



## Cancers Frequently Encountered in Türkiye and Worldwide and the Role of Nurses in Cancer Prevention

Sevda Güvenç<sup>1\*</sup> , Funda Akduran<sup>1</sup> 

<sup>1</sup> Sakarya University, Department of Nursing,  
Sakarya, Türkiye,  
sevdaguvenc.sgv@gmail.com,  
fsevgi@sakarya.edu.tr,  
ror.org/04ttnw109

\*Corresponding Author



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### Abstract

Cancer is recognized as one of the most significant non-communicable diseases health concerns on a global scale posing a substantial burden. In 2020, it accounted for 19.3 million newly diagnosed cases and 10 million fatalities worldwide. While early diagnosis and awareness are more prevalent in developed countries, cancer is often detected at advanced stages in developing nations. In Turkey, lung, breast, and colorectal cancers are among the most common types. Nurses play a vital role in identifying cancer risk factors, raising public awareness, and providing early diagnosis and preventive care. Their responsibilities in screening processes, including coordination, patient education, and advocacy, are critical in the fight against cancer. Strengthening these roles is considered an essential strategy for cancer prevention and control. Based on this information, the aim of this review is to analyze the global and national prevalence of cancer, analyze the most common cancer types, and evaluate the roles of nurses in cancer prevention and screening processes.

**Keywords:** Neoplasms, Neoplasm Prevention, Early Detection of Cancer, Nurses

## 1. Introduction

Cancer encompasses a wide range of diseases that can arise in virtually any organ or tissue throughout the body. These conditions are marked by the unregulated growth of atypical cells, which surpass their usual confines, infiltrate adjacent tissues, and/or metastasize to other organs (1). As defined by the National Cancer Institute (NCI), cancer is a disease resulting from the unchecked multiplication of specific cells and their dissemination to different regions of the body (2). Cancer is ranked among the most prevalent non-communicable diseases (NCDs) worldwide. In 2020, an estimated 19.3 million new cases of cancer were documented globally, along with 10 million cancer-related fatalities. Cancers represent 29.7% of premature deaths attributed to NCDs on a global scale (3). The aim of this review is to analyze the global and national prevalence of cancer, analyze the most common cancer types, and evaluate the roles of nurses in cancer prevention and screening processes.

## 2. Understanding Cancer

The global cancer burden is rising rapidly, driven by an aging population and the increasing prevalence of unhealthy lifestyle habits (4). By 2040, the global incidence of new cancer cases is expected to surpass 27 million annually, marking an increase of nearly 50% compared to the estimated cases in 2018. A substantial proportion of these cases is anticipated to arise in low- and middle-income countries (3). The most significant rises in cancer incidence are expected in countries with low Human Development Index (HDI) scores, where resources are scarce. However, as national HDI levels increase, the projected cancer burden tends to decline (5).

Cancer continues to be the second leading cause of mortality worldwide. Despite progress in treatment options and technologies, cancer care is becoming more complex, requiring sophisticated therapeutic

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strategies, including effective communication with patients. Both patients and their families often confront difficult challenges, such as cancer prevention, intricate treatment protocols, ongoing post-treatment symptoms, and challenges associated with end-of-life care (6).

### **3. Common Cancers Worldwide**

The 2020 data from the Global Cancer Observatory (GLOBOCAN) reports that approximately 20 million new cancer cases and 9.8 million cancer-related deaths occurred worldwide. The five-year prevalence was estimated to be about 53.5 million cases. Among men, the most commonly diagnosed cancers are lung, prostate, and colorectal, while for women, the most prevalent cancers are breast, lung, and colorectal. The age-standardized mortality rate is 109.8 per 100,000 for men and 76.9 per 100,000 for women. The probability of succumbing to cancer before the age of 75 is 11.4% for men and 8.0% for women. These statistics highlight the global cancer burden and its distribution between genders (7).

#### **3.1. Lung cancer**

Lung cancer predominantly affects older adults, typically occurring between the ages of 65 and 84, the average age at diagnosis is 70. It is recognized as the leading cause of cancer-related deaths worldwide (12). Lung cancer accounts for approximately 2 million new diagnoses and 1.8 million deaths each year, making it one of the leading contributors to global cancer cases and fatalities. It is the second most commonly diagnosed cancer, following prostate cancer in men and breast cancer in women (13). According to GLOBOCAN's latest 2020 estimates, 60% (1,315,136) of new lung cancer cases were reported in Asia, which also accounted for 62% (1,112,517) of all lung cancer-related deaths. In East Asia, the age-standardized incidence rate was 34.4 per 100,000 (14).

