

ROLE OF PRIMARY HEALTH CARE SERVICES IN CANCER CONTROL

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National Cancer Control is the development of a program for the reduction of the burden of cancer by assessing the cancer burden of the nation or a region by taking into account all activities related to reducing this burden and then implementing the program in a coordinated manner.

The National Cancer Control Programs must be divided into 4 stages: prevention, early detection (screening, early diagnosis), recovery (treatment), palliative care. Programs which can be developed for each of the stages can prevent 1/3 of cancers and 1/3 can be treated appropriately due to early diagnosis. The remaining 1/3 are cancers which require palliative care. For these reasons, it is important for various health disciplines and sectors to work together.

The increasing importance of cancer and its costs bring prevention, early diagnosis and screening programs to the forefront.

The most effective method of increasing the effectiveness of the prevention, early diagnosis and screening activities which are aimed at the public is **education and increased awareness**.

Among the main responsibilities of the primary health care centres is to provide education and awareness regarding early diagnosis, improving nutrition and about health issues and also to ensure to checks of the community and make attempts to improve the situation. If this definition is taken into consideration, it can be seen that the primary health care centres have a major responsibility in the prevention, early diagnosis and screening stages of cancer control.

AIM:

For this reason, the Cancer Early Diagnosis and Screening Center in Antalya was opened as a primary health care centre in the scope of the "Cancer Screening and Training Center Project" jointly implemented by the European Union and Ministry of Health with the following goals:

- To raise the awareness of the public concerning early diagnosis and prevention of cancer by organising in-service training activities for the staff of the health care centres (especially midwives) together

with the educative activities carried out by such staff, who are pivotal in public education and reaching the target groups

- To work towards control of cancer together with the staff of the health care centres and the community to conduct widespread early diagnosis and screening activities for breast, cervical and skin cancers recommended by the World Health Organisation to reduce morbidity and mortality

- To establish a new model to increase the weight of primary health services in the control of frequently occurring cancers by increasing the number of individuals, with raised awareness through education, presenting to health care centres

MATERIALS and METHOD:

In light of these aims, the Antalya Cancer Early Diagnosis and Screening Center conducted public education activities, primarily concerning the factors causing cancer and fight against cancer, at schools, community centres and marquees in city centre, in cooperation with health care centres and Training Department of the Directorate of Health.

Including breast examination in the routine examination practices of the primary health care centres and ensuring that routine breast anamnesis and examination are conducted at the secondary health care centres vital in the early diagnosis of breast cancer because they can only be conducted in departments of related disciplines. In addition, education provided by midwives during home visits will raise awareness among the community.

For these reasons, theoretical and practical in-service training in breast self-examination, clinical breast examination and taking of cervical smears for the early diagnosis of breast and cervical cancer has been given to the health professionals working at the health care centres since the year 2004. In this training, it was emphasised that easy access to the primary health care centres must be ensured for the public so that they may receive health services in conjunction with the early diagnosis of breast and cervical cancer without waiting in the long in-patient or consultation queues at the secondary health care hospitals. In addition to this, 1195 primary health care professionals were provided training in the scope of the “Breast Self-Examination Program”, coordinated by the Department of Cancer Control.

Work regarding the early diagnosis of skin cancer is also in the planning stages for the primary and secondary health care professionals in connection with the provision of dermatoscopy equipment by the Department of Cancer Control to the Centre in November 2006 for facilitating the detection of risk of skin cancer and monitoring of lesions.

FINDINGS and CONCLUSION:

The following are the outcomes of the study:

Midwives of the health care centres started routine education about “Breast Self-Examination” of women aged between 15-49 during their follow-up home visits and made note of this on their monitoring charts. They refer the women to the centre for breast examinations, to have mammography. **In 2006, this education was given to 60% (277,198) of the population (463,869) of women between the ages 15-49 and 28% (40,402) of the population (145,865) of women aged 49 and over in Antalya.**

The “Cervical cancer research project with taking cervical smears from women in the 25-64 age group” was implemented by the Cancer Early Diagnosis and Screening Center in cooperation with the No. 13 Health Care Centre. As a result of the project, it was decided that smears should be taken from women who were identified to be at risk of cervical cancer after the general cervical cancer screening which included assessing their gynaecological histories and examination and work began for the procurement of the necessary equipment for the health care centre.

In 2006, mammography was taken for 1,321 out of the 3,074 individuals presenting and 25 individuals were diagnosed with breast cancer at the Antalya Early Diagnosis and Screening of Cancer. Of the 25 cases of breast cancer detected, 11 of these were referred on from the health care centres.

Twenty-seven physicians, 176 midwives and 114 nurses working at the health care centre presented to the Centre for early diagnosis purposes.

RECOMMENDATIONS:

The Cancer Early Diagnosis and Screening Center must work in cooperation with the primary health care centres. The staff of the primary health care centres must have an active role in the cancer prevention, early diagnosis and screening services (especially in regards to screening techniques such as taking smears and mammography at regular intervals from asymptomatic women over the age of 40). As mammography and smears are taken from healthy individuals, these tests are very important for early diagnosis. For this reason, the importance of the functions of the Cancer Early Diagnosis and Screening Centers as primary health care centres for facilitating the access of relevant services for the public must be realised.

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