

CANCER TREATMENT CENTERS AND ONCOLOGY INSTITUTES IN TURKEY *

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CANCER CENTERS

Issues such as the technological changes in the area of health, which are exiting and yet expensive and difficult to control, such as the explosion of biotechnology, tele-medicine in the area of communication, and web-based information resources; the increasing importance of the team perspective that is less thought in the classical medicine training; the fact that the continuously changing expensive information systems have become indispensable; political and legal issues like cost-public sensitivity, and malpractice; demographic changes related to life duration and cost of individual upon society; problems related to the question how the poor should gain health, although the insurance sector develops and becomes commonplace; the fact that doctor-patient relations becomes sort of an industrial relation with increasing group practices and with a culture of companization; the significance of the relationship between structure-process-output-impact in the quality of care have initiated serious changes in the health system in the recent years;. It is crucial that these changes are well understood, that they are monitored and that the health services are improved by harmonizing with them. It will cause great problems if the change in question is not well monitored.

While cancer ranking the second among mortality reasons reaches cardiovascular reasons ranking the first, the difference between developed countries and developing countries brings the question of how the latter will benefit from the developments in the area of oncology of the fore more than before. For this reason, it is important that those dealing with oncology and especially those working in the area of management regularly make evaluations on oncology institutions under their areas of responsibility.

In Turkey, majority of the oncologists generally work in large centers having high standards. Well, is there any problem of "standards" in the centers oncologists work in Turkey? If yes, which standards are more appropriate? Who shall set these standards and how, and how shall these standards be raised? Cancer patients, on the other hand, generally want to go to experienced and large centers. This is the reason behind rushing into large cities. Well, which one is the experienced center? Is being large and old a guarantee of being experienced? These questions must be explicated and answers must be searched for.

American Cancer Society recommends the patients the following in relation to the question; "How do you choose the correct hospital?" Does the hospital you will go have accreditation? Does the hospital have the sub-units that would be necessary at any stage of the treatment? The units, the existence of which should be questioned are the following: Pathology, Clinical Pathology Laboratory, Blood Bank, 24-hours physician, Tumor council, (multi-disciplinary), Social services, Department of Respiratory System treatment, Rehabilitation department, Advanced diagnosis devices (MRI, CT, PET), Advanced treatment equipment (Laser, radiation devices), Intensive care unit, Emergency service, Anesthesia Department.

On the other hand, Cancer Commission of American College of Surgeons, having 30 professional society members, sets rules and guides for cancer diagnosis/treatment. It approves the diagnosis and treatment programs of Cancer Centers. This commission requires that the treatment be carried out with the most current devices, that each patient have a monitoring program having continuity and giving the opportunity of determining the patient's recurrences, that there be tumor councils, and that it supports the programs on services of protection, screening, nutrition suggestions, access to society and support. In addition, in the USA case, the American National Cancer Institute supports the institutes with a focus of research for scientific perfection and integration of different research programs. This institution approves cancer centers in different groups as Clinical Cancer Center, Cancer Center, and Full-Scope Cancer Center. In USA, patients and those close to them pay attention on whether the centers they are going to are approved by the National Cancer Institute of USA or not. In addition, another point considered is whether the hospital is a member of the "Association of Community Cancer Centers (ACCC)" or not. For the infant hospitals, on the other hand, it is recommended that the question of whether the hospital is a member of Multi-Centered Work Groups or not should be asked. Apart from these, questions such as the following are also specified as questions to be considered ad asked by the patients while choosing centers: "Will I be able to see the same doctor each time?", "The intensity of non-medical personnel use?", "How are cleaning and other maintenance services?", "Are your questions answered in a friendly manner?", "Does the personnel seem knowledgeable in his/her task?".

Again American Cancer Society advises that the following questions should be asked while patients choose physicians: “What is your branch of specialization?”, “What training did you undergo concerning my cancer?”, “How many years of experience do you have?”, “How can I access to my doctor's publications?”, “How many patients like me have you cured?”, “Do you participate in clinical studies?”, “Your working hours, weekends?”, “How are the waiting periods?”, “How can I reach you out of work hours?”, “Who see your patients when you are off?” “What profession groups are present in your team?”, “Affiliated hospitals?”, “Which hospital do your patients bed in?”, “Can I register in without visiting the emergency?”, “Can I have someone staying with me in the hospital?”, “How are the rules of visits?”, “Is my social security and fee appropriate?”

Of course standards of one country can not be moved to another country in an exactly same way. However, making comparisons, and obtaining experiences from others' successes and failures are sine quo non of good practices. We prepared a survey appropriate to this approach and conducted it in Turkey on April, 2005. The results of this survey are given below as tables. Data of 44 centers are summarized in the below tables. Table 1 shows that despite there are the main disciplines of oncology in many of the centers, multi-disciplinary structure is lacking in some of the centers.

Table 1. The state of 44 cancer diagnosis and treatment units / centers in Turkey, 2005

	Characteristics	Number
Year of establishment	before 1990	25
	Period of 1990-1999	15
	2000 and after	4
Type of institution	University	28
	Ministry of Health	6
	Old Social Security Establishment	6
	Private Hospitals	3
	Private Universities	1
Medical Disciplines	Medical Oncology	36/44*
	Infant Oncology	37/44
	Radiation Oncology	29/43
	Surgical Oncology	4/43
	Pathology	43/43
	Research Laboratory	14/43
Number of beds	Medical	754
	Infant	611
	Surgical	764
	Radiation	567

* There is no Medical Oncology in 3 centers, 5 centers, on the other hand, are infant hospitals

As it is seen on Table 2, in 2005, the total number of physicians working in the area of oncology and holding different academic degrees is found to be 578. This shows that there is need for more physicians in the area of oncology. As it is seen on Table 3, the number of other personnel working in the area of oncology is also below the level of requirements.

