

TURKISHMEDICALONCOLOGY ASSOCIATION

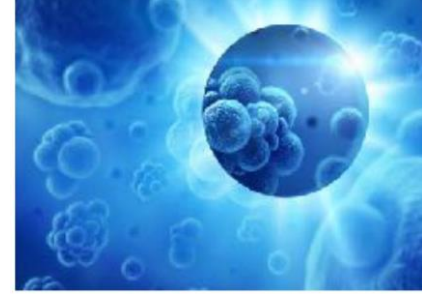
*In pursuit of science for
life...*

STRATEGIC PLAN

2020-2024
www.kanser.org

April 2020
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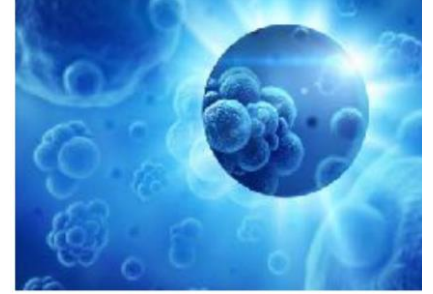




2020-2024 STRATEGIC PLAN

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ADMINISTRATION'S INTRODUCTION

The Turkish Medical Oncology Association (TTOD) is a subspecialty association that was founded by medical oncology specialists in 1997. With the efforts of our members and subsequent administrations, and having 700 members, the Association has become an important and institutionalized specialty association that represents the entire medical oncology community in competence and training planning and organizational boards, regular postgraduation training programs, Medical Oncology and National Cancer Congresses and scientific meetings.

A crucial aspect of our Association is the importance attached to the democratic structure of our boards, as well as the sustainability and continuous enhancement of participation. For this purpose, our charter stipulates that a president may serve for a maximum of two years, and former presidents are included in the management as ordinary members of subsequent administrations. Continuity is effectively maintained in management as a result of this policy.

Our association has also achieved a first among medical associations, taking very important steps to determine its future with the TTOD Strategic Plan that was published in 2014. Now, to continue our success and systematically maintain our efforts, we are deploying our second Strategic Plan.

Strategic plans are prepared to ascribe the administration's commitment to future roadmaps and actions, that is, "what they will do and how they will do it". In this way, in our Association, we comply with **good governance** rules that include transparency and accountability.

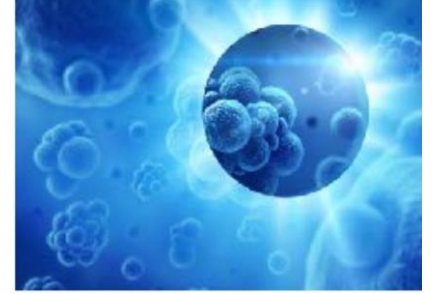
We have adopted a meticulous and engaging method in preparing for the TTOD strategic plan;

- First, the decision to conduct a Strategy Exploration Meeting (SEM) with the members of our Association was taken by detailed discussions by our Board of Directors (BoD),
- We have taken long-term professional advice from an experienced consultant company,
- The current situational analysis was initiated by discussions with the association's former and new managers,
- The preliminary opinion of approximately 100 members who had made contributions for the Association was taken into consideration when planning the meeting,
- In Istanbul, Tuzla, a Strategy Exploration Meeting (SEM) was held, and reported on, with the widest possible participation representing the Association,
- Our Member Satisfaction survey, the first of which was organized in 2014, has been repeated to identify the current situation.
- The resulting SEM report and draft action plans have been reviewed and improved by members of the BoD.
- The final plan, having been shaped by all the feedback, has been reviewed for the last time by the BoD,
- And finally, the strategic plan was adopted and put into effect.

This Plan is the result of our professors who provided their opinion during preliminary preparations, SEM participants, subspecialists, young oncologists, representatives of our commissions and boards, and the long-standing efforts of our BoD. We hope that our second 5-year Strategic Plan for 2020-2024 will increase the pace of our medical oncology community, and we take this opportunity to present this study to our country and Medical Community as a whole.

On behalf of the Board of Directors

Prof. Dr. Serdar Turhal
2019-2020 President



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EXECUTIVE SUMMARY

With the **TTOD STRATEGIC PLAN 2020–2024**, our main goal is to meet the aspirations and expectations of our stakeholders by achieving our strategic objectives and targets set out in line with the mission of our Association and its values.

Within this framework, the aim is to:

- ✓ Establish the Association's decisions and actions within the strategic planning framework,
- ✓ Plan development and change in the Association's activities,
- ✓ Plan the results of our activities,
- ✓ Prepare the Association's budget to meet the objectives set out in the strategic plan and base resource allocation on established priorities,
- ✓ Increase the participation of our members and improve the shared goals,
- ✓ Identify measurable goals,
- ✓ Guide the requirement of accountability.

In summary, the plan is designed to adapt the current situation at the Association to the desired goals to be achieved in the future.

OUR PERSPECTIVE REGARDING THE TTOD STRATEGIC PLAN

The following are the key elements required to create a successful strategic plan and to program in a holistic manner:

- Mission and values
- Objectives and goals
- Policies and planning
- Administrative and institutional support
- Collaboration with stakeholders
- Competent workforce
- Effective communication
- Measurement, assessment, and improvement

The framework for each of these features is defined in “TTOD Strategic Plan 2020–2024”.

The following matters were identified during the SEM as part of the TTOD strategic planning process and subsequent work and discussions:

- Expectations and future scenarios
- Areas of strength and improvement identified for the Association
- The future threats and opportunities
- Relationships between all these clusters



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While identifying the above-mentioned matters, the present situation was mutually analyzed, the trends and mega-trends were identified considering all the internal and external factors of political, economic, social, and technological concern, and the relations between such outputs were considered, resulting in the identification of predictions, objectives, and performance indicators for the future.

The areas of strength and improvement identified by the current situational analysis are presented in the relevant sections. The clustered areas of the trends that are highlighted have been defined as “mega-trending areas” that will affect us in the future.

MEGA-TRENDING AREAS

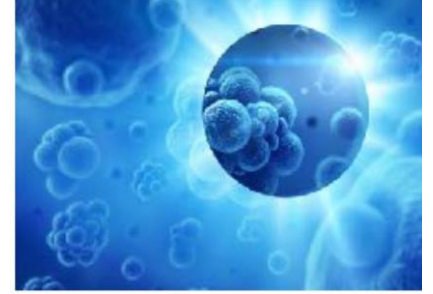
1. **Accelerating technological advancements**
2. **Personalized medicine coming forth with R&D**
3. **Increased treatment costs**
4. **Increased patient load and treatment time**
5. **Increased legal issues**
6. **Rise in environmental and ethical problems**

The potential threats and opportunities for each area after this identification are worked out and presented in the relevant section. The "2020–2024 SP Strategic Objectives" identified as a result of these studies, which constitute the backbone of the TTOD 2020–2024 Strategic Plan, have been discussed and accepted by our BoD.

TTOD 2020–2024 STRATEGIC OBJECTIVES

1. **The first reference point: to be a stakeholder of authority**
2. **Increase international recognition**
3. **Improve medical oncology training standards, encourage and promote accreditation**
4. **Support R&D and technological initiatives in medical oncology**
5. **Ensure the improvement of personal rights and working conditions of medical oncologists**
6. **Effectively deliver current information in medical oncology to the audience**

To achieve these objectives, it is essential that the correct implementation is planned and performed effectively. To ensure this planning and implementation, the strategic objectives for each of the objectives described above are defined below.



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OUR STRATEGIC OBJECTIVES (SO) AND RELATED STRATEGIC GOALS (SG):

SO 1. Become a stakeholder of authority as the first reference point

- SG 1.1. Increase the TTOD's institutional power
- SG 1.2. Develop relationships with healthcare authorities
- SG 1.3. Contribute to the establishment of the National Cancer Policy

SO 2. Increase international recognition

- SG 2.2. Improve international positioning of the association
- SG 2.3. Increase regional cooperation

SO 3. Improve medical oncology training standards, encourage and promote accreditation

- SG 3.1. Completion of medical oncology training standardization
- SH 3.2. Encourage and promote accreditation at the training centers
- SG 3.3. Improve effectiveness in oncology service delivery
- SG 3.4. Enable the development of and encourage young oncologists

SO 4. Support R&D and technological initiatives in medical oncology

- SG 4.1. Increase and expand R&D/technology awareness
- SG 4.2. Support R&D/technology projects and publications

SO 5. Ensure the improvement of personal rights and working conditions of medical oncologists

- SG 5.1. Carry on the efforts for the improvement of members' personal rights
- SG 5.2. Ensure members' working conditions and other rights
- SG 5.3. Provide support for medicolegal matters and legal issues involving physicians

SO 6. Effectively deliver current information in medical oncology to the audience

- SG 6.1. Properly inform society about cancer treatment and cancer protection
- SG 6.2. Increase awareness of the cancer patients and their relatives about "Living with cancer"

The following main sections present all the details of the study. They primarily include basic elements such as where we come from, our core values, mission and policies, as well as our future objectives, goals, and finally the action plan and monitoring program that will lead us to our goals.

From now on, we will proceed by effective implementation in line with the plan, performing constant monitoring, improvements, and, therefore, creating our future in the best way. The process will specifically attempt to avoid the knowledge–practice gap.



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SECTION 1: STRATEGIC ANALYSIS

1.1. HISTORY OF THE ASSOCIATION

The application for the establishment of the Medical Oncology Association was submitted in Istanbul on 5/8/1996 by seven founding members, namely, **Bülent Berkarda, Metin Aran, Haluk Onat, Süheyla Serdengeçti, Necdet Üskent, Erkan Topuz, and Evin Büyükcinal**. The purpose of the establishment of the Medical Oncology Association was to protect the rights of medical oncology professionals in Turkey, to build mutual relations with international associates, to organize medical oncology training programs, to provide supervision, and to organize postgraduation courses, meetings and conventions in this regard. On 15/3/1997, the association officially completed its establishment, with the approval of its charter under these objectives.

Upon the establishment of our Association, all 30 medical oncology specialists then present in our country joined the TTOD. **Bülent Berkarda** served as the first president of the Association for four consecutive terms. The Medical Oncology Association organized various courses during these terms, provided support for projects and international education, and were among the organizers of the National Cancer Congress in 2001.

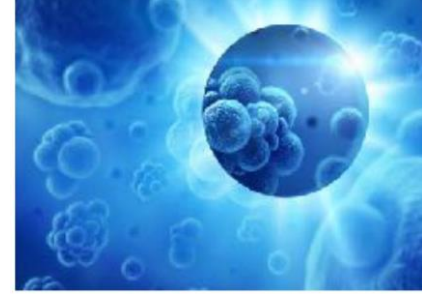
At least every two years since its establishment, our Association has held ten regular general assembly meetings, as well as three extraordinary general assemblies for important decisions that required charter changes. During the 1st Extraordinary General Assembly held in 2004, our charter adopted special articles to ensure continuity and representation, including limiting presidential term to two years and the decision to include former presidents and regional representatives on the administrative boards. This has led to significant steps in the organization's institutionalization and participation.

In 2003, as part of the General Assembly of the National Cancer Congress (NCC), the most important cancer congress in our country, our Association decided to organize the **National Cancer Congresses** by a joint consortium in partnership with the **Medical Oncology Association**, the **Radiation Oncology Association** and the **Pediatric Oncology Association**. National Cancer Congresses have been held every two years ever since.

During the term of 2005–2006, when the BoD was presided over by **Haluk Onat**, our Association ushered in a stage of institutionalization. During this period, guidelines were established for the Board of Proficiency, the Training and Coordination Board, and Regional Representation, and these boards were incorporated in the Association's charter in the second Extraordinary General Assembly held in 2005. From 2005 onwards, the Specialist Representatives, Subspecialty Representatives, and Regional Representatives have been elected and have participated on the Association's boards.

Legal counsel and corporate website services were introduced in this period, improved by contributions from the Board members in the following periods, and are still operating. The first proficiency test was conducted in 2005 and **Proficiency Certificates** were provided to our members who were on the Association's training staff. Our members still benefit from the research, publication, and education support programs created during this period.

