

Cancer Early Diagnosis, Screening, and Education Centers in Turkey

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Editorial

For the prevention of cancer, WHO has implemented action plans against the main preventable risk factors of cancer (tobacco, obesity, etc.). Implementation of early diagnosis and screening programs are recommended in addition to these action plans, which are within the scope of primary protection [1].

The early diagnosis and screening programs for cancer are executed by the Cancer Early Diagnosis, Screening, and Education Centers (Turkish: Kanser Erken Teşhis ve Tarama ve Eğitim Merkezleri - KETEMs) affiliated with the Community Health Centers, which are the administrative part of the primary health care services in Turkey. KETEMs implement the National Cancer Screening Program. The first phase of our National Cancer Control Program was conducted between 2008 and 2013. The standards of the National Cancer Screening Program were revised in light of the experience gained in the previous phase and the recommendations of the relevant national professional associations and international contributors (IARC-International Agency for Research on Cancer, USNCI- the US National Cancer Institute, Catalan Institute of Oncology of Spain and the European Union Cancer Screening Specialists); the second phase (2013-2018) has started. Within the scope of this program, breast, cervix, and colon cancer screenings have been performed at KETEM. Screening for breast cancer involves mammography every 2 years in women aged 40-69 years of age; screening for cervical cancer involves

pap smear and HPV-DNA test every 5 years in women aged 30-65 Years; screening for colon cancer involves Fecal Occult Blood Test (FOBT) every 2 years for men and women between 50-70 years of age. KETEMs educate applicants about cancer first and then screen them for breast, cervical and colon cancers. The mammograms are evaluated as double blind at the National Screening Mammography Reporting Center in Ankara. HPV-DNA samples are evaluated in National HPV Laboratory in Ankara. These reports are communicated to the family physicians of the applicants. FOBT is done with kits and interpreted by the health personnel; results are given to the applicant instantly. The applicants with BIRADS 0, 4, 5 in breast cancer screening, HPV-DNA positive in cervical cancer screening, and positive FOBT in colon cancer screening are referred to specialists for further evaluation and treatment [2].

It is envisioned that new cancer cases, incidences of late diagnosis, and associated deaths will decrease with the increased rates of cancer screening [1-3].

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