Table 2. The number of physicians working in the branches of medical oncology, infant oncology, and radiation oncology in 44 centers in Turkey, 2005

	Prof.	Associate Assistant			Specialist	Fellow	Assistant	Total
		Prof.	Prof.	Lecturer				
Medical Oncology	48	31	28	4	20	44	-	175
Infant Oncology	31	22	7	0	14	23	-	97
Rad. Oncology	34	25	38	13	95	-	101	306
Total	113	78	73	17	129	67	101	578

Table 3. Other health personnel working in 44 centers in Turkey, 2005

Radiation Physicist	88
Oncology Nurse	525
Psychologist	50
Social Service Expert	23

Efforts towards raising standardization are gradually increasing and results are achieved concerning reaching standards such as JCI accreditation and ISO certification. After 2005, these numbers increased even more. However, it is necessary that these numbers be rapidly increased to higher levels. (Table 4).

Table 4. Accredited / certified centers among 44 centers in Turkey, 2005

Accreditation /Certification	JCI	2
	ISO	13**
	Laboratory accreditation	1

* JCI: accreditation by Joint Commission International

** ISO certification: 3 being partial certification and 2 JCI accreditation at the same time)

Table 5. Other characteristics related to 44 centers in Turkey, 2005

Characteristic	Number
Social Services	22/43
Rehabilitation	18/43
Radiology	in 2 centers, there is only USG in 6 centers, there is PET, in 8 centers there is no MRG, in the other centers, there are all the facilities except PET.
Pathology laboratory	44
Clinical pathology laboratory	44
Blood Bank	44
24-hours physician	44
Emergency service	44
Anesthesia unit	44
Tumor council	34/44
Intensive care	41/44
Informative brochure, book	24/44
International work participation	18/44
National work participation	36/44
Outpatient chemotherapy /month	2056
Cancer registry center	38/43
Cancer notification number	31776 (the numbers are not known in 3 centers, there are no registries in 5 centers)
Pain center	34/43
Clinic for giving up smoking	24/43
Protection	8/43
Early diagnosis program	11/43 (10 breast cancer, 4 colon cancer, 3 cervical cancer, 1 prostate cancer)

Different characteristics of 44 centers are collected in Table 5. This study only sums up the numbers and any detailed investigation on the quality of services told to exist was not done. However, it is data source for the evaluation of the situation in Turkey.

ONCOLOGY INSTITUTES

Oncology Institutes in Turkey are not high in number; but they are important institutions with the researches they conduct and the technologies they use while educating human force in the area of oncology via graduate trainings they give.

There are still three Oncology Institutes in Turkey. The Oncology Institutes in Hacettepe University and İstanbul University were established in 1982, and the Oncology Institute in Dokuz Eylül University, on the other hand, was established in 1992. As of 2005, there are the major science disciplines of Basic Oncology, Clinical Oncology

and Preventive Oncology in these institutes. Various science disciplines are performed under these major science disciplines.

As of 2005, there are 19 physicians, 7 nurses, 4 technicians, 13 doctorate students and 2 minor program students in Dokuz Eylül University. Doctorate is given in the Basic Oncology Science Discipline.

On the other hand, there are 36 lecturers, 14 specialists, 9 research assistants, and 9 specialization students in İstanbul University Oncology Institute. Graduate and doctorate programs, on the other hand, are given in the areas of Experimental and Molecular Oncology, Biochemistry of Cancer, Etiology of Cancer, Epidemiology of Cancer and Bio-statistics, Cancer Genetics, Oncological Biology, and Immunology, Oncological Cytology, Psycho-social Oncology, Medical Radiobiology, Medical Radio-physics, Tumor Pathology.

In Hacettepe University Oncology Institute, on the other hand, as of 2005, there are 14 university members as permanent staff and 21 university members as nominated staff, 3 lecturers, 15 graduate and doctorate students and 5 minor program research assistants. Graduate and doctorate programs are given in the areas of Basic Immunology, Tumor Biology and Immunology, Biochemistry of Cancer, Medical Oncology, Pediatric Oncology, Radiotherapy Physics and Planning, Epidemiology of Cancer. In addition, Hacettepe Faculty of Medicine started adopting students in relation to MD PhD program.

The institutes that make great contributions to oncology in Turkey should increase their emphasis on post-graduate training, and should be guiding in pre-graduate training. They should play the role of leadership for clinical and community-based researches and for information and technology shares.

In conclusion, institutions and establishments performing in the area of oncology in Turkey have been increasing in number and quality since recent years. In addition to problems related to finance and management policies, human resources, quality standards, physical facility problems, employee and patient satisfaction, that are experienced in hospitals of general purposes, there are problems related to lack of equipment, chemotherapy practices, patient transfer cancer control approach, multi-disciplinarity, support treatment, cancer registries, and researches in oncology hospitals. For his reason, correct planning, joining forces, forming and implementing correct policies, are critically important for the development of this area. Hence, everyone related to the subject has great tasks and responsibilities.

Reference

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