The first **Medical Oncology Congress** organized by our Association was held in 2006 and continues to be held every two years. In addition, from 2005, joint symposia have been organized with the cooperation of our national members and members from Greece. In 2006, an **ESMO Congress** was held in Istanbul, which saw the highest participation so far, organized by the European Medical Oncology Association with contributions from our Association.



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The number of members increased to 222 during the 2007–2008 period, when the BoD was presided over by **İdris Yücel**. During this period, various national and international joint symposia, courses, and training activities continued. The decoration of the Istanbul head office was completed, and the office opened in May 2007. In this period, press-related activities were initiated; cancer-related publications were followed, and press conferences were held. The cooperation with our Greek colleagues, which had started in the previous period, was developed with the participation of other Mediterranean countries and has been transformed into a regular institutional structure called the **Mediterranean Multidisciplinary Oncology Forum**.

The BoD between 2009–2010, presided over by **Ahmet Demirkazık**, founded the “**Commercial Enterprise of the Medical Oncology Association**” in accordance with the evolving needs of our Association. During this period, the Medical Oncology Core Training Curriculum was established, and regular training programs called the “**School of Medical Oncology**” were initiated. These programs are still part of the postgraduation training courses and are published on our website.

The “**Best of ASCO**” meetings have been held regularly since 2010 in cooperation with ASCO. The “Interdisciplinary Urooncology” meetings, started together with the Turkish Radiation Oncology Association and the Urooncology Association, and are still organized.

In this period, reports on “The Situation of Medical Oncology in Turkey, Our Problems and the Problem of Rotation at Universities” and “The Mandatory Subspecialty Service Problem in Turkey and Recommendations for Solutions” were prepared and presented to the President of the TGNA and the Chairperson of the Healthcare Commission. In addition, initiatives were taken for the purpose of institutionalization of the nursing training as part of the **Training Project for Training Nurses in Medical Oncology** at select pilot centers of medical oncology clinics in Turkey.

During 2011–2012, the President of our Association was **Şuayib Yalçın**. The number of association members reached 393 in this period. The application of the Medical Oncology Association to take up the word “Turkish” in its name was accepted by the Ministry of the Interior on 31/08/2012, and it was deemed appropriate for the name of our Association to be the “**Turkish Medical Oncology Association**”. Our Association became a member of the Union for International Cancer Control (**UICC**) in 2012. Our members have access to international publications through our website. After the earthquake in Van, **two containers** of materials were donated to the Van Regional Central Training and the Research Hospital by our Association.

The formation of the **Honorary Board** and the **Board of Young Oncologists** of our Association was decided on during this period and was incorporated into the charter in the Regular General Assembly of 2012. “Young Oncologists” have also been approved by the ESMO, granting the group an international status. During this period, a team of young oncologists translated the ESMO’s “**cancer guidelines for patients**” into Turkish. The Turkish translation was published on the ESMO web page.

During 2013–2014, the President of our Association was **Pınar Saip**. The number of association members reached 498 in this period. Our Association carried out its first strategic planning in this period. With this five-year study as the **2014–2018 STRATEGIC PLAN**, our association entered into a period of planned growth and development and developed its relationship with the public and with other non-governmental organizations (NGOs). During this period, the Association’s archive was made available to all members of the Association, and reports were published on the future needs of Medical Oncology, quality standards, and situations of the service and training organizations. Also, a comprehensive **Member Satisfaction Survey** was organized for the first time, and the results were published on our web page. In this period, activities continued to be held with patient associations and stakeholder groups, as well as briefs being produced for stakeholders in various media. Several improvements have been made to our online services, and our English web page has been published.



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The institutionalization process saw the publication of the R&D Directive, the updated Oncology Proficiency Guidelines, and the Proficiency and Development Exam Guidelines. Also, in this period, an **International Relations Committee** was formed for our international relations, a Cooperation Agreement was signed with ESMO, and young oncologists became active at the ESMO within this framework. The **Onco-Bridge Platform** was established with neighboring countries; and the Medical Oncology Section, not represented at the European Union of Medical Specialists (UEMS), was initiated under the leadership of the TTOD Board of Proficiency.

In 2015–2016, our Association was presided over by **Gökhan Demir** and **Ahmet Özet**, respectively. The number of association members reached 578 in this period. In this period, the report "Medical Oncology Healthcare Services, Human Resources Training and Research Planning" was updated, and the reports "Potential Problems with the Clinical Practice of Biosimilar Products and Immunogenicity" and "Promotional Activities for Human Medical Products" were written; opinions were provided to public agencies regarding the Communique on Healthcare Practice (SUT) and other subjects, and the "Regulation on the Promotion of Medical Products" was issued. The web page was revised, ensuring our media tracking through the "Media Tracking Center". On YouTube, **ONKO TV** channel started to enable the provision of information to the public. Our web page was also made available on smartphones. In this period, an agreement was concluded for our **Journal of Oncological Sciences**, which will be published three times a year. "Basic Standards and Regulation for the Training Accreditation of Medical Oncology Clinics" and "Re-certification Criteria" were prepared. Our young oncologists completed translations of the ESMO Treatment Guidelines, continuing our activities in the international community.

During 2017–2018, the President of our Association was **Mahmut Gümüş**. The number of association members reached 665 in this period. During this period, we signed a contract with a PR company and delegated our media and public relations, as well as our social media management, to professionals. In the medicolegal area, we filed a case for the "Cancellation of Annex-13 (The List of Operations to be Performed at Clinics) to the Amendment to the Regulation on the Private Healthcare Organizations Providing Outpatient Treatment and Diagnostic Services", which was ruled as **CANCELLED** by the 15th Chamber of the Council of State following a retrial after reversal. In this period, we continued to effectively organize activities with patient associations and stakeholder groups, run training programs and congresses, and participate in national and international events, as well as briefing stakeholders in various media

During 2019–2020, the President of our Association was **Serdar Turhal**.

Since its establishment, our Association has worked for the problems of physicians and medical oncologists on issues related to the laws adopted, making individual and collective efforts with other associations and the Turkish Medical Association for their personal rights. The association's initiatives continue in this regard.

All institutions established in the various periods of our Association are actively and effectively working, conducting their training activities (courses, congresses, research, projects, and overseas training support, website, etc.) on a continual and regular basis.

This period saw the administration of the second edition of the Member Satisfaction Survey and, then, the completion and commissioning of the **second Strategic Planning of the TTOD**.

The **TTOD** will continue to develop and institutionalize with contributions from all of our members, the work of present and future administrations, and the efforts of all commissions and boards.



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1.2. SERVICES and AREAS of ACTIVITY

The main goal of establishing the Association was to ensure and promote scientific and social development by gathering the "Medical Oncology Specialists" and "Medical Oncology Trainees" together under a professional and social umbrella.

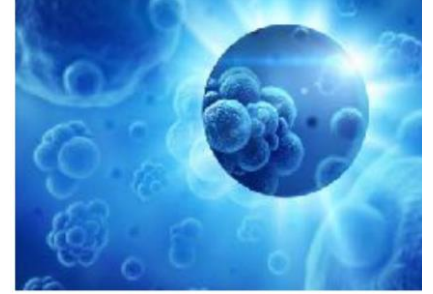
To achieve this goal, the Association:

- Organizes, contributes and publishes scientific meetings covering medical oncology topics, reflecting developments in cancer treatment and diagnosis.
- In our country, works towards the establishment of a specific order and standard for training and teaching of medical oncology, and endeavors to realize such efforts.
- In line with its purposes, engages in scientific and technical cooperation with similar national and international scientific organizations carrying out medical oncology studies and delivers relevant information and publications to its members.
- Contributes to research and events related to the diagnosis, treatment of and fight against cancer in our country.
- Takes legal action against individuals and organizations that promote and trade treatment methods with no evidence of scientific activity. Informs the public about the treatment of cancer and seeks to prevent the abuse of patients and patients' relatives.
- Advises on medical oncology-related issues for present and future public and private treatment institutions and contributes to improving the level of medical oncology practices.
- Engages in activities to protect the socioeconomic rights of its members and related assistive staff against relevant organizations and to increase the standard of their social life.

1.3. CURRENT ADMINISTRATION of the ASSOCIATION

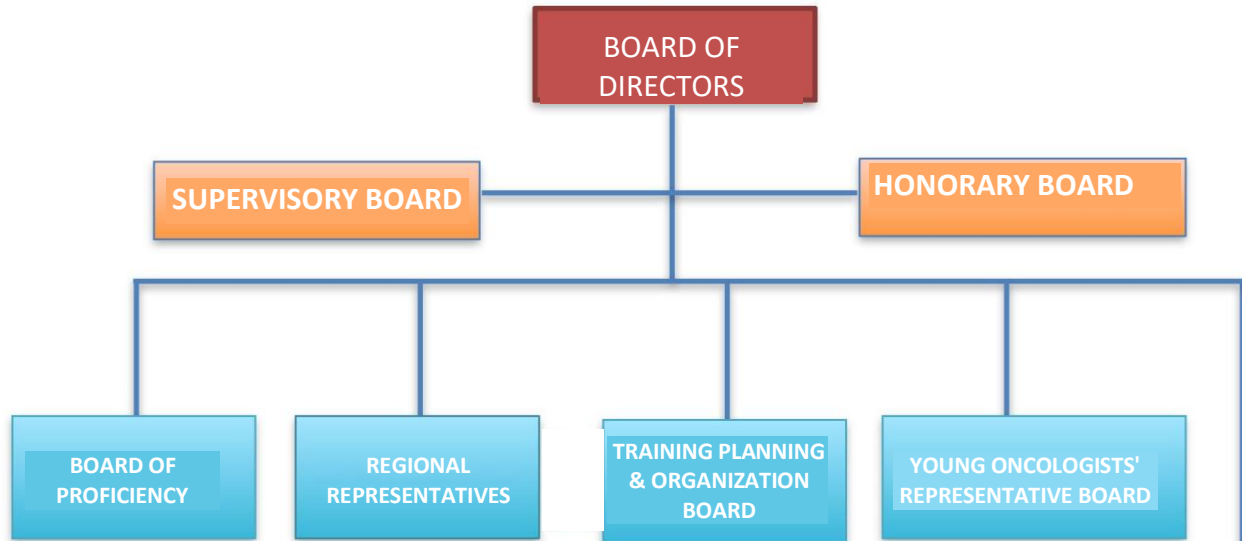
BOARD MEMBERS (2019–2020)

- Dr. Serdar TURHAL (President)
- Dr. Ismail ÇELİK (Vice President)
- Dr. Mahmut GÜMÜŞ (Former President)
- Dr. Özlem SÖNMEZ (Secretary General)
- Dr. Tarık SALMAN (Bookkeeper)
- Dr. Lütfiye DEMİR
- Dr. Ahmet Taner SÜMBÜL
- Dr. Tarkan YETİŞYİĞİT
- Dr. Feyyaz ÖZDEMİR
- Dr. Devrim ÇABUK (2019)



2020-2024 STRATEGIC PLAN

ADMINISTRATIVE DIAGRAM



SUPERVISORY BOARD

- Dr. Bülent ORHAN
- Dr. Taflan Salepçi
- Dr. Ayтуğ ÜNER

HONORARY BOARD

- Dr. Nil Molinas MANDEL
- Dr. Mehmet ALAKAVUKLAR
- Dr. Fuat DEMİRELLİ
- Dr. Mustafa ALTINBAŞ
- Dr. Necdet ÜSKENT

BOARD OF PROFICIENCY

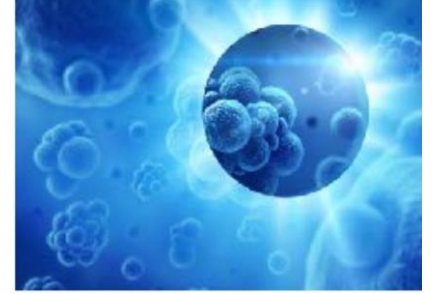
- Dr. Erdem GÖKER (Chairman)
- Dr. Faysal DANE
- Dr. Lütfiye DEMİR (Board of Directors Representative)
- Dr. Murat DİNÇER
- Dr. Burçak KARACA
- Dr. Sadettin KILIÇKAP
- Dr. Leyla ÖZER

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TRAINING PLANNING & ORGANIZATION BOARD (EPOK)

- Dr. Tarkan YETİŞYİĞİT (Chairman)
- Dr. Lütfiye DEMİR (Deputy Chairwoman)
- Dr. Burak CIVELEK (Regional Representative of the Central Zone)
- Dr. Hakan HARPUTLUOĞLU (Regional Representative of the South and Southeast)
- Dr. Dilek ERDEM (Regional Representative of the North and Northeast)
- Dr. Özgür TANRIVERDİ (Regional Representative of the West)
- Dr. Nebi Serkan Demirci (Regional Representative of Marmara and Northwest)
- Dr. Gökhan ÇELENKOĞLU (Specialist Representative)
- Dr. Melih ŞİMŞEK (Specialist Representative)
- Dr. Necla DEMİR (Young Oncologist Representative)
- Dr. Naziye AK (Assistant Representative)

COMMISSIONS

See TTOD web address for commission members:

<https://www.kanser.org/saglik/komisyonlarimiz>

1.4. REFERENCES

A) Our Human Resources

At TTOD, our human resources consist of the personnel of all Medical Oncology specialists in Turkey, internal medicine specialists receiving subspecialty training in oncology, permanent or temporary professional employees of the Association, as well as consultants and companies from which we procure services.

