

## LETTER to the EDITOR

## Specialist Physicians Should be Aware of the National Cancer Control and Screening Program: A Report from Medical Oncologists in Turkey

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### Dear Editor

Although cancer is a preventable and treatable disease, it remains one of the most common causes of death (Jemal et al., 2008). Screening and early detection are eligible for some cancers (Bevers et al, 2009; Arbyn et al., 2010). Cancer screening and national cancer control programs have grown up slowly in developing countries among oncology specialist and other physicians (Sadikoglu, 2010).

KETEM is the comprehensive name of cancer early detection, screening and education center in Turkish (<http://www.ketem.org/>). Medical oncologist focuses on systemic treatment of cancer with any stage. Nearly 200 medical oncologists have been working in Turkey and distribution of them is not well balanced. They cumulated in Western Turkey and big cities such as Istanbul, Ankara and Izmir. We concern in this survey what about interest of Turkish medical oncologists on cancer control and screening programs in Turkey.

We therefore carried out a questionnaire about Turkish screening organization by e-mail. We received 64 completed forms from 17 cities. Our questionnaire had fourteen questions, five about personality characteristics others about knowledge of population based screening and national cancer control efforts. Median age is 40 years with range 28 to 62. Males were 45 of 64. They have got median 7 years (1-30) experience in medical oncology. Four physicians (6.3%) had not heard about KETEM. While 84.4% of them informed about localized any KETEM in their city, only 20.4% had cooperated to KETEM for any effort (Table 1).

Some 79.7 percent of medical oncologist used any screening test in last year; majority of them is mammography. They indicated high level of knowledge about screening with median 6 score (range 2-7) and average point (median 4, range 1-7) about national standard for cancer screening on visual score board from 1 to 7, called uninformed 1 and well informed 7. They indicated 4 point (1-7) about their ability for population based screening in their workplace on a visual board from 1 to 7, 1 is insufficient, 7 sufficient. In conclusion; Function of KETEM is well known by Turkish oncologist, level of knowledge cancer screening is sufficient but discriminations of based population or opportunistic screening and knowledge about national standards are not adequate. Berry et al reported that both of screening and

**Table 1. Knowledge about KETEM**

	n(%)
Knowledge that KETEM established in their city (n=64)	
I know, Yes.	54 (84.4%)
I know, Absent.	3 (4.7%)
I don't know	3 (4.7%)
I didn't hear anything about KETEM	4 (6.3%)
Source of knowledge (n=60)	
Experience of working together	13 (21.7%)
Congress and symposium	24 (40.0%)
Internet	10 (16.6%)
Others	13 (21.7%)

adjuvant treatment decrease rate of breast cancer mortality in United States. So that Medical oncologist should be aware screening and national cancer control effort.

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**Hasan Şenol Coşkun<sup>1\*</sup>, Dilek Coşkun<sup>2</sup>, Sema Durak<sup>2</sup>, Selda Aydın<sup>2</sup>, Mustafa Yıldız<sup>3</sup>**

<sup>1</sup>Akdeniz University Dept. of Medical Oncology, <sup>2</sup>Antalya KETEM, <sup>3</sup>Antalya Research and Education Hospital Dept. of Medical Oncology, Antalya, Turkey. \*For correspondence : [hscoskun@yahoo.com](mailto:hscoskun@yahoo.com)