

Cancer Screenings in Primary Care in Türkiye

Türkiye’de Birinci Basamakta Kanser Taramaları

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Dear Editor,

According to the World Health Organization (WHO), cancer has become a significant global health issue. In 2020, there were approximately 19.3 million new cases of cancer worldwide, representing an increase compared to the 18.1 million cases reported in 2018. Cancer is one of the leading causes of death globally, with approximately 10 million people dying from it in 2020. The most common types of cancer worldwide are lung cancer, breast cancer, colorectal cancer, prostate cancer, and stomach cancer.¹

For up-to-date data on cancer incidence in Türkiye, they can consult the Turkish Cancer Statistics report. According to the 2018 report, 165.093 new cancer cases were detected in Türkiye. The incidence of cancer in Türkiye varies depending on factors such as gender, age, geographical region, and others. Therefore, cancer control and early diagnosis programs are of paramount importance.² Table 1 presents the percentage rates and incidences of common cancer types worldwide and in Türkiye.^{1,3}

Table 1. The percentage rates and incidences of common cancer types worldwide and in Türkiye.^{1,3}

Worldwide		Türkiye	
Type of cancer	Percentage Ratio	Type of cancer	Percentage Ratio
Lung cancer	11.6%	Breast cancer	21.8%
Breast cancer	11.7%	Lung cancer	10.5%
Colorectal cancer	10.0%	Colorectal cancer	8.6%
Prostate cancer	7.1%	Gastric cancer	6.5%

Cancer screening is performed at all levels of the health system in many countries. It is also carried out in secondary and third-tier health facilities, along with family medicine, which is the basic unit of the first-tier medical facilities. According to the Family Medicine Practice Regulation in Türkiye, cancer screenings are among the duties, authorities, and responsibilities of family physicians.⁴⁻⁶

It is aimed to reduce carcinogen exposure and cancer burden in residential areas and cancer screening programs have been

implemented with the joint efforts of all health institutions. The primary objective of cancer screening programs is to ensure early diagnosis and treatment. In terms of primary health care services, 3 main cancer screening programs are actively and widely practiced in Türkiye. These are breast, cervical and colorectal cancer screening programs. Table 2 shows the information brochure published by the Ministry of Health of the Republic of Türkiye.⁵

Table 2. Cancer Screenings in Primary Health Care Organizations in Türkiye (Brochure obtained from the Ministry of Health, General Directorate of Public Health, Department of Cancer).⁷

Breast cancer	Cervical cancer	Colorectal cancer
20 and above *Breast self-examination once a month *Breast examination at a healthcare organization every 2 years 40-69 years: *Breast self-examination once a month *Breast examination at a healthcare organization once a year *Mammography once in 2 years	Women aged 30-65 (every 5 years): *HPV - DNA Test *Smear Test	Men and women aged 50-70: *Fecal Occult Blood Test once in 2 years *Colonoscopy once in 10 years

Breast Cancer Screening Program

Women aged between 20 and 40 years are required to undergo self-examination for breast cancer, the most common type of cancer in women, as well as medical examinations once a year for those with a history of breast cancer and twice a year to those with history of cancer. For all women between the ages of 40 and 69, physician examinations should be performed once a year and mammography should be performed once every two years.^{5,6}

The cancer screening programs in Türkiye are organized by District Health Directorates (DHS) in cooperation with Family Health Centers (FHC) and Cancer Early Diagnosis, Screening, and Education Centers (KETEM). Patients determined in accordance with the criteria are selected by family physicians and their transportation is organized by the FHC or KETEM on certain days and hours.⁵⁻⁷

Cervical Cancer Screening Program

Cervical cancer screening is widely used for early diagnosis due to its simplicity and lack of invasive procedures. As with all screening programs, the main objective is early diagnosis and treatment of the target population. The Papanicolaou test (PAP Smear test) or Human Papilloma Virus test (HPV test) is performed in women aged 30-65 years. Positive results are referred to a gynecologist and the treatment process is planned. If the test is negative, the test must be repeated every 5 years. Women with at least the last two scans with normal results are removed from the scan program after they reach the age of 65.^{5,8}

Colorectal Cancer Screening Program

Colorectal cancers are rare under the age of 40, but the greatest risk factor for sporadic cancers is older age. After turning 40, the incidence starts to increase significantly.^{9,10} The primary screening with a fecal occult blood test (FOBT) in Türkiye is initiated at the age of 50 and patients with two negative FOBT tests are excluded from the screening program.⁵