A medical oncology specialist (MOS) is a medical doctor who receives a three-year medical oncology training following a four-year internal medicine specialization. The MOS monitors patients with cancer from diagnosis to death, plans and implements the systemic treatment of cancer patients, distinguishes the symptoms of cancer and side effects of its treatment from other comorbidities, can fully understand the patient, directs the patient to other specialties throughout the course of the treatment, and treats other diseases if necessary.

It is our top priority today to train an adequate number of qualified medical oncologists to serve our country for cancer, the second largest chronic disease in the rankings, to which we lose 1.9 million people every year.



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1. Distribution and Proficiency of Medical Oncologists in Turkey

According to the February 2020 data, 564 of the 700 members registered in our Association are medical oncology specialists and 136 are internal medicine specialists who have received medical oncology training.

In 2020, assuming the total population to be approximately 83 million, there is one medical oncology specialist per **147,000** people. When all our 136 members receiving subspecialty training become medical oncology specialists, there will be one medical oncology specialist per **128,500** people by 2024 (2024 population is estimated to be 90 M).

Our association believes that the target number should be one medical oncologist per 80,000 people, provided that all oncologists are trained with the necessary qualification. In this case, the number of specialists available in our country needs to be increased by at least 50%.

There are a total of 110 medical oncology clinics in our country. Of these, 32 are public universities that offer training, three are private universities that offer training, six are training and research hospitals, 44 are public hospitals with no training, seven are private universities, and 18 are public universities with no training.

The distributions of the current number of specialists by year, academic title and age are shown in Tables 1, 2 and 3. Accordingly, as of 2020, of medical oncology specialists:

- 64% hold an academic title;
- 71% are under the age of 50.

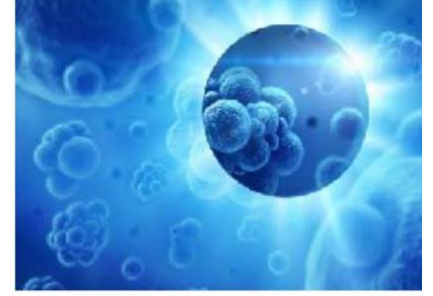
The nationwide distribution of medical oncologists by number is shown in Table 4.

Table 1: Distribution of Medical Oncologists by Year

Year	1996	2000	2004	2008	2012	2016	2020
Number of Members	35	61	130	215	393	578	700

Table 2: Distribution of Medical Oncologists by their Academic Title

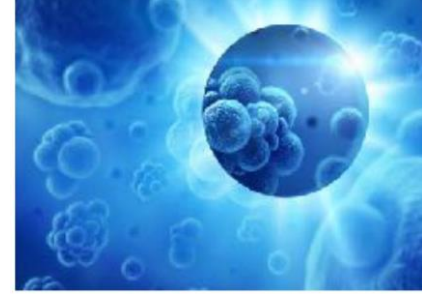
	UNIVERSITY	PUBLIC	PRIVATE	ABROAD	RETIRED	TOTAL
PROFESSOR	116	7	40	1	7	171
ASSOCIATE PROFESSOR	82	27	41	2	4	156
ASST. PROFESSOR	27	2	8	-	-	37
SPECIALIST	66	94	36	3	1	200
SUBSPECIALTY ASSISTANT	115	21	-	-	-	136
TOTAL	406	151	125	6	12	700



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Table 3: Distribution of Medical Oncologists by their Location

PROVINCE	NUMBER	PROVINCE	NUMBER
Adana	25	Kayseri	13
Afyon	5	Kırıkkale	2
Ağrı	1	Kocaeli	21
Ankara	127	Konya	17
Antalya	23	Kütahya	1
Aydın	9	Malatya	5
Balıkesir	1	Manisa	7
Batman	1	Mardin	1
Bitlis	1	Mersin	10
Bolu	1	Muğla	5
Bursa	22	Ordu	3
Çanakkale	3	Osmaniye	2
Çorum	1	Rize	2
Denizli	10	Sakarya	7
Diyarbakır	17	Samsun	10
Düzce	2	Muğla	5
Edirne	8	Ordu	3
Elazığ	5	Şanlıurfa	3
Erzincan	1	Sivas	4
Erzurum	5	Tekirdağ	5
Eskişehir	13	Tokat	3
Gaziantep	7	Trabzon	10
Hatay	6	Uşak	1
Isparta	3	Van	7
Istanbul	197	Yalova	1
Izmir	49	Yozgat	1
Kahramanmaraş	3	Zonguldak	2
Karabük	2	Abroad	5



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Table 4: Distribution of Medical Oncologists by Age

age <40	40-50 age	50-60 age	60-70 age	age >70
289	248	118	36	9

B) Our Assets

As well as our cash resources, we have an office in Istanbul, which is owned by the Association as a fixed property.

C) Our Activities

We organize training programs, meetings, and congresses every year on behalf of our Association. Our most important activities are:

- Postgraduate Training Courses
- TTOD Congress (held every two years in even years)
- National Cancer Congress (held every two years in odd years)
- Traditional Inter-Disciplinary Urooncology Meeting
- Annual Best of ASCO Meeting
- Local Meetings Held by Regional Representatives

1.5. EVALUATION of the PREVIOUS STRATEGIC PLAN (SP 2014–2018)

The first plan of the TTOD, a pioneer in the medical associations with respect to strategic planning, covered the period of 2014–2018. During this process, initial assessments were conducted as part of the Presidents' term reports.

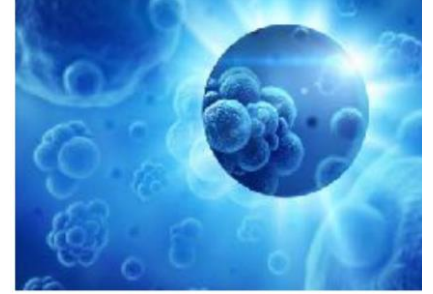
The final assessment for the last term, which covered the entire plan, was made by all participants in the SEM process.

In this assessment, the most important findings that stand out for the whole plan are as follows:

- **Strategic planning is very successful and brings significant momentum to our Association,**
- **Our most important shortcoming concerns measuring, assessing and improving,**
- **We need to raise awareness of our work with the members.**

The key findings within the framework of each strategic goal of the plan are as follows:

- 21 of 36 actions for the goals part of **Improving the Working Conditions of Medical Oncologists** were completed. A commission for personal rights has been established and has become functional. Studies on exhaustion syndrome have shown a need to resolve legal problems and improve the acquisition of rights.



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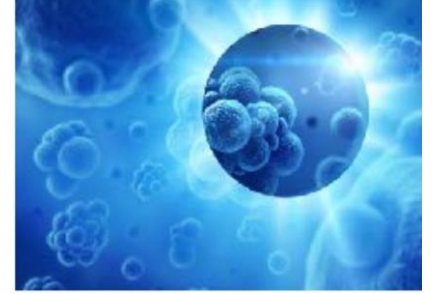
- It has been observed that 9 of the 67 actions set out to **Improve the Competence of Medical Oncologists** have been completed, three have not been performed, and others have been performed as ongoing actions that have to be continued.
- 20 of the 24 actions set out to **Support the Quality and Quantity Increase in R&D** are found to have been completed, three actions requiring removal, and one action was not taken; the study also pointed out the need to update the R&D guidelines (update action is included in the new plan).
- It was found that we had significant shortcomings to **Contribute to the National Oncology Policies**. Nevertheless, significant progress has been achieved in institutionalization efforts under this goal. The expected attendance was achieved for the BoD's meetings, the web page was improved, and updates have been made regularly. The incomplete actions under this strategic objective were identified and included in the new plan.
- Regarding the goal set to **Support the Improvement of Oncology Health Service**, no significant improvement has been achieved except for preventing medical oncology nurses and non-oncologist physicians from prescribing chemotherapy. The incomplete actions with ongoing relevance under this strategic objective were identified and included in the new plan.
- 26 of the 28 actions set out to **Raise Social Awareness on Cancer** were successful, and one action was deemed unnecessary. Among them, 14 actions have been included in this plan and will be continually developed.
- We failed to achieve the intended success for the goals set to **Increase Activities in the International Community**. The most important achievement for this strategic objective is the successful publication of the targeted scientific magazine. The incomplete actions under this strategic objective were identified and those required are included in the new plan.

Conclusion

To conclude, the first plan has been a major success, has achieved significant progress in institutionalization, has increased the reputation of the Association, has increased support for members, has enhanced the satisfaction and participation of members, and has enabled more penetration into the society.

One of the most important areas where we see that our efforts have succeeded is in the interest, participation, and support of the masters of our profession, the founding masters; this continues at full pace.

The first plan was assessed by the BoD for actions that had not been achieved adequately, and the aim was to address and complete the up-to-date actions as part of this second plan.



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1.6. STRATEGIC PLANNING PROCESS

Our Association, which seeks to plan its responsibilities for members and tasks with a strategic perspective, held a "Strategy Exploration Meeting" on January 3-4-5, 2020 with the attendance of 90 members of our Association.

In the meeting, in line with the ultimate goal, i.e., to define strategies and to design and drive the future, the following were performed:

- Brainstorming with nominal technique
- Prioritization with a multiple voting system
- A series of working techniques such as group work
- Megatrends Analysis
- GTZF/SWOT
- PESTE analyses

And all results were recorded and shared with the SEM report.

The SEM included a study of the conjuncture and future predictions, as well as determination of the wishes and expectations of members for our Association and profession, which were reflected in the strategic objectives and goals.

With the second Member Satisfaction Survey, all volunteering members provided their views and expectations, which were then evaluated as part of the strategic plan.

During the SEM process, assigned members of the BoD studied and elaborated each one of our missions, values, and policies that form the core of the Strategic Plan and improved them in line with current requirements. Then, as part of the meeting, they were all reviewed and finalized.

After preparing the most important step in the study, the draft "Action Plan", which constitutes the backbone of the plan and was prepared in line with the results from the SEM findings, we have worked on them multiple times with our Chairpersons, and have improved them. The work has been reviewed and finalized by the BoD members as a final draft.

Finally, all the findings that were identified were gathered together and shared in a democratic, transparent, and participatory manner; the BoD worked on these and reviewed and revised the final results, finally completing the "**2020-2024 TTOD Strategic Plan**" with the approval of the Turkish Medical Oncology Association's BoD for 2020.

This plan, approved unanimously by the BoD, was published on 30 April 2020 and shared with our members.



