

THE NATIONAL CANCER CONTROL PROGRAM: SHORT, MEDIUM AND LONG TERM ACTION PLAN FROM THE GLOBAL PERSPECTIVE

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11 million people in the world get cancer each year while 7 million pass away due to it. The number of cancer patients as of the year 2005 is 25 million. That the disease is 80% diagnosed in advanced phases, which means more incidences and much more economic burden, makes the situation far more serious in the countries with low or middle income levels. Another important point is that 3 out of every 5 cancer incidences appear in these countries. As long as the disease maintains its rate of increase, by 2030, 27 million people will be diagnosed of cancer and 17 million dead in each year whereas the number of incidences will reach 75 million. The backbreaking effect of cancer, which still causes deaths more than the total number of deaths of tuberculosis, AIDS and malaria, on society gradually increases and cancer control policies on both at national and global levels become urgent. Although 80% of incidences are diagnosed in countries with low or middle income levels, their share of the total amount of money spent on fighting against cancer all over the world is 10%. Therefore it is essential that cancer control policies be organized as preventative programs and focus on early detection and screening.

The increase in the percentage of elderly population, smoking, malnutrition and some infections play role in the swift increase in the number of cancer incidences.

Especially smoking, which is the cause of 150 million cases of infant mortality due to premature birth every year, is responsible for 30% of cancer deaths. Between 2000 and 2025, 150 million people will die due to diseases with smoking-related causes. It is expected that the number will reach 300 million between 2025 and 2050 and that more than half a billion people will die of smoking between 2050 and 2100. In overall,

more than 1 billion people, increasing ten folds compared to the previous century, will lose their lives due to smoking in the 21st century. The relationship between smoking and cancer is so obvious that in the last 10 years, there is a 10% decrease in the number of cancer incidences in countries where there is tobacco control.

In designing of national cancer control programs, not only control programs on a global basis but also our national opportunities and human resources should be taken into consideration in order to be realistic.

But before, it is vital to collect correct information concerning the rate of cancer incidences in Turkey besides detecting how many cancer patients we have. For this reason, cancer registration centers, which will reflect and transfer correct and reliable data in relation to cancer incidences in Turkey by applying global registration methods, have been opened, as is the case in all around the world. In addition to 8 provincial centers operating according to the CANREG-4 system, new centers in 6 provinces will be opened in the near future, which in total makes 14 centers enabling dataflow. Data provided by two of our centers have been globally accepted and for the first time included in Cancer Incidences in Five Continents by WHO, which is discussed in other chapters.

With regard to the data provided by these centers, cancer mortality rates in Turkey are unfortunately not very reliable owing to disruptions in our mortality records. Although we have mortality rates on the basis of hospitals, we should also be able to provide reliable data concerning cancer mortality, as we do for medium and long-term cancer incidences.

The Cancer Control Program, which is carried out by a large work group, aims at focusing on screening and preventing cancer besides making facility access easy by improving treatment standards. It is essential for the national cancer control program to be compatible with the health conversion program and family medicine in order to attain its goals. For this reason, family doctors continue to be trained and informed on preventative methods and screening.

There exist significant insufficiencies in human resources in terms of preventing and screening cancer. As for preventative approaches, it is important to inform citizens of tobacco control and nutrition in coordination with the Ministry of Health, Primary Health Care Services. It is vital that the Grand National Assembly comply with the tobacco control framework contract and enact the relevant laws as soon as possible. Moreover, for the purpose of using mass-media as a means to prepare and inform people on this issue, an action plan will be implemented. Up to now, national standards regarding breast, cervical and colorectal cancer screening that are also in the agenda of European

Union countries, have been fulfilled. Stomach cancer, which has increased in the last few years, is also included in the program. Yet unfortunately, we do not have enough radiologists to make radiological assessments in breast cancer screening and pathologists to assess PAP Smear tests in cervical cancer screening. We have 800 pathologists at present, which is insufficient to screen 11,000,000 women in every five years. Therefore, training general practitioners and family doctors and enabling them to attend cancer-screening processes are the medium-term goals. On the other hand, transmitting of screening materials, such as mammography and smear, to “Assessment Centers”, which are to be established, or to screening experts as well as reporting of these studies via the same method, called “Tele-Medicine”, are aimed at in the long term. Besides, steps are taken to train personnel on cytotechniques. In order for the screening programs to be smoothly carried out, the service is free of charge. Furthermore, it is intended to establish Cancer Early Diagnosis and Screening Centers (KETEM) in all cities (at least one in each) for infrastructural support. The number of these centers, whose actions and research are discussed in this book, has reached 49. They aim at screening 35% of the target population in the short and medium-run whereas at least 80% in the long term.

The map below is regarded as a basis for easy access of 150,000 recently- diagnosed cancer patients to therapy centers each year.



This map, which shows the population and cancer incidences in each district, is prepared in line with the Health Transformation Project of the Ministry of Health and on the basis of the map prepared in view of patients' access to the service.

We presently have cancer centers in 29 university hospitals, including one private, 12 Ministry of Health Training and Research Hospitals and 3 big private hospitals, where 175 medical oncologists, 97 pediatric oncologists, 306 radiation oncologists, 88 radiation physicians, 525 oncology nurses, 50 psychologists and 23 social service experts work. As is obvious from the numbers, we currently have almost one third of the human resource needed. Reaching the target numbers requires university hospitals to make serious attempts in order to increase their utility ratio. However, the most urgent problem is the lack of radiation physicians, which seriously affects patients' access to radiotherapy. In relation to this issue, new definitions of occupations such as dosimetrist will be made and the human resources capacity will be increased in the medium term in coordination with TAEK. In consideration of the fact that 52% of all cancer patients need single and 25% need two radiotherapy cures, it is unavoidable to increase the capacity in this area. As for providing radiotherapy equipment, the Ministry of Health is planning to launch a project to increase employment without making any significant investments, similar to those projects conducted for other radiology equipment. Our medium-term target is to open in line with regional planning 17 comprehensive diagnosis and treatment centers and 54 cancer centers, and 14 cancer treatment centers are going to be opened in the medium term in order for all cancer patients to access treatment easily.

The long-term outcome of the National Cancer Control Program (UKKP), on the other hand, is a 15% decrease in smoking-related cancers and 10% in all types of cancer, thus a decrease in the cancer mortality.

It is also essential to keep in touch with international institutions, especially with WHO-IARC and MECC, which will assist us not only to attain these goals but also to follow every global step and apply in Turkey in order to fight against cancer.

The successful achievement of the targets of the UKKP will be possible with the continuation of the program in cooperation of all relevant institutions. Any failure in this program means that Turkey will suffer serious cancer problems in the future.