A single result is not sufficient for this test, which is why it is more suitable to assess on 3 consecutive days. Family physicians engage in this part of the screening, and the results of a single FOBT are entered into the patient's examination data and the results are submitted to the Ministry of Health. Colonoscopy every 10 years, another screening method, is recommended for all individuals over the age of 50, and a biopsy can be conducted in suspicious cases.^{5,9}

In Türkiye, a study of 5,204 people found that a significant proportion of the general population suffers from a lack of knowledge about early diagnosis of cancer. The study findings showed a positive correlation between individuals with a familial history of cancer and their enhanced understanding of cancer screening tests, as well as their increased frequency of undergoing these screenings.¹⁰

To enhance public engagement in cancer screening, various strategies can be employed. These include organizing awareness campaigns, providing accurate and comprehensive information through educational programs, motivating celebrities and community leaders to support the cause, facilitating easy accessibility to screening services, implementing incentivizing approaches, expanding health insurance coverage, establishing social support groups, fostering collaborations at

local levels, employing personalized communication strategies, offering financial assistance, and ensuring continuous monitoring and evaluation. These efforts aim to actively involve the public in screening programs, foster public interest in cancer screening through health education and mobile outreach tools, and promote active cancer registry for obtaining reliable and comprehensive cancer statistics from the Ministry of Health, as well as data for the International Cancer Research Institute (ICAR). Encouraging participation in cancer screening programs is crucial in achieving these objectives.

As a result, in Türkiye, although cancer screening is carried out at all levels of healthcare, it will be possible to do and increase the number of these screening at the basic health services where the public has the easiest and most convenient access to the health system. Screenings for 3 types of cancer are commonly performed in primary healthcare services in Türkiye, and efforts should be made to increase the number of these screening programs and to increase public participation.

Conflicts of Interest

The authors declare that there is not any conflict of interest regarding the publication of this manuscript.

Authors' Contributions

Concept/Design: İF. Data Collection and/or Processing: İF. Data analysis and interpretation: İF. Literature Search: İF. Drafting manuscript: İF.

REFERENCES

1. World Health Organization (WHO). (2021). Cancer. <https://www.who.int/news-room/fact-sheets/detail/cancer>. Accessed 11 June, 2023.
2. Turkish Ministry of Health. (2018). Cancer Statistics in Turkey 2018. Retrieved from <https://kanser.gov.tr/Dosya/ca2018.pdf>. Accessed 11 June, 2023.
3. Türkiye Halk Sağlığı Kurumu (TÜRKHAS). (2022). Türkiye Kanser İstatistikleri 2021. <https://kanser.gov.tr/Dosya/turkkanseristatistikleri-2021.pdf>. Accessed 11 June, 2023.
4. Aile Hekimliği Uygulama Yönetmeliği. Resmî Gazete Tarihi: 25.01.2013 Resmî Gazete Sayısı: 28539. <https://www.resmigazete.gov.tr/eskiler/2013/01/20130125-26.htm>. Accessed 15 October, 2022.
5. Ulusal Kanser Tarama Standartları. T.C.Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü Kanser Dairesi Başkanlığı. <https://hsgm.saglik.gov.tr/tr/kanser-tarama-standartlari/listesi.html>. Accessed 15 October, 2022.
6. Kozan R, Tokgöz VY. Türkiye'de Meme Kanseri Farkındalığı ve Tarama Programı. *Acıbadem Üniv. Sağlık Bilim. Derg.* 2016;7(4):185-188.
7. Kayhan A, Arıbal E. Meme kanseri taraması: Neden yapıyoruz? Ne zaman? Değerlendirmede yaşanan sorunlar. *Trd Sem.* 2014;2(2):230-240.
8. Göksalan H, Uyar EE. Pap smear ile servikal kanser taraması. *Türk Aile Hek Derg.* 2004;8(3):105-110.
9. Kanser Taramaları Yaptırmak. T.C. Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü Kanser Dairesi Başkanlığı. <https://hsgm.saglik.gov.tr/tr/kanserden-korunma/kanserden-korunmalist/kanser-taramalarini-yaptirmak.html>. Accessed 15 October, 2022.
10. Bayçelebi G, Aydın F, Gökosmanoğlu F, Tat TS, Varım C. Trabzon'da Kanser Tarama Testleri Farkındalığı. *Journal of Human Rhythm.* 2015;1(3):90-94.