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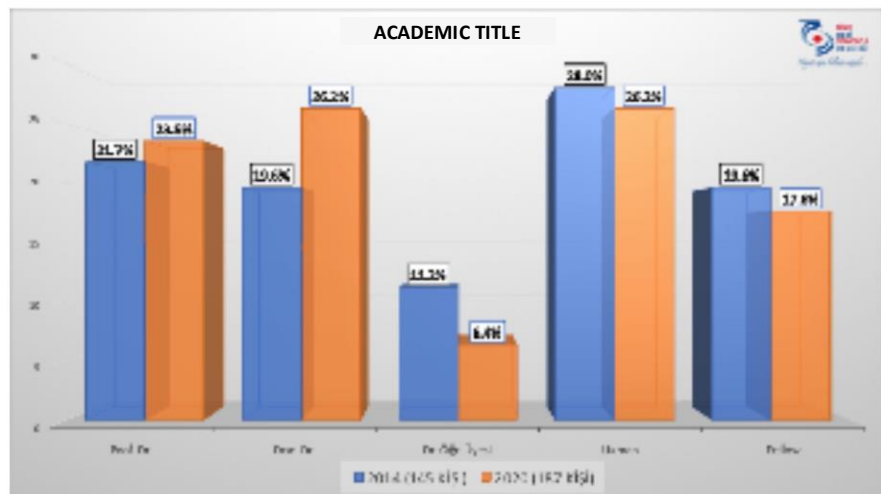
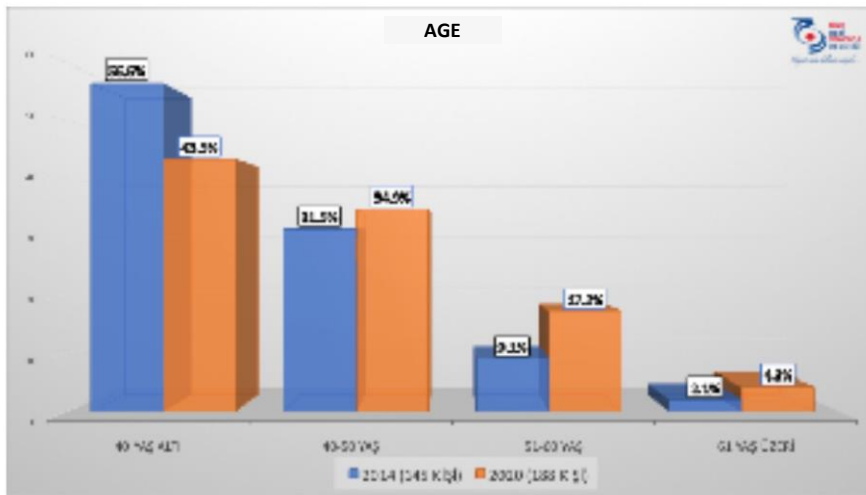
SECTION 2: STAKEHOLDER ANALYSIS

Our stakeholder analysis covers two key sections as “external stakeholders” and “internal stakeholders”. Our members have been identified as our “internal stakeholders” and their expectations have been analyzed. All of our stakeholders apart from the members have been gathered under "external stakeholders" and have been analyzed within the framework of our existing relationships. Our stakeholder analysis results are listed below.

INTERNAL STAKEHOLDER ANALYSIS

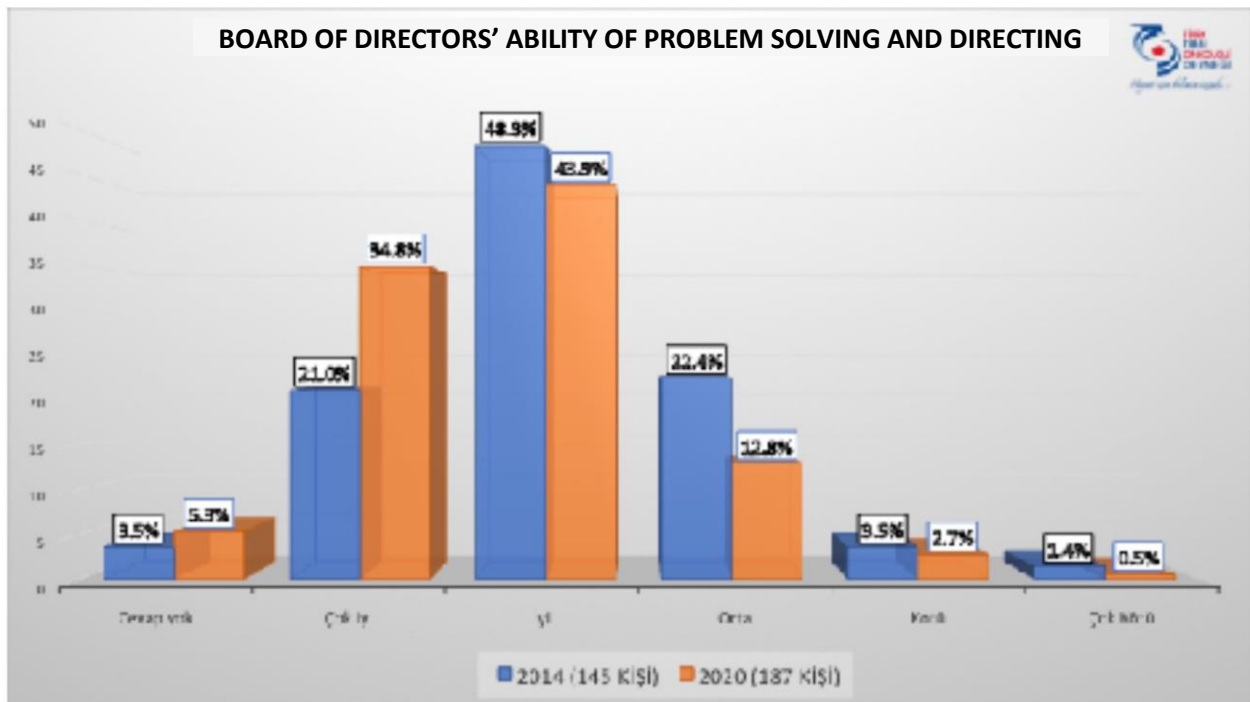
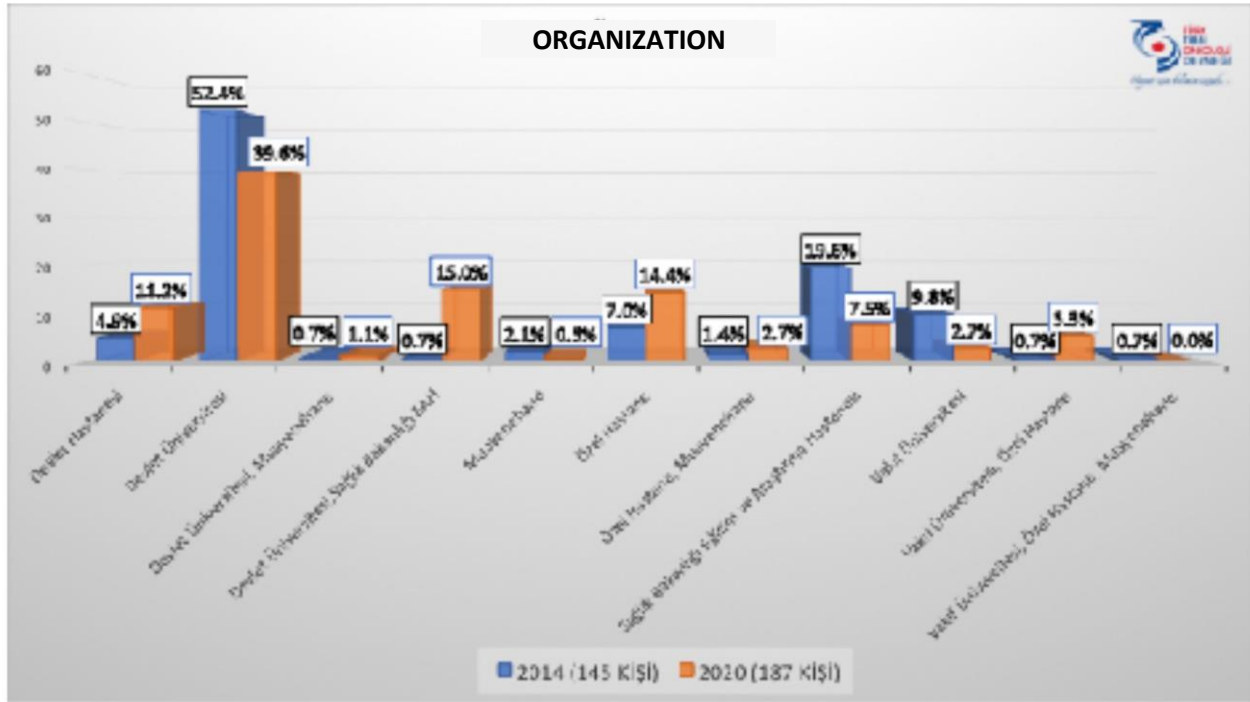
As a benchmark, this analysis took up the satisfaction survey administered to our members in our first strategic plan. The tables are comparative, presenting figures from 2014 to 2020. Only important or prominent tables are presented in this report. Interested members may obtain the full satisfaction survey from our Association.

List of Tables



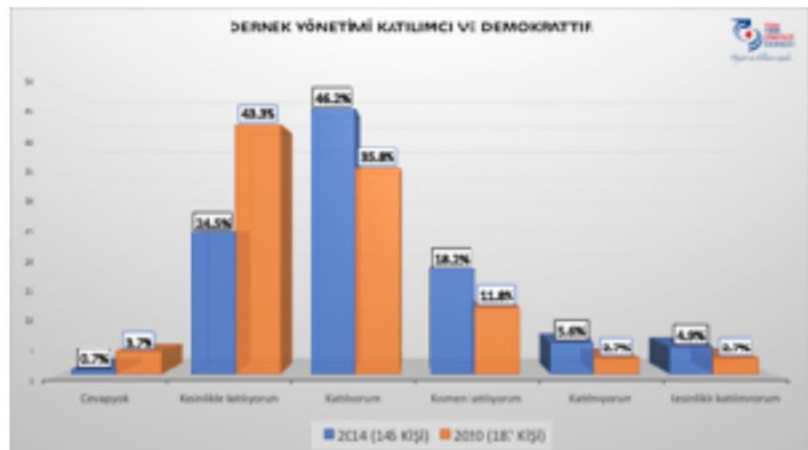


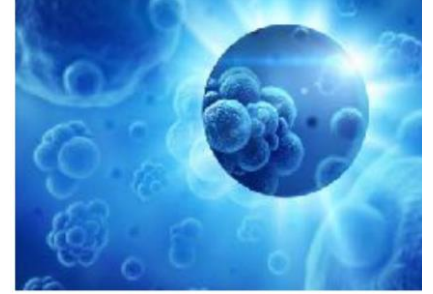
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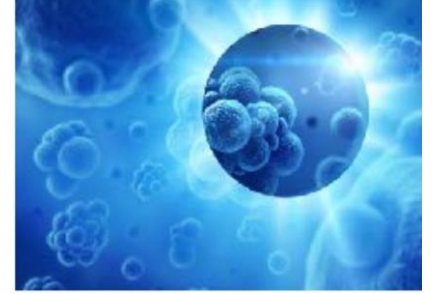
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General Evaluation

Overall, a 6% improvement of the Association's performance compared to the previous survey is a very satisfying outcome. Naturally, this will raise expectations from the current and future BoD. The results show the need to provide more support to specialist and subspecialist representatives, to review and improve legal services, to better inform members of support programs and projects, and to define and enhance relationships with other institutions.

Critical Points in Comparison

- ✓ A reduced number of under forty years old participated in the survey (This could be explained by fewer young oncologist members)
- ✓ There was an increase in proficiency documentation ownership.
- ✓ The number of participants from the east and the southeast (due to their current number) has not changed/has remained few.
- ✓ Regarding the positive views of the BoD's performance, a larger number of participants marked "very good/strongly agree" and the total views of "good/agree" and "very good/strongly agree" were higher in general.
- ✓ The perception of "inclusion/democracy" in the association has increased significantly from 70% to 80%.
- ✓ The belief in the Association's representation power and the sense of belonging has increased significantly from 68% to 83%.
- ✓ The perception of impartiality in the practices of the Association has increased from 65% to 75%.
- ✓ The perception that members are supported by the Association has increased significantly from 73% to 83%.
- ✓ There was a decline in the problem-solving capability of the specialist and subspecialist representatives.
- ✓ Young oncologist representatives showed a significant increase in problem solving capability from 15% to 45%.
- ✓ The positive views about the Association's assignments have increased significantly (from 45% to 60%)
- ✓ The satisfaction in legal counsel services declined to some extent.
- ✓ Expectations for the exhaustion syndrome were not adequately met.
- ✓ Although there has been an increase in positive views regarding the oncologists' competency, there is a reduction in the view that "I strongly agree".
- ✓ Regarding the satisfaction with the congresses, there is a significant increase in the view that "I strongly agree".
- ✓ The satisfaction with regional multidisciplinary meetings increased by 20%.
- ✓ There has been a significant increase in "no idea" about the Association's support programs and also "no answer" rates about the project's support programs. Given this, the programs need to be better promoted.
- ✓ The Association's performance has improved in raising cancer awareness.
- ✓ More people have visited the Association's website and the website satisfaction rate has increased.
- ✓ The satisfaction with international promotions has increased.
- ✓ Communication with other institutions is expected to be improved.



