

# **National Cancer Control Program; Changing Strategy?!**

Comprehensive National Cancer Control Program (NCCP) is a governmental responsibility responding the community needs regarding cancer prevention screening, early diagnosis, appropriate treatment and follow up with good palliative care.

The socioeconomic and sociocultural issues as well as infrastructure for health organizations including accessibility and availability of health services are the important subject regarding the NCCP.

Man power and human resources are among the top of the list in planning, managing and practicing of NCCP. Implementation research is an emerging theme in this section.

Screening as a main part of the CCP is the testing apparently healthy people to identify those with or without high probability of having cancer. It should be a well organized program that may include awareness, access to health services and appropriate early clinical diagnosis. National policies commitment and good health services are crucial for the early detection of cancer disease.

Some other pragmatic aspects of scaling up cancer screening in health services are centralized information system linkage with cancer registry and mortality registration systems evaluation of outcome including detection rate, stage, incidence, mortality, quality of life and cost-effectiveness with annual report.

Previously, it was approved for breast cancer with mammography and cervical cancer with pop smear screening. Nowadays the importance and cost-benefit of mammography for breast cancer screening is questionable. Trend of using mammography from annually to every three years in women from 40-50 years of age to 65-75 years old shows the pragmatic change in achieving the goal of screening in NCCPs. So, regarding the cancer control and screening programs, it is a necessary and important issue to implement in each country separately based on sociocultural, national facilities, human resources, accessibility and availability of sustainable health service organizations.

Here in Iran, we should compare our resources and community needs to find up the best solution. With this in mind, using awareness of people, improving the health services facilities or human training program for early clinical diagnosis of breast cancer as a sample among the malignant diseases is rational.

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