# Mahmut Gümüş – President, Turkish Society of Medical Oncology, Turkey

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21.08.2018

Tags: Turkey, Turkish Society of Medical Oncology, Oncology, Cancer, Research

*Mahmut Gümüş, president of the Turkish Society of Medical Oncology, paints a descriptive picture of the oncology situation in the country, with the looming epidemiological shift set to transform the healthcare sector. However, he has high hopes that the country will continue to prioritize oncology as a key therapeutic area to invest in, thorough increasing specialists, ultimately giving the country's oncology patients the best quality of life possible.*

**In a recent interview, you commented that cancer incident rates in Turkey are above the world average but below that of other European Countries. What is your overall assessment of oncology in Turkey?**

With the rise in life expectancy, oncologic diseases have become a serious problem that threatens the health of our people both in the world and in the country. Although the incidents of cancer are lower in Turkey than in North American and other European countries, the problem will continue to grow for the country in the near future as the average age of the population increases, in other words, becoming an older population. Apart from that, we have positive steps in the fight against possible carcinogens. Looking forward, we will see the positive results of tobacco and obesity-fighting programs, which have become a national policy, in the near future.
The development of medical oncology in Turkey has gained speed in the latest quarter of the last century, and currently, with 634 medical oncologists, we serve our patients all over the country and carry out medical oncology education and oncology services in universities with 49 educational

centers. From the government’s Vision 2023, we expect that these activities will reach a better level not only in quantity but also in quality.

**How do you rate the level of access to innovative oncology products when looking at the Turkish model of healthcare, which is widely seen as a success?**

As is well known, the social security system of the country has been designed to cover all citizens. To ensure the sustainability of this comprehensive insurance system, pharmacoeconomic policies are highlighted in drug reimbursement decisions. Although this approach is claimed to cause delays in transportation to innovative products, it cannot be said that it is bad within this inclusive insurance system when compared to other countries, which covers over 98 per cent of the population.

**Turkey ranks sixth in Europe in terms of funds allocated for cancer treatment, however, only three per cent of overall health spending was earmarked for cancer treatment in Turkey in 2017. What is your assessment of these figures and what are the necessary steps to improve this?**

This ratio is correct only given the drugs in cancer treatment, but when other costs for non-drug cancers are taken into consideration, this spending rate is simply doubled. Given the devastating consequences of cancer and more expensive treatment costs, it is inevitable that measures need to be taken in this regard. It should be considered that the share allocated to cancer in general health expenditures should be increased relatively. Examples of this can be through the removal of OTC drugs from the payment scope, the support of equivalent and biosimilar drug development projects and the cost reduction strategies.

**Before the new administration came into place, the former MOH Ahmet Demircan announced the abolishment of extra fees charged for the treatment of cancer. Nevertheless, the annual cost of cancer treatment is set to triple by 2030 from three billion per year. What pressure will this put on the oncology doctors and how can the government help here?**

In previous years, it was accepted that no additional fees were charged from oncological treatments such as chemotherapy and radiotherapy in private hospitals. With the latest practice, oncologic surgery was added to this category. In public institutions and private hospitals, oncological surgical procedure fees have been increased by the amount paid by the social security institution. However, these amounts may not be sufficient for a quality service delivery. For this reason, it is unthinkable that the quality of the service is compromised in an important area such as cancer, so I think the developments will be followed in daily practice and revisions will be made

accordingly.

**Introducing the Turkish Society of Medical Oncology to our international readers, its main goal is to “advocate for the right of medical oncologists in the country”. What are the main challenges the society faces in fulfilling this objective?**

Our primary aim as oncologists in Turkey is to treat the Turkish patients through new and current treatment approaches. However, the lack of medical oncologists in the country constitutes an obstacle for our patients to reach a health service at the desired level. Apart from this, the problems experienced in accessing innovative drugs, especially for the reasons mentioned above, are the main problems faced by our colleagues. The society is in contact with the Ministry of Health and Social Security Institution by offering projects in order to overcome these problems.

**As mentioned, Turkey has a predominately young population with 50 per cent under the age of 30, but with the looming epidemiological shift, what initiatives does the Society have in place to further improve the awareness and prevention of cancer, especially when targeting the young population?**

When cancer is thought to be an old age disease; the country appears to be luckier than Western societies in terms of cancer incidents as a result of this population structure. However, the fact that the population is getting older is also suggesting that the perception and awareness of this problem will increase in the future, bringing about a significant cost increase. At this point, it would be useful for two basic strategies to be implemented rapidly: firstly, expanding current screening programs to increase early detection possibilities and reduce relatively cost. The second is to prevent the disease by implementing preventative programs such as anti-smoking and anti-obesity programs.

Furthermore, we have partnered with Novartis Oncology in this regard, and our association continues to cooperate with all pharmaceutical companies in the country within the framework of legal and ethical rules. Occasionally, it continues its cooperation in different social responsibility projects, clinical research, and scientific organizations.#

**You have a well-established background and knowledge in the area of oncology, spanning over two decades. As President of the Society, what do you envision as its greatest contribution to the healthcare sector?**

The Society’s most important goal is to stop cancer from being a deadly disease and turn it into a disease that can be treated curatively or as a cohabiting chronic disease. At this point, it is important that our physicians and other health workers who work in this area are raised to be equipped with up-to-date information. In addition to this, efforts to reach a quality health care

service and to reach our patients with sustainable policies, especially in oncology, will be greatly appreciated.

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