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EXTERNAL STAKEHOLDER ANALYSIS

The external stakeholder analysis included a review and evaluation of all stakeholders directly involved in the practice of oncology, those influencing the area, and those impacted by the studies. These are mainly government institutions, educational institutions, treatment institutions, pharmaceutical and equipment suppliers, professional associations, and oncology-oriented NGOs.

The basic principles that we follow in our relationships with all stakeholders are defined in our “Policies”. Specific policies have also been defined for some of our special stakeholders (e.g., our relationships with the public or industry).

The external stakeholder analysis reviewed the legislation of the relevant institutions and organizations, as well as the information on their web pages and their strategic plans, if any.

Our draft strategic action plan was shared with our critical external stakeholders and feedback was requested from them, which was then reflected in the plan.

Based on the evaluation criteria, our stakeholders were treated in four categories. These categories are:

- A) Our stakeholders who manage and direct the field with their policies and practices**
- B) Our stakeholders who collaborate within the framework of scientific meetings and research**
- C) Our stakeholders with whom we can positively influence the profession**
- D) Our stakeholders to collaborate in our social studies**

Identified based on the evaluation criteria above, the stakeholders who manage, direct, and influence the field of our medical oncology profession and our current and potential relations with such stakeholders are defined below:

Our stakeholders who manage and direct the field with their policies and practices:

A) MINISTRY of HEALTH

1. Public Health Directorate,

a. Department of Cancer

- i. Communication, cooperation, and support for the Department of Cancer and associated KETEM (Early Diagnosis, Screening and Training Centers for Cancer) centers as part of cancer diagnosis-treatment objectives.
- ii. Communication and support for the revision of the present “2014–2018 Turkey Cancer Control Plan”



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iii. Active participation and support in the "Cancer Advisory Board" sub-committees, and provincial "Cancer Advisory Boards", in which our members are participating.

b. Department of Chronic Diseases and Elderly Health

i. Communication and support for awareness regarding screening

c. Department of Family Medicine

i. Communication with and support for the unit to which more responsibility will be assigned regarding screening as per the Ministry of Health (MoH) strategic plan

2. Healthcare Directorate

a. Healthcare Human Resources Planning Dept

i. Communication about the distribution of our members in provinces and their working conditions

b. Research, Development and Healthcare Technology Assessment Dept

i. Communication and support for medical guidelines and protocols

ii. Communication and support for the assessment of healthcare technology

3. Healthcare Development Directorate

a. Healthcare Communication Dept

i. Relationship and support in healthcare communication related to oncology.

b. Project Development and Financial Affairs Dept

i. Establish relationship and support in healthcare projects related to oncology.

4. Public Hospitals Directorate

a. Healthcare Dept

i. Establish relations regarding the members' working conditions

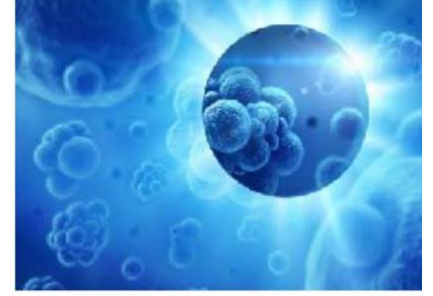
ii. Communication about the working conditions of our members at 16 Full-Scale Oncology Centers and 30 Oncology Diagnosis and Treatment Centers operating under this department

5. Turkish Pharmaceutical and Medical Devices Directorate

i. Mutual communication in cutting-edge technologies and product sharing

ii. Communication about the work and procedures (regulations, permits, availability, audit, response, alert system, pricing, procedures between vendors/buyers) related to associated products and devices

iii. Communication about regulations, permits, and controls related to clinical research for associated medical devices and products



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6. Provincial Directorates

- i. Relationship, support and cooperation in community awareness studies
- ii. Relations regarding the members' working conditions

B) YÖK (Higher Education Board)

1. Inter-University Board

- i. Relationship regarding our members' associate professorship and nostrification

2. Public and Private Universities

- i. Relationship in the accreditation of educational institutions
- ii. Relationship, support, and cooperation in terms of our members' working conditions

3. Institutes of Oncology

- i. Relationship in the accreditation of institutes
- ii. Relationship, support, and cooperation in terms of our members' working conditions

C) MINISTRY of FAMILY, LABOR and SOCIAL SERVICES

- i. Collaboration in cancer awareness of women and families
- ii. Collaboration on projects as part of protective and preventive services

1. SSI

- i. Communication and support in the context of medication and treatment-related protocols in SUT
- ii. Communication in terms of the needs and expectations of patients (home care support, support for hospital schools, disability pension, social care specialist support in the treatment team),

D) TGNA HEALTHCARE COMMISSION

- i. Communicate, provide opinions, lobbying about current laws, laws to be adopted, etc. on oncology and general medicine.
- ii. Be informed and provide opinions in areas of interest to us in the context of bilateral agreements with international institutions and countries in the field of healthcare.

Our Stakeholders to Collaborate within the Framework of Scientific Meetings and Research:

A) TUBA

- i. Relationship and cooperation in scientific studies via the Cancer Study Group



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- ii. Support for and participation in cancer policy workshops, associated meetings, and seminars
- iii. Relationship and cooperation within the framework of guiding activities for young oncologists about support and scholarships

B) TUBITAK

- i. Support in the scientific studies of our members
- ii. Access to information and media via the TUBITAK

2. Marmara Research Center

- i. Communication and support for the development and production of domestic biosimilar drugs for cancer treatment

C) TÜSEB

- i. Cooperation and support for the collaborations, projects, and meetings in Turkic republics and Balkans

1. National Cancer Institute

- i. Participation in and support for scientific studies

D) TİKA

- i. Cooperation and support for the collaborations, projects and meetings in Turkic republics and Balkans

E) UICC (Union for International Cancer Control)

- i. Collaboration in international meetings and projects

F) ESMO (European Society of Medical Oncology)

- i. Cooperation with European countries on meetings and projects

G) ASCO (American Society of Clinical Oncology)

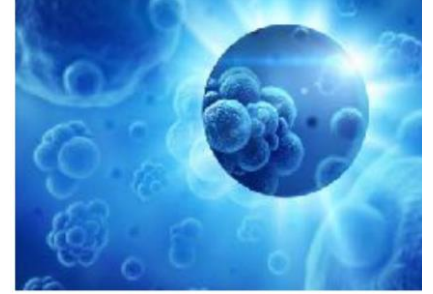
- i. Collaboration in international meetings and projects

H) EORTC (European Organization for Research and Treatment of Cancer)

- i. Cooperation with European countries on meetings and projects

H) EUMS (European Union of Medical Specialists)

- i. The TTOD presides the Oncology Section of the Union.



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Our Stakeholders with whom We Can Positively Influence the Profession:

- A) Oncology-related professional associations
- B) Turkish medical association and provincial organizations
- C) Turkish pharmaceutical association and provincial organizations
- D) Private hospitals
- E) Pharmaceuticals production and marketing companies
- F) Medical equipment production and marketing companies

In general, we will continue to cooperate with these stakeholders regarding:

- Progress of the profession,
- Following the innovations in oncology science,
- Improving the working conditions of our members,
- Sharing and increasing scientific studies.

Our cooperation will be further strengthened with the scientific congresses, training, and meetings.

Our Stakeholders to Collaborate in our Social Studies:

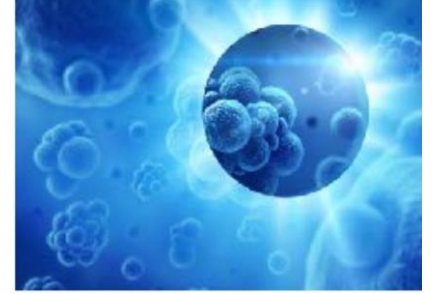
- A) Patients, patient relatives and associated NGOs
- B) Social media actors
- C) Print and visual media actors

With these stakeholders, we will continue to cooperate regarding:

- Informing the public not only about cancer but also its diagnosis and treatment in the most accurate way
- Informing the public also about preventive oncology
- Protecting the public from misdirection or non-scientific therapies that are not based on historical knowledge or empirical facts.

Our joint efforts will be much stronger with future efforts and collaborations.

As a result, our stakeholder analysis has been done to guide our current and future Administrations in our relationships with internal and external stakeholders. Our **TTOD mission and values** will determine the purpose and scope as our main guidance in our work with stakeholders.



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SECTION 3: INTERNAL AND EXTERNAL ANALYSIS

3.1. INTERNAL ANALYSIS

Internal analysis was conducted with member satisfaction surveys (internal stakeholder analysis of the plan) and the SEM meeting. The findings we identified at the SEM meeting with extensive participation of member representatives have been prioritized, and the most important ones were selected by the same team. These highlights are provided below:

TTOD's Top Strengths

- We represent all oncologists in Turkey
- We have a deep-rooted and institutional structure
- We are a democratic and transparent association
- The high scientific levels of our members
- There is a standard and continuity in our training courses
- We support young oncologists in their programs abroad
- We have a high reputation in the eyes of our stakeholders
- We have a scientific publication
- We have industry support
- We represent the most intensive area of medical research

TTOD's Key Weaknesses to Improve

- Interactions with the MoH and the SSI are not adequate
- Failure to achieve desired level in basic oncology studies
- There are areas that need improvement regarding the efforts for personal rights
- Failure to provide expected fairness in meeting assignments
- Failure to prevent the establishment of new associations because we could not establish sub-branches
- Failed standardization of outpatient chemotherapy units
- Failure to create a scientific publication team
- Failure to cope with the congress inflation
- Incomplete standard national manual



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3.2. EXTERNAL ANALYSIS

In this framework, SEM participants identified the most important areas of change as global and national MEGA-TRENDS; these will inevitably affect us over the next ten years.

In the future, we will be affected by the following...

MEGA-TRENDS:

1. ACCELERATING TECHNOLOGICAL ADVANCEMENTS
2. PERSONALIZED MEDICINE COMING FORTH WITH R&D
3. INCREASED TREATMENT COSTS
4. INCREASED PATIENT LOAD AND TREATMENT TIME
5. INCREASED LEGAL ISSUES
6. A RISE IN ENVIRONMENTAL AND ETHICAL PROBLEMS

Accelerating Technological Advancements

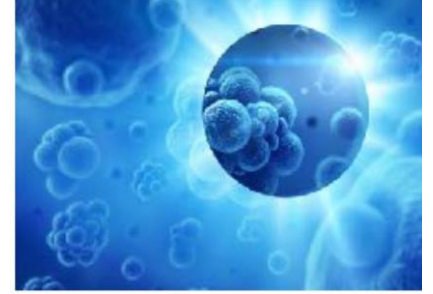
The future developments under this topic are expected to be in the following areas:

- Technology-based analytics will drive treatments
- Treatment algorithm software expected
- Artificial intelligence will be used more intensively in all medical areas
- Congresses will be virtual

Personalized Medicine Coming Forth with R&D

The following are expected to increase in the future:

- Targeted genomic/precision medicine to stand out
- Bio-technological treatments will increase
- Molecular testing to guide treatment decisions
- Rise in clinical research awareness



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Increased Treatment Costs

The following are expected to increase in the future:

- Pharmaceutical costs will increase
- The value for labor will decrease in the sector
- Increased cost load will lead to changes in reimbursement models
- Pharmacoeconomics will guide national health policies
- The trend toward extensive private health insurance will increase

Increased Patient Load and Treatment Time

The following are expected to increase in the future:

- The number of patients will increase
- Cancer-related mortality rates will increase
- Expectations for palliative care and health support will be increased

Increased Legal Issues

The following are expected to increase in the future:

- Legal gaps will increase
- Medicolegal issues will increase
- Malpractice cases will increase
- Defensive medicine will come
- Violence in healthcare will become routine

Increase in Environmental and Ethical Problems

The following are expected to increase in the future:

- Environmental pollution will increase
- Ethical issues will increase

Potential threats and opportunities associated with mega-trends are presented separately below for each key trend (mega-trend):



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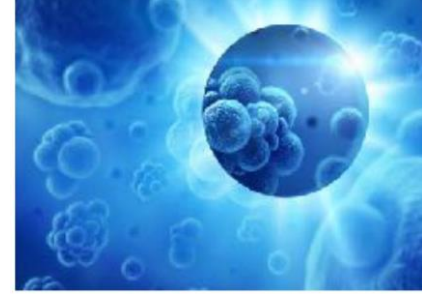
3.3. THREATS & OPPORTUNITIES

These key trending areas contain threats and opportunities that will impact TTOD's management strategies. In the SEM meeting, we worked on these threats and opportunities as groups and identified the most important ones.

