures that can be used to describe the outcomes and risk factors for mortality in incomplete data sets through traditional and machine learning survival models.

Method

A dataset of 1567 patients diagnosed with ALL between 2016 to 2023 at the Maharagama National Cancer Institute, was analysed with a censoring rate of 83%. To handle high censoring, data was weighted using Inverse Probability of Censoring Weighting (IPCW) technique, which adjusts for censoring imbalance in survival analysis. Six survival models were evaluated using the concordance index and time-dependent AUC: Cox Proportional hazard, Cox with Elastic net regularization, Cox-Boost, Survival tree, Random Survival Forest (RSF) and Survival Support Vector Machine.

Results

Risk stratification showed a significant difference in 5-year survival outcomes, with low-risk group achieving a survival rate of 89.2%, compared to 76.5% in the high-risk group. B-ALL patients had a better 5-year survival (83.4%) than T-ALL patients (78.5%). The RSF with IPCW outperformed all the other approaches. Through the Kaplan-Meier analysis, the overall 5-year survival (standard cutoff for survival) for ALL was 83.49%. This closely align with the RSF’s estimate of 83.37%, which incorporates covariate information. Feature important analysis identified initial white blood cell count, risk stratification and age at diagnosis as significance risk factors.

Conclusion

In presence of high censoring, RSF with IPCW accurately predicts survival and identifies critical ALL risk factors.

Association of HER2 Status with Clinicopathological Features in Breast Cancer Patients in Sri Lanka

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Introduction and objectives

Clinical and histopathological parameters of breast cancer are important in predicting disease progression and determining therapeutic strategies. This study was aimed at investigating the association between HER2 status of breast cancer and selected clinicopathological characteristics such as age at diagnosis, tumour size, pathological tumour stage, lymph node involvement, and hormone receptor status among a Sri Lankan breast cancer cohort.

Methodology

The retrospective observational study utilized clinicopathological data corresponding to samples obtained from the University Hospital, Sir John Kotelawala Defence University laboratory. The study cohort consisted of 30 HER2-positive and 60 HER2-negative breast cancer cases, and the data were analysed using IBM SPSS statistical software. The characteristics were assessed using Fisher’s exact test.

Results

A statistically significant association was observed between HER2 status and tumour size (p = 0.004), with comparatively smaller tumour sizes identified in HER2-positive breast cancer patients as opposed to HER2-negative cases, contrasting with established global trends. In addition, a significant association was noted between HER2 status and the Ki-67 index (p = 0.022), confirming the aggressive proliferative behaviour of HER2-positive tumours compared to HER2-negative tumours. However, no significant associations were observed between HER2 status and other tested clinical and histopathological characteristics, including pathological tumour stage, lymph node metastasis, age at diagnosis, and hormone receptor status (ER and PR).

Conclusion

The study highlights the relationships between HER2 status and tumour characteristics, particularly tumour size and proliferation rate in Sri Lankan breast cancer cohorts, underscoring the importance of these associations for guided treatment strategies.

Key words: Histopathological Characteristics, HER2 status, Proliferative index, Tumour size

Complete Hydatidiform Mole Presenting as a Suspected Missed Miscarriage: A Case Report

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Introduction and objectives

Hydatidiform mole, also known as molar pregnancy, is a rare but clinically significant form of gestational trophoblastic disease (GTD), often presenting with vaginal bleeding and abnormally elevated serum beta-hCG levels and is characterised by a classic ‘snowstorm’ or ‘grape-like’ appearance on ultrasound. It is classified into two types: complete and partial moles.

Case Report

A 24-year-old primigravida woman presented at 9 weeks’ gestation with a two-day history of abdominal pain with mild vaginal spotting. Abdominal examination revealed no tenderness or palpable masses. Pelvic examination showed a closed cervical Os with mild bleeding. An initial diagnosis of missed miscarriage was made. However, a third ultrasound, revealed a suspicious vesicular pattern. Given the clinical and radiological findings, serum beta-hCG was tested, and found to be 49,000 mIU/mL. Intraoperative findings showed a vesicular appearance of uterine contents, prompting a profuse curettage. Histopathological examination confirmed the diagnosis of a complete hydatidiform mole.

Discussion

This case highlights the importance of maintaining a high index of suspicion for GTD, in patients presenting with abnormal vaginal bleeding and high beta-hCG in early pregnancy. While imaging is a useful tool, it may not always detect a hytadiform mole, especially in the early stages. A multidisciplinary approach and timely intervention are crucial for accurate diagnosis, effective management and appropriate follow-up.

Conclusion

Hydatidiform mole is commonly underdiagnosed condition in early pregnancy, particularly in low-resource settings where access to diagnostic tools such as beta-hCG testing and imaging may be limited. This case highlights the importance of clinical history, timely investigation, and quick intervention to prevent complications such as persistent GTD.

Financial Toxicity and Its Socioeconomic Determinants in Colorectal Cancer Patients: A Sri Lankan Cohort Study

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Introduction and objectives

Financial toxicity (FT) is increasingly recognised as a critical dimension of cancer burden, particularly in low- and middle-income countries. This study assessed FT and its sociodemographic determinants among colorectal cancer (CRC) patients in Sri Lanka.