In the United States, information from the NCI Surveillance, Epidemiology, and End Results (SEER) program for 2010-2019 showed that 24.9% of female patients and 20.1% of male patients were diagnosed with localized lung cancer. In comparison, 46.5% of women and 50.9% of men were diagnosed with distant-stage lung cancer. Nearly half of lung cancer patients are diagnosed at the metastatic stage of the disease often presenting with symptoms such as persistent cough, pain, and weight loss. This late-stage diagnosis usually makes the disease incurable, despite the growing range of available systemic treatment options (14).

#### **3.2. Breast cancer**

Breast cancer includes a range of malignancies that originate in the mammary glands (15). Breast cancer accounts for 25% of all new cancer diagnoses in women worldwide (16). More than 80% of breast cancer cases are reported in women aged 50 and above (17). Breast cancer is the second leading cause of cancer-related mortality among women, following lung cancer (18). Notably, Black women face a 40% higher risk of mortality from breast cancer compared to White women, despite similar incidence rates. Furthermore, Black women are more prone to developing aggressive forms of breast cancer at younger ages (19). Current data indicates that breast cancer incidence rates are reported to be highest in Australia, New Zealand, much of Europe, and North America; moderate in South America and Eastern Europe; and lowest in most regions of Asia and Africa (16).

#### **3.3. Colorectal cancer**

Colorectal cancer has been a growing concern in developed countries for more than 40 years (20). In 2020, colorectal cancer was responsible for an estimated 1.9 million cases and 0.9 million deaths globally. Although its incidence is notably higher in developed countries, it is increasing in middle- and low-income countries due to the effects of westernization (21).

Colorectal cancer ranks as the third most common cancer by incidence and the second leading cause of cancer-related mortality worldwide (22). It also stands as a major cause of mortality among men younger than 50 years old (23).

Over 50% of patients progress to metastatic disease, with the liver serving as the most frequent site of metastasis in around 70% of cases. Liver metastases significantly contribute to mortality and morbidity in colorectal cancer patients, as preserving liver function in the presence of metastasis is crucial for survival and quality of life (24).

### **3.4. Prostate cancer**

Prostate cancer is the second most commonly occurring cancer solid tumor among men (25). According to GLOBOCAN 2022 data, it represents a significant global health burden in both incidence and mortality. With 1,467,854 new cases reported, it is ranked as the fourth most prevalent cancer globally. The age-standardized incidence rate for prostate cancer is 29.4 per 100,000 population, indicating its widespread occurrence. In terms of incidence, it ranks after lung, breast, and colorectal cancers (26). Furthermore, its incidence and mortality rates vary considerably across different geographic regions (27).

Prostate cancer ranks eighth globally in cancer-related mortality, accounting for 397,430 deaths. The age-standardized mortality rate is 7.3 per 100,000 population. The relatively lower mortality rank reflects the potential for early detection and a higher treatability rate compared to many other cancer types (28). Prostate cancer predominantly affects middle-aged men between 45 and 60 years (29). The regions with the highest incidence rates include Australia/New Zealand and Northern and Western Europe, while the lowest rates are observed in South-Central and Southeast Asia (30).

### **3.5. Stomach cancer**

Stomach cancer makes a significant contribution to the global cancer burden (31). Globally, it is the fifth most commonly diagnosed cancer and the third leading cause of cancer-related deaths (32). Approximately 8.2% of global cancer deaths are attributed to stomach cancer. Gender and geography are two critical risk factors (33). The incidence and mortality rates of stomach cancer rise with age and are relatively uncommon in individuals under 45. The incidence in men is nearly double that of women (34).

More than 85% of stomach cancer cases are reported in countries with high or very high Human Development Index scores, accounting for approximately 590,000 and 360,000 cases, respectively (34). Findings indicate that the incidence is highest in East and Southeast Asia, with 32.1 cases per 100,000 men, followed by 17.1 cases in Central and Eastern Europe and 12.7 cases in South America per 100,000 men. A slight increase in stomach cancer incidence among younger populations has also been documented (33). Globally, with 968,784 new cases, the age-standardized incidence rate is 9.2 per 100,000. Regarding mortality, stomach cancer caused 660,175 deaths, with an age-standardized mortality rate of 6.1 per 100,000 (35).