Below we provide the particular threats and opportunities that will most influence the TTOD's activities and services in key trending areas:

1. Accelerating Technological Advancements

OPPORTUNITIES	THREATS
<p>With technology-based analytics;</p> <ul style="list-style-type: none"> Greater diagnostic convenience (more effective targeted treatment chance, ability to avoid unnecessary expenditure and time wasted) Accuracy rates will increase during the staging phase Increased clinical success with the chance of early and accurate diagnosis and cumulative treatment Resources will be used more effectively 	<p>With technology-based analytics;</p> <ul style="list-style-type: none"> Financial toxicity (high cost of technological testing, more costly treatment options with new alternatives) Standardization decreases Technology dependence can reduce need for human beings Differences in technological accessibility and the potential resulting inequality
<p>With artificial intelligence coming to the fore;</p> <ul style="list-style-type: none"> Artificial intelligence trainer oncologists will be required Faster, more accurate, and cost-effective screening, diagnosis and treatment will be possible More accurate and evidence-based decisions to be made Standardization will be made easier. 	<p>With artificial intelligence coming to the fore;</p> <ul style="list-style-type: none"> Reduced employment opportunities for medical oncologists Ethical and legal issues may arise There may be errors in the development process of artificial intelligence
<p>With the treatment algorithm software to be developed;</p> <ul style="list-style-type: none"> Increased treatment success Malpractice likely to decrease Convenience in planning for the future of treatment 	<p>With the treatment algorithm software to be developed;</p> <ul style="list-style-type: none"> For economic reasons in our country, we may be unable to take advantage of advanced software and results Likely end of the master–apprentice relationship in medical education Patient–physician communication may be disrupted



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2. Personalized Medicine Coming Forth with R&D

OPPORTUNITIES	THREATS
<p>With personalized medicine;</p> <ul style="list-style-type: none"> • Experience will increase, patients will benefit more • Direct and indirect health expenditure will increase • Health tourism will see benefits • Will guide cancer prevention • Increased utilization will provide cost-effectiveness • Currently unprescribed mutations will be targeted in the future • We will be able to understand the resistance mechanism and tumor biology • We will be able to understand the mechanism of side-effect management 	<p>With personalized medicine;</p> <ul style="list-style-type: none"> • Laboratory tests may have a standardization problem • Patients may perceive personalized medicine as a miraculous and curing method • Most tests and treatment methods may not be subject to reimbursement • Social and economic barriers can be a problem in accessing treatment • High number of bio-informatic problems can be an issue • NGS tests can be too prominent
<p>With the increase of biotechnology treatments;</p> <ul style="list-style-type: none"> • Patients will have longer survival times • Standard CT-related side effects will decrease • Medical oncologists' status will be strengthened due to significant knowledge • New research areas to emerge • New clinical research will increase 	<p>With the increase of biotechnology treatments;</p> <ul style="list-style-type: none"> • Online search for treatment to increase • It may be difficult to access such treatments because of higher treatment costs • Analysis of biomarkers may not be readily available • There may be a delay in the treatment onset procedures • Potential unexpected side effects and reflections
<p>With molecular testing to guide treatment decision;</p> <ul style="list-style-type: none"> • Treatment success will increase • Will contribute to preventive oncology • Will contribute to the next generation of clinical designs • The number of cases will increase, the cost will decrease • Geographical genetic predisposition to be determined • Drug resistance and tox profile to be determined • Molecular tumor boards will be created 	<p>With molecular testing to guide treatment decision;</p> <ul style="list-style-type: none"> • Costs may increase • Availability may be a challenge • There may be a reliability issue

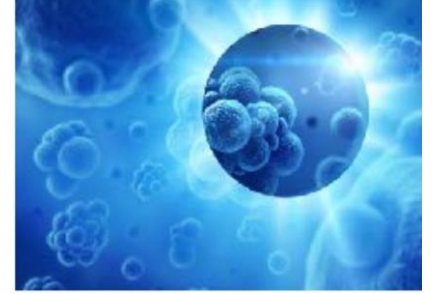


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<p>With targeted genomic-precision medicine;</p> <ul style="list-style-type: none"> • Long-term survival rates will increase, • Individualized treatments will be used more effectively • Treatment toxicity will decrease, quality of life will increase • Medical staff workload will be reduced at treatment centers 	<p>With targeted genomic-precision medicine;</p> <ul style="list-style-type: none"> • Lack of knowledge may be observed in Basic-Molecular Oncology • Deviations from standard treatments can occur • Financial problems/medication availability problems may occur
<p>With increased awareness of clinical research;</p> <ul style="list-style-type: none"> • Oncologists' early experience of new drugs will increase • Patients will have a chance to get the latest treatment • Academic prestige will increase 	<p>With increased awareness of clinical research;</p> <ul style="list-style-type: none"> • Lack of accreditation of centers performing clinical practice may be an issue • Researcher allowances may be reduced • SSI policies can be problematic for the continuity of clinical trials

3. Increased Treatment Costs

OPPORTUNITIES	THREATS
<p>With the change in reimbursement models:</p> <ul style="list-style-type: none"> • Domestic production of innovative drugs will be enabled • Studies that will help or determine the appropriate drug selection for the patient will be enabled • Lifestyle changes and the trend of innovation will increase • Cost-effective reimbursement models for the drugs that are not readily available • More research on treatment agents that can increase the effectiveness of drugs or be an alternative • Basic/therapeutic targeted cancer research will increase • Pharmacoeconomic calculations will be implemented 	<p>With the change in reimbursement models;</p> <ul style="list-style-type: none"> • The high cost of innovative pharmaceuticals can put reimbursement institutions and national budgets under strain • Lack of access to innovative drugs can cause social problems • Conflict/discomfort may arise between the patient, physician, and policy makers • The quality and quantity of treatment and follow-up may be adversely affected • Pirate, inappropriate pharmaceutical markets may take place • Access to healthcare may be adversely affected



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<p>With increased drug costs;</p> <ul style="list-style-type: none"> • More patients will be admitted to clinical trials • Opportunities for incentives of local pharmaceutical industry will increase • Oncologists' power will increase • Early diagnosis in cancer will increase in importance 	<p>With increased drug costs;</p> <ul style="list-style-type: none"> • Accessibility of effective treatment can be reduced • There may be an increase in alternative pursuits • The illegal pharmaceutical industry can be strengthened
<p>With decreasing value given to labor in healthcare;</p> <ul style="list-style-type: none"> • Remaining oncologists' value will increase due to diminished qualified oncologists • Basic oncological research to increase • AI usage will increase • Increased use of technology will increase standardization on physician decisions 	<p>With decreasing value given to labor in healthcare;</p> <ul style="list-style-type: none"> • Less interest in oncology, reduced qualified oncologist rate • Number of equipped and multidisciplinary oncology centers may be reduced • Labor gets cheaper, reduced employment, potentially reduced quality • More patients and physicians may look for alternative methods

4. Increased Patient Load and Treatment Time

OPPORTUNITIES	THREATS
<p>With increased life expectancy:</p> <ul style="list-style-type: none"> • The role and importance of a medical oncologists will increase • New specializations will be created (geriatric oncology, palliative oncology, etc.) • With more cancer patients, the number of clinical and R&D studies will increase • Being a specialist in internal diseases will gain importance • TTOD's leadership and financial power will increase • Cancer-related policies in the area of national healthcare will be more significant • New professional areas will emerge (care center management, etc.) 	<p>With increased life expectancy:</p> <ul style="list-style-type: none"> • More complications can increase the importance of comorbidities • More cancer cases can increase the economic burden due to demand and workload • Physicians' level of exhaustion may increase • Systematic treatment may be unsuitable for patients of advanced age • Patient management can be difficult • Psychosocial problems may increase in the relatives of chronic patients • Exhaustion of treatment options can increase problems
<p>With the need for palliative maintenance gaining significance:</p> <ul style="list-style-type: none"> • New employment areas will emerge (palliative maintenance specialist, nurse) • Will contribute to improved quality of life for patients • Training and development opportunities will rise given that it is a new research area 	<p>With the need for palliative maintenance gaining significance:</p> <ul style="list-style-type: none"> • May place additional economic burden on the SSI • Increased palliative care patient rate may be required for current bed capacity • Oncologists may not be interested in this topic



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With increased patient load:

- Oncologists' popularity will increase
- Hospital and physician revenue will increase
- There will be increased training and experience
- Healthcare authority will pay more attention to

this area

- Oncologists' value will increase
- The support of the pharmaceutical industry will

increase

- More follow-up patients will be assigned to other branches
- Database will grow

With increased patient load:

- Poor service and malpractice may increase
- On-the-job training may be reduced
- Patients may look for alternative treatments
- May cause increased violence in healthcare
- Potentially increased treatment costs
- Exhaustion syndrome may rise
- Scientific literature can be difficult to follow
- Issues may increase in cross-departmental communication
- Unethical behavior of pharmaceutical companies may increase

5. Increased Legal Issues

OPPORTUNITIES

With the growing number of medicolegal problems:

- Desire to better perform the physician's art will increase
- The basic principles of healthcare law will be included in the subspecialty training
- Consent forms will be developed, and their legal significance will be understood
- Hospital enrollment systems will be improved

With growing violence in healthcare:

- New deterrent regulations will be enabled
- Patient relatives will be removed unless the physician requests otherwise
- Active safety systems can be installed in the work environment, allowing immediate response
- The need for comprehensive Oncology Centers will increase
- The honor of University Hospitals will be reestablished

THREATS

With the growing number of medicolegal problems:

- Physicians involved in litigation may suffer loss of time, labor and motivation
- Physicians can deliver effective treatment to a patient with increased defensive medical practices
- Physicians may be subject to public damage charges

With growing violence in healthcare:

- Due to pressure, physicians may not be able to analyze comfortably
- Less complex treatments can be selected
- Some treatments can be directed to other (private or fully equipped and more experienced) centers
- Some may avoid patients with poor overall medical condition
- The sense of belonging to the institution may weaken
- Exhaustion syndrome may increase



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With the growth of defensive medicine:

- Side effect definitions will be updated/clarified to reduce malpractice
- National guidelines will be developed (including the Healthcare law training in the curriculum, standardization of patient consent and follow-up schemes, etc.).
- Assistant staff to develop
- Assistant units to develop

With the growth of defensive medicine:

- High-risk/Geriatric disease treatment can be difficult
- Multidisciplinary approaches can be reduced
- Oncological outcomes may deteriorate
- High-risk patients in public centers may increase
- Less physicians may prefer oncology specialty
- Confidence in physicians may decrease
- Alternative medicine applications may increase

6. Rise in Environmental and Ethical Problems

OPPORTUNITIES

With the growing number of environmental problems:

- Projects will increase for clean water supply
- Measures will be taken to protect against air pollution
- Political awareness (political authority) will increase
- Social awareness will increase
- The trend toward alternative energy sources will increase
- The relationship between environmental factors and cancer will be clearer

With the growing number of ethical problems:

- Increased need to standardize educational institutions with deontological values
- Increased trend to work in line with international standards and far from performance concerns
- The importance of multidisciplinary work will increase
- Higher need for legal support and professional solidarity
- The importance of professional organizations will be better understood.

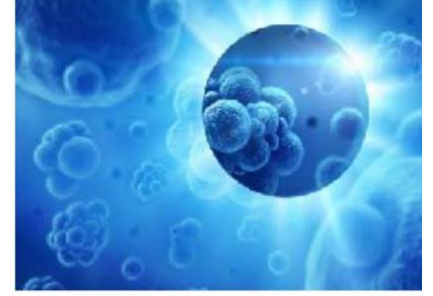
THREATS

With the growing number of environmental problems:

- Cancer incidence may increase
- Infectious diseases may increase
- Allergies, diseases such as COPD etc. may increase
- Treatment costs may rise
- Potential exposure to radiation may increase
- Life expectancy may be shortened

With the growing number of ethical problems:

- The fixation of the patient/physician relationship can reduce confidence in the physician as a result of commercialization
- Service quality may be reduced due to performance concerns
- Unnecessary examination and treatment practices may increase under the influence of the industry
- Solidarity among members and deontology may be compromised due to the use of extra-specialty drugs, increased promotional violations, etc.



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SECTION 4: STRATEGIC VIEW

4.1. MISSION

At the Turkish Medical Oncology Association, our primary aim is;

Defending the personal rights of medical oncologists in our country, supporting their needs, developing a culture of co-working, supporting research in oncology, raising medical oncology education and service standards, ensuring that cancer patients are informed about accurate, scientific and up-to-date treatment, and, therefore, raising the value of our country as the first point of reference in the field of medical oncology and increasing international recognition.

4.2. OUR VALUES

Democratic Participation

We encourage the active participation of our members and stakeholders in our activities and ensure equal opportunities. We believe that the participation of our members in decision-making and activities is the basis for our internal democracy and success.

Transparent

We have a fundamental principle of transparency in all of our activities and in the sharing of our results. We actively share the activities and results with our members.

Supportive & Inclusive

Our Association encourages all of our members to participate in our activities and supports our members and stakeholders' efforts in line with our principles.

Objective & Egalitarian

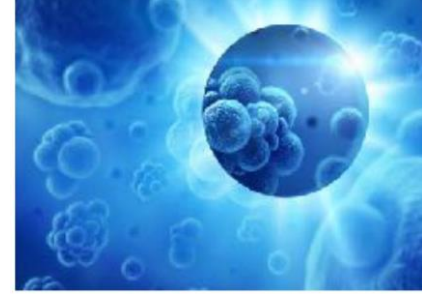
We make decisions in line with objective principles and implement them with equality, avoiding biased behavior.

True & Reliable

We collaborate with our stakeholders based on the principle of honesty and mutual trust, and we comply with ethical standards in all of our relationships.

Innovative & Open to Change

We take the advice of our stakeholders wholeheartedly and are adaptable to change.



2020-2024 STRATEGIC PLAN

4.3. OUR POLICIES

Our Association's policies to date were established in our first strategic plan, taking into account the views of our members, and approved by the relevant BoD. As part of this study, current policies have been reviewed by the planning team and have been approved by the BoD.

The BoD reserves the right to make partial changes to policies as required by the Association's regulation. Changes are published on the Association's website in accordance with good governance principles. The BoD will seek the opinion and approval of our members by calling for an Extraordinary General Assembly when significant policy changes are required.

METHODS AND MEANS FOR COMMUNICATING POLICIES

The TTOD uses the following methods and means to communicate its policies to the public:

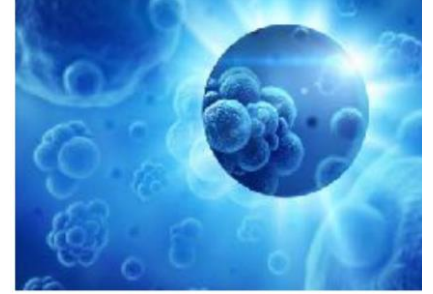
- The BoD's decisions are shared with the members after each meeting
- Annual reports (these reports are available in both paper and electronic format on the webpage for interested parties)
- Corporate website (www.kanser.org)
- Press statements released periodically or in parallel with significant developments throughout the year, through written, visual and social media channels
- Meetings, press conferences, congresses, seminars, etc. as well as face-to-face conversations with stakeholders, especially our members
- Methods and means of communication via telephone, electronic mail, fax, mobile phone, etc.

INFORMATION POLICY

The main purpose of the Association's Information Policy is to provide fair, transparent, timely, accurate, complete, understandable, analytical, and easy-to-access information to all stakeholders, particularly the society, about the Association's area of activity and past performance, its future expectations, strategies, objectives, and vision.

The statements of the Association are arranged in a timely, accurate, direct, understandable, sufficient, and non-misleading manner to help people and organizations in making decisions.

The statements are made by and/or under the supervision of the authorized persons designated by the Association. Our Association will monitor and/or have monitored all the news that concerns our professional area. Significant news articles are shared with the members.



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Public Statements:

The Association will provide clarification and information on news or rumors with content other than the information previously disclosed by the Association; this information is that which is available to the media organs or public opinion and does not originate from the Association but is of importance to the stakeholders.

Exercise of Rights of Association Members:

The BoD will inform the members about the General Assembly date, time, venue, agenda, and procedures for the obligations, such as participation in the general assembly and discussion and decision-making about any items that are not on the agenda of the general assembly, as well as the failure of the General Assembly to convene, the total voting rights, and how to exercise the right to participate in the general assembly.

The annual reports and financial statements of the Association are prepared in accordance with the relevant legal legislation, presented to the BoD for approval, and are explained to the Association members following approval. Printed and electronic copies of the annual reports can be obtained from the Association at the request of stakeholders.

Communication with Association Members:

The regular conduct of relations with Association members is the responsibility of the BoD and the BoD member assigned by the BoD. The Administration shares all kinds of information and support by treating all members of the Association equally. Association members can always communicate with the BoD as part of the information policy.

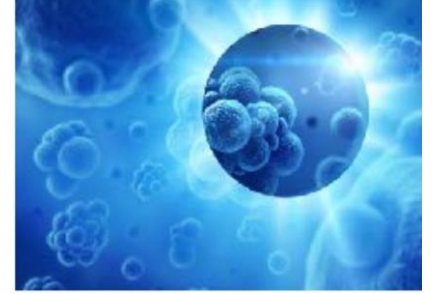
Upcoming presentations, information meetings, press conferences, and congresses are announced as early as possible. The presentations and/or explanatory annotations for these meetings are published on the website at the same time, ensuring that all stakeholders have access to the relevant documents simultaneously. Press conferences and statements on behalf of the Association shall be held by members authorized on behalf of the Association.

Association's Website:

The Association's corporate web address is www.kanser.org. The Association actively uses the website designed that is to provide convenient access to historical and up-to-date information relevant to the Association to inform the public via two separate portals, namely "members" and "community".

OUR COMMUNITY AND NGO POLICY

At TTOD, we take care to fulfill our responsibilities toward society in all the areas we operate, and we do so in cooperation with our members, colleagues, public, NGOs, and other stakeholders. To protect society from cancer, it is our duty to raise awareness of the healthy lifestyle, raise awareness of cancer, and communicate the most reliable information to society. We use technological and scientific developments to protect and improve the mental and physical health of society.



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OUR PHARMACEUTICAL AND MEDICAL INDUSTRY POLICY

We are committed to maintaining a right and proper cooperation in the physician–industry relationships, being ethical, honest, fair, open, and impartial with respect to scientific studies and activities in accordance with national and international rules set out in the governing of relations with institutions and organizations that support such studies and activities. We keep an equal distance from all related parties. In these relationships, we do not allow the use of brands and resources by certain individuals or organizations or industries unless they comply with our values. We encourage the declaration of conflicts of interest at scientific meetings.

OUR MEDICAL ONCOLOGY TRAINING POLICY

At TTOD, our education policy has been established to support the mission of the Association. It is our fundamental approach to shape our education policies around international scientific standards and our members' future expectations, thereby helping our members to improve their success and efficiency in their roles. Our permanent goal is to establish and maintain national requirements and training standards in the medical oncology specialty without conflicts of interest.

OUR POLICY OF ONCOLOGICAL HEALTHCARE SERVICES

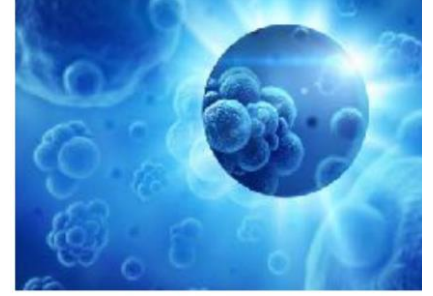
The access to correct diagnosis, proper treatments, supportive care, rehabilitation services, and palliative care in cancer is the right of all patients, and these services must be improved and maintained. As an Association, our goal is to instill awareness of such issues in our stakeholders, thereby increasing the quality and quantity of oncological healthcare delivered throughout the country. To this end, we are committed to being proficient, appropriate, and accurate in the physician–physician and physician–patient relations, and to be compliant, ethical, honest, fair, open, and objective.

RELATIONS WITH OTHER SPECIALTIES

It is our most important principle to work with dynamic, goal-oriented solution partners with mutual respect, tolerance, and harmony that do not conflict with the values of TTOD, supporting our mission. Our policy is to develop, sustain, and maintain relationships that build trust and mutual value in their cooperation.

RELATIONS WITH GOVERNMENTAL AGENCIES

Our policy as an Association is to take care to ensure and maintain trust and a good relationship with governmental agencies for our members whom we represent. In light of current and scientific developments, we strive to ensure the accuracy and effectivity of national plans and strategies.



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OUR MEMBERSHIP POLICY

As TTOD, our policy is to be consistent with our promises, actions, and services, to build and maintain trust. To achieve this, we aim to serve as promised, to comply with legal requirements, to act in line with accountability, to be transparent, honest, and open in our member relationships, to provide solution recommendations and services that are right for our members' needs, and to create unifying policies. In addition, our members are obliged to abide by the rules defined in the membership terms.

- It is our fundamental principle to protect the dignity of our members and all their rights recognized by law.
- We work to ensure that our members work in a way that is happy and efficient, creating high quality, reliable, and healthy working conditions.
- We do not tolerate any discrimination between our members; we are committed to justice and equity in all aspects.
- We create an environment where our members can express their ideas freely and encourage creativity and research. We support and care about our members.
- We respect and evaluate democratic views.
- We are committed to being ethical, honest, fair, open, and impartial in the relationship with our members.

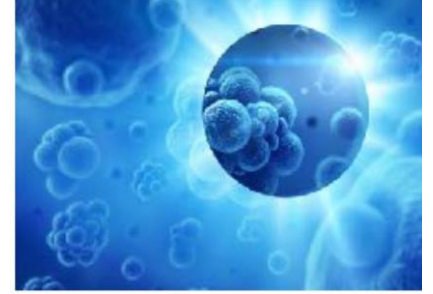
OUR INTERNATIONAL RELATIONS POLICY

As an Association, we support the creation of ideas, hypotheses, and studies that meet internationally valid criteria. We create opportunities for the production, continuity, improvement, and the best delivery of such work in the international arena.

OUR MANAGEMENT AND FINANCIAL POLICY

To increase the competence of our members, to realize effective organizations, to provide support and incentives, and to have sufficient financial strength to raise awareness:

- We work with budget, and monitor and improve deviations;
- We plan our expenses by defining the added value to be created;
- We create new sources of income;
- We manage our assets well, ensuring their continuity and increasing the revenue they generate.



2020-2024 STRATEGIC PLAN

SECTION 5: STRATEGIC OBJECTIVES AND GOALS

To monitor the strategic area and objectives identified through this study, our Association has identified Key Success Indicators (KSIs) throughout the plan and Key Performance Indicators (KPIs) for each strategic objective.

KPIs have been identified separately to allow us to track successes in actions under each Strategic Goal; measurements have been defined, if any, or deadlines have been set for their measurement.

Each Strategic Goal identified was set to achieve performance targets up to 2024 for the improvements they were intended to achieve.

The following describes the Association's Key Success Indicators and corresponding indicators, current situation, and targeted improvements for 2024.

Key Success Indicators

- Improve overall member satisfaction
- Increase the recognition of the Association
- Increase the power of the Association

We will monitor these achievements with the following indicators and goals:

KEY SUCCESS INDICATORS	CURRENT SITUATION 2019	TARGETED PERFORMANCE 2024
Overall Member Satisfaction (Simple average of all satisfaction-based questions in survey)	61%	Achieve 5% improvement over the previous survey period (once in two years)
Increase the recognition of the Association (Total Views of TTOD Web Pages)	331,040	Increase by 10% each year
Total Number of Members	700	Increase by 5% each year as of 2021

The following pages provide the same indicators and objectives for each strategic goal.



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STRATEGIC OBJECTIVE 1

SO1. BECOME A STAKEHOLDER OF AUTHORITY AS THE FIRST POINT OF REFERENCE

STRATEGIC GOAL 1.1. Increase TTOD's Institutional Power

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
Board of Directors	December 2024	750,000-

No	ACTIONS	START	END
1	Identify and report shortcomings of the Association in the area of institutionalization (management system, risk management, meeting management, HR system, corporate memory, etc.)	August 2020	December 2020
2	Take measures to address the Association's shortcomings in the area of institutionalization	August 2020	August 2021
3	To make an Annual Business Plan and Budget in line with the TTOD Strategic Plan (to be repeated annually),	October (every year)	December (every year)
4	Performance evaluation in every quarter and semi-annual Reports to be prepared and presented to the members	August 2020	December 2024
5	Take necessary action to ensure more effective participation of subspecialist and specialist representatives in the Association	August 2020	December 2024
6	Update and promote the TTOD logo and brand usage directive	August 2020	December 2020
7	Increase non-pharmaceutical financial resources	August 2020	December 2024
8	Conduct regular overall satisfaction surveys	November 2020	Every two years

Performance Measurement

	INDICATORS	CURRENT SITUATION 2020	TARGETED PERFORMANCE 2024
1	Annual completion rate in performance reports	To be measured	20% improvement in two years
2	Non-pharmaceutical/Total resources	To be measured	10% improvement each year

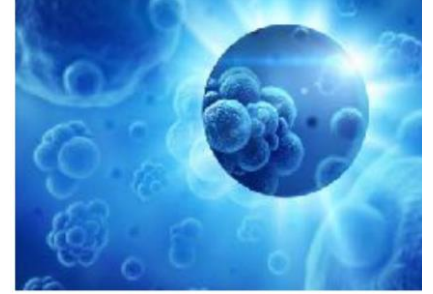


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STRATEGIC GOAL 1.2. Develop relationships with Healthcare Authorities

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
Board of Directors	December 2024	250,000-

No	ACTIONS	START	END
1	Regular and proactive provision of data and work plans to healthcare authorities	August 2020	December 2024
2	Prepare an inventory for the current situation in oncology centers in Turkey	September 2020	December 2020
3	Establish a voluntary advisory system to the authority; produce and present solution reports and alternative policies	January 2021	December 2021
5	Create internal scientific sub-committees to work with the MoH, SSI, and other relevant agencies and organizations	August 2020	September 2020
6	Make attempts to actively participate in Ministry commissions on drug licensing, reimbursement, and other oncology areas	August 2020	December 2021
7	Inform the TGNA Healthcare Commission, National Deputies, MoH, and other relevant ministries about our Association's views about medical oncology services and the problems experienced by our members, and make applications	September 2020	December 2024
8	Ensure that our regional representatives conduct activities to promote our Association to the healthcare authorities in their region	September 2020	December 2024
9	Plan and apply for the realization of joint campaigns with the MoH once a year	December 2020	December 2024
10	Invite and ensure the participation of interested public officials in the annual scientific conventions and meetings organized by TTOD	September 2020	December 2024
11	Take action to accelerate the permission and reimbursement process for drugs used in the field of cancer	January 2021	December 2024



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Performance Measurement

	INDICATORS	CURRENT SITUATION 2020	TARGETED PERFORMANCE 2024
1	Number of scheduled public visits/Number of visits made	To be measured	To be improved by 10% every two years
2	Targeted regional meetings/Held meetings	To be measured	To be improved by 10% every two years
3	Number of public invitations/Attendances for our scientific meetings	To be measured	To be improved by 10% each year
4	Targeted scientific committees/Realization	-	Minimum 1 new committee per year

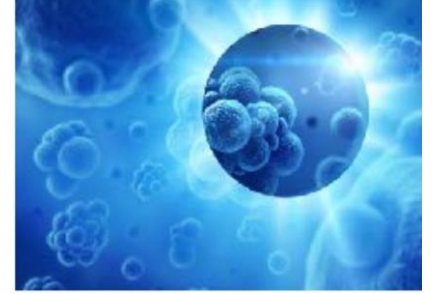
STRATEGIC GOAL 1.3. Contribute to the Establishment of the National Cancer Policy

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
Board of Directors	December 2021	250,000-

No	ACTIONS	START	END
1	Update our recommendations and reports on national oncology planning and policies and submit them to the authority	September 2020	December 2024
2	Update ethical standards in relations with the pharmaceutical and medical industry, and share with members	September 2020	December 2020

Performance Measurement

	INDICATORS	CURRENT SITUATION 2017-2018	TARGETED PERFORMANCE 2024
1	Number of proposal documents planned/Number of guidance documents prepared	2/2	2 per year from 2021



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STRATEGIC OBJECTIVE 2

SO2. INCREASE INTERNATIONAL RECOGNITION

STRATEGIC GOAL 2.1. Improved International Positioning of the Association

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
International Relations Commission	December 2024	1,350,000-

No	ACTIONS	START	END
1	Establish a directive-supported system to encourage specialists and sub-specialists to take international proficiency exams	August 2020	December 2020
2	Continue to open promotional booths at international meetings and, in cooperation with the MoH and the Ministry of Culture, develop relations that enhance national promotion and international cooperation	September 2020	December 2024
3	Develop international projects in collaboration with pharmaceutical and technology industries <i>(Contact the MoH to request exemption for the international visits required as part of these activities)</i>	September 2020	December 2024
4	Conduct remote and onsite “Joint Sharing and Training Projects” in mutual agreement with oncology centers that are recognized in the Training and Information fields (MD Andersen, Yale, etc.)	August 2020	December 2024
5	Provide financial support to train “Tumor Group-Focused Academics” as part of “Joint Sharing and Training Projects”	August 2020	December 2021
6	Every year, send a certain number of subspecialty assistants and specialists to internship programs under “Joint Sharing and Training Projects”	September 2020	December 2024
7	Improve collaboration by continuing the initiated UEMS integration process	August 2020	December 2024

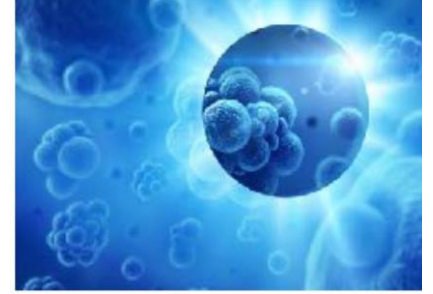


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8	Maintain support for the project initiated for training and sending specialists that are competent enough to join the work groups in the EORTC	August 2020	December 2024
9	Increase our engagement and cooperation through accepted professors at ESMO and MMOF platforms	September 2020	December 2024
10	Increase international recognition by continuing the successful start of JOS	August 2020	December 2024
11	Create required conditions to conclude the attempts to hold ESMO exams in Turkey via TTOD	August 2020	December 2021
12	Start a project to hold the 2023 ESMO meeting again in Istanbul, where it was last held in 2006	August 2020	December 2023
13	Ensure institutional involvement in ASCO and ESMO meetings every year, and open a booth	August 2020	December 2021
14	Provide financial support for the participation of a certain number of members in significant meetings not sponsored by the industry	August 2020	December 2024
15	Every year, provide institutional support for a specialty meeting with the highest number attendees	August 2020	December 2024

Performance Measurement

	INDICATORS	CURRENT SITUATION 2018–2019	TARGETED PERFORMANCE 2024
1	Planned exchange and rotation programs/Number of programs realized	None	6 until 2024
2	Actual support for specialists to join the EORTC	8	Support for at least 3 people per year up to 2024
3	Participation and cooperation for ESMO and MMOF 2023	None	Increase by 100% until 2024
4	Inclusion of the JOS Journal in indices/Actual	1 index	4 indices until 2024
5	Number of foreign articles in JOS Journal/Total articles	9/55 (16%)	To be improved by 30% every two years



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STRATEGIC GOAL 2.2. Increase Regional Cooperation

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
International Relations Commission	December 2024	250,000-

No	ACTIONS	START	END
1	In cooperation with the Ministries of Health and Tourism, build close relationships with regional cancer organizations and oncologists, and develop projects	August 2020	December 2024
2	Take initiatives to increase attendance from the countries with which we are planning to develop regional cooperation for the national and international meetings held by TTOD	August 2020	December 2022
5	Take action to increase the scientific contribution of researchers from the relevant countries in the region to our journal (JOS)	August 2020	December 2024

Performance Measurement

	INDICATORS	CURRENT SITUATION 2107-2018	TARGETED PERFORMANCE 2024
1	Planned number of regional cooperation/Actual number	10	Increase to 20
2	Planned support for visiting countries in the region as instructors/Actual support	None	Every year, support visits to one region until 2024
3	Planned training invitations for subspecialty assistants from countries in the region/Actual invitations	None	Every year, 5 subspecialty assistants or specialists until 2024
4	Number of JOS articles by specialists from countries in the region (after publication)	To be measured for 2019-2020	Increase by 10% per year until 2024



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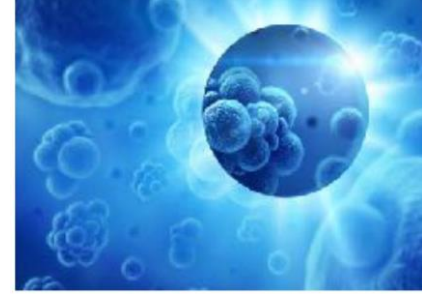
STRATEGIC OBJECTIVE 3

SO3. IMPROVE MEDICAL ONCOLOGY TRAINING STANDARDS, ENCOURAGE AND PROMOTE ACCREDITATION

STRATEGIC GOAL 3.1. Completion of Medical Oncology Training Standardization

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
EPOK	December 2022	1,000,000-

No	ACTIONS	START	END
1	Bi-annually, complete current situation analyses for the core training program and update the program	August 2020	August 2024
2	Schedule “subspecialty” training for each year	August 2020	August 2024
3	Regularly maintain the Association’s relations with subspecialty assistants and specialists, and report every year	August 2020	December 2024
4	Continue financial support for the remediation of shortcomings in medical oncology training through domestic or international rotations	September 2020	December 2024
5	Upload current course programs, training booklets, commission reports, etc. to the web and ensure continuity	August 2020	December 2024
6	Conduct a feasibility study for training on the web	August 2020	December 2021
7	Improve and publish the Oncology Centers Guide	January 2021	August 2022
8	Diversify and improve the content of regional multidisciplinary meetings	January 2021	December 2022
9	Organize multidisciplinary meetings based on regional requests	January 2021	December 2024



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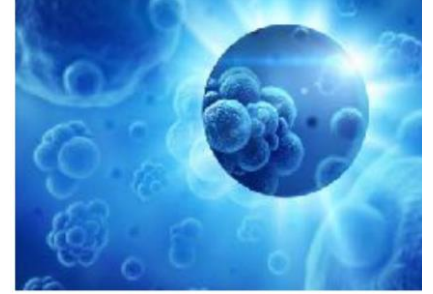
Performance Measurement

	INDICATORS	CURRENT SITUATION 2017–2018	TARGETED PERFORMANCE 2024
1	Number of international rotations that the Association supports	40	To be improved by 10% every two years
2	Number of domestic rotations that the Association supports	0	A minimum of 10% per two years
3	Number of multidisciplinary meetings in regions/Average number of participants	6/30 people on average	To be improved by 20% every two years

STRATEGIC GOAL 3.2. Provide Support to Improve Effectiveness in Oncology Service Delivery

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
EPOK	December 2024	500,000-

No	ACTIONS	START	END
1	Support regional courses	September