Methods

Cross-sectional study was conducted among 62 CRC patients at the National Hospital, Sri Lanka. Data were collected via interviewer-administered questionnaires. FT was assessed using the validated FACIT-COST Version-2 instrument (lower FACIT-scores indicate higher FT). Statistical analysis included Mann–Whitney U tests, Spearman correlations, and multivariable regression.

Results

The cohort included 25 females (40.3%) and 37 males (59.7%). Most (64.5%) were diagnosed within the past year. The mean age of onset was 59.7 years. The mean FACIT-score was 20.39, indicating mild-to-moderate FT. Median patient-delay and diagnostic-delay were 31 days and 155 days, respectively. Key financial concerns included transport (40.3%) and investigations (22.6%). Only 11.3% had health insurance; 58.1% lived below the national poverty-line, and 79% reported financial hardship.

FACIT-scores were significantly lower among those below the national poverty-line ($p = 0.042$), with financial hardship ($p = 0.002$), among females ($p = 0.021$), and those without children ($p = 0.017$). A near-significant negative correlation was found between diagnostic-delay and FT ($\rho = -0.248$, $p = 0.052$). On multivariable analysis, financial hardship was the only independent predictor ($\beta = -6.68$, $p = 0.006$).

Conclusions

CRC patients in Sri Lanka experience significant FT. Poverty, lack of insurance, and financial hardship were key contributors, highlighting the need for targeted financial support strategies in oncology care.

Conflict of Interest: The authors declare no conflicts of interest.

Pain and Emotional Symptoms in Metastatic and Non-Metastatic Breast Cancer: A Retrospective Study.

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Introduction and objectives

Physical and psychological distress is common among cancer patients with breast cancer(BC) who experience pain and emotional disturbances. The symptoms can interfere with the perception of pain, but the pain intensity(PI) and its connection to the psychological symptoms(PS) can be different in patients with metastatic breast cancer(MBC) as well as non-MBC. The objective of the study is to discuss the association between the PI and PS in patients with MBC in comparison with those with non-MBC.

Methods

This is a retrospective study of the secondary data; based on the 2024/2025 registry of the pain clinic, considering 155 patients diagnosed with BC who had undergone mastectomy or wide local excision (WLE). The assessments of PI and PS were taken at reregistration, the relationships between the PI and PS of metastatic and non-metastatic groups were examined using a Pearson correlation analysis.

Results

Mean age was 55.8 years (SD 8.6), and 52.0 years (SD 9.0), in MBC patients (n=62) and non-MBC patients(n=92), respectively. 77.4% of the patients has undergone mastectomy. PI and PS in metastatic patients demonstrated higher levels of correlations, i.e., low mood (r=0.75), irritability (r=0.70), sleep disturbances (r=0.68). In Non-MBC patients, were also weaker but significant correlations with irritability (r=0.50), disturbance of sleep (r=0.48), and sleep disturbances (r=0.52).

Conclusion

A strong relationship was found between PI and PS in MBC patients, with significant correlations to low mood, irritability, and sleep disturbances. These findings suggest MBC patients may have a stronger emotional response to pain, highlighting the need for integrated care addressing both physical and mental aspects.

Retrospective Analysis of the Effectiveness and Safety of Adding Trastuzumab to Chemotherapy in Early Her2-Positive Breast Cancer: Real World Data from a Sri Lankan Setting

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Introduction and objectives

The addition of trastuzumab to chemotherapy is standard for early Her 2-positive breast cancer, with clinical trials demonstrating significant reduction in risk of recurrence and death. This study evaluates the effectiveness of adding trastuzumab to chemotherapy in early breast cancer in a tertiary care setting.

The primary objective was to compare disease-free survival (DFS) between patients treated with trastuzumab in combination with chemotherapy vs chemotherapy alone.

Secondary objectives were to compare overall survival (OS) and evaluate the cardiac toxicity of trastuzumab.

Methods

This retrospective cohort study reviewed clinical records of breast cancer patients registered in 2016-2017. Non-metastatic Her2-positive patients who underwent curative surgery were included. Exclusions were male patients, bilateral breast cancer with one Her2-negative tumour, or no curative surgery.

Results

A total of 86 patients with early Her2-positive breast cancer were included, of whom 51 received trastuzumab with chemotherapy and 35 received chemotherapy alone. At a median follow-up of 6.64 years, the 5-year DFS was 84% in the trastuzumab group compared with 82.9% in the no-trastuzumab group; however, this difference was not statistically significant (p=0.83; HR 0.897, 95% CI 0.31-2.58).

The 5-year OS was 94% in the trastuzumab group vs 94.3% in the no-trastuzumab group, also without a statistically significant difference.

Also, no significant difference in cardiac toxicity was observed between two groups.

Conclusion

This study was limited by missing data (~40% of records), small sample size, and potential selection bias. The findings were not fully consistent with results from randomized clinical trials, likely due to these constraints.

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