### **3.6. Cervical cancer**

Cervical cancer ranks eighth globally in terms of cancer incidence, with 662,301 new cases reported worldwide. The age-standardized incidence rate is 14.1 per 100,000 population (36). It ranks as the ninth leading cause of cancer-related deaths, contributing to 348,874 fatalities globally, with an age-standardized mortality rate of 7.1 per 100,000 (36).

Cervical cancer ranks as the fourth most frequently diagnosed cancer occurring cancer among women (37), with the majority of new cases being diagnosed in women aged 30 to 49 (38). Approximately 85% of new cases and 90% of cervical cancer-related deaths occur in low- and middle-income countries (39). The continued improvement in screening methods and vaccination programs in high-income countries has exacerbated healthcare access inequities between women in resource-rich settings and those in resource-limited areas (40). Cervical cancer claims the life of one woman every two minutes and is

primarily caused by specific strains of human papillomavirus (HPV), with HPV-16 and HPV-18 responsible for 70% of cases of both cervical cancers and precancerous lesions (38).

Effective, evidence-based prevention of cervical cancer involves primary prevention through HPV vaccination. Several high- and upper-middle-income countries have successfully launched national HPV vaccination programs. Nonetheless, the adoption of HPV vaccination programs in low- and middle-income countries remains restricted. Improving access to and acceptance of cervical cancer screening is in line with the World Health Organization's (WHO) cervical cancer elimination strategy, which seeks to achieve 90% vaccination, 70% screening, and 90% treatment coverage worldwide by 2030 (38).

#### **4. Common Cancers in Türkiye**

Cancer is classified as the second most frequent cause of mortality in Turkey (9). In 2018, 211,000 new cancer diagnoses were recorded in the country, with lung cancer being the most common and having the highest mortality rate. While thyroid, bladder, and rectal cancers are prevalent, their mortality rates remain relatively low. In contrast, stomach, colon, and pancreatic cancers have higher mortality rates than their incidence would suggest (10).

In Turkey lung cancer is the most frequently diagnosed type of cancer among men, whereas breast cancer holds the highest prevalence among women. Colorectal cancers rank as the third most common type in both genders. At the time of diagnosis, 47.9% of breast cancers in women, 55.2% of cervical cancers, and approximately 34.1% of colorectal cancers affecting both men and women are detected at a localized stage (11). According to 2022 GLOBOCAN data, Turkey recorded a total of 240,013 new cancer cases, with 129,672 cancer-related deaths and 679,335 individuals living with cancer within the past five years. These statistics emphasize the substantial public health burden of cancer in Türkiye and underscore the urgent need for additional interventions in this area (8). In 2022, there were 132,476 new cancer cases in men and 107,537 in women. The age-standardized incidence rates were 273.7 per 100,000 for men, 192.2 per 100,000 for women, and 225.9 per 100,000 for both genders combined (8). The lifetime probability of developing cancer before reaching the age of 75 is projected to be 27.4% for men, 18.9% for women, and 22.7% for the population as a whole.

In 2022, Türkiye reported 82,446 cancer-related deaths in men and 47,226 in women. The age standardized mortality rates were 168.3 per 100,000 for men, 75.8 per 100,000 for women, and 116.1 per 100,000 for both sexes combined. The estimated lifetime probability of dying from cancer before the age of 75 is 17.8% for men and 7.9% for women, and 12.5% for both sexes combined. Overall, lung, colorectal, and stomach cancers were identified as the deadliest types. According to the five-year prevalence data, 337,979 men, 341,356 women, and a total of 679,335 individuals were living with cancer in Türkiye as of 2022 (8).

#### **5. The Importance of Nurses in Cancer Prevention**

Between 30% and 60% of cancers can be prevented. Prevention strategies primarily aim at reducing risk factors (41). Globally, nurses comprise approximately 59% of the healthcare workforce (42). Nurses actively contribute to promoting cancer prevention and screening strategies, enhancing community awareness and reducing risks. With their holistic approach and advanced clinical skills, they are capable of intervening with patients across all levels of healthcare. Nurses assess cancer risk factors, offer genetic counseling, and refer patients to the appropriate healthcare services when needed (43-45).

Nurses conduct follow-ups, coordinate treatments, ensure continuity of care, offer patients current and relevant information to support informed decision-making, coordinate across various levels of care, deliver ongoing education, lead research and publications related to daily practices, and collaborate in research for early diagnosis (46). Through a collaborative and adopting a holistic approach to meet the needs of patients with complex health conditions, nurses play a crucial role in coordinating and integrating care for these patients families, communities, and other disciplines. They also drive the

coordination and improvement of healthcare systems by collaborating with administrators and policymakers (47). Monas et al. (48), Özkaraman and Füsün (49) and Foster (50) emphasized the importance of nurses in cancer prevention.

### **5.1. Nurses' roles in cancer prevention**

Nurses strive to mitigate modifiable risk factors, including alcohol consumption, unsafe sexual practices, sedentary lifestyles, unhealthy diets, obesity, infections, environmental carcinogens, and radiation exposure (41). They conduct home visits or provide telephone counseling to motivate individuals for cancer screening (42). Nurses engage with communities to identify individuals suitable for screening (42). They play a vital role in community education and patients about cancer prevention. Barriers to cancer screening must be identified, and the appropriate time for screening (42).

Nurses, as health educators and community role models, serve a crucial role in delivering health information and promoting education individuals about risk factors prior to screenings, supporting early diagnosis efforts (42). In the screening and early diagnosis process, nurses coordinate patient care, monitor results, and, if necessary, facilitate referrals for further evaluation (42). After screening, nurses are responsible for re-educating patients and coordinating ongoing care. In cases of abnormal screening results, nurses facilitate advanced diagnostic tests and treatment procedures, referring patients to specialized care and evaluation centers. Their roles in communicating screening results, explaining treatment plans, and ensuring referrals to diagnostic centers emphasize their critical contribution to the continuity and integrity of healthcare services (42).

Nurses at different levels of preventive care also serve as educators, coordinators, providers of screening tests, and deliverers of follow-up, palliative, and end-of-life care (53). To promote early diagnosis and treatment behaviors in the community, nurses must have a deep understanding of health beliefs, cultural practices, attitudes, and habits within the community (44). By prioritizing advocacy and counseling roles, nurses adopt a multidisciplinary approach in collaboration with non-governmental organizations (NGOs) and community leaders (44).

Nurses conduct research on early cancer diagnosis, translating evidence-based findings into practice and enhancing the effectiveness of nursing interventions (44). They increase public awareness about cancer by providing health education in healthcare facilities, schools, workplaces, and NGOs (54). Nurses play an advocacy role in cancer prevention, supporting public health by contributing to health policies related to cancer control (54). They assist individuals in adopting healthy lifestyle behaviors and support lifestyle changes (54). By utilizing technologies like the internet, social media, and mobile applications, nurses monitor health screenings, vaccinations, and medical check-ups, helping individuals develop healthy habits (54). Nurses manage cancer registries, update databases, and track individuals who have not achieved health targets (54). Through cancer prevention research, nurses integrate findings into healthcare services, thereby enhancing the efficiency and effectiveness of health systems (54). Hashemi et al. (50), Kavala and Yıldırım (55), Kabacaoğlu and Karaca (56) emphasized the role of nurses in cancer prevention.

## **6. Conclusion**

This review has explored the prevalence of cancer globally and in Türkiye, the most common cancer types, and the critical roles of nurses in cancer prevention and screening processes. Cancer continues to pose a significant public health challenge in both developed and developing countries. While higher levels of early diagnosis and awareness in developed countries contribute to greater success in combating cancer, these rates remain low in developing countries. Nurses play a central role in raising cancer awareness, implementing early diagnosis, and applying preventive care strategies within communities. Their efforts in reducing cancer risk factors, coordinating screening processes, providing patient education, and increasing early diagnosis rates are vital for the prevention and control of cancer.

Furthermore, by taking on advocacy, counseling, and multidisciplinary collaboration roles, nurses contribute to the development of health policies, establishing an effective strategy in the fight against cancer. Strengthening the role of nurses emerges as a critical necessity to achieve sustainable success in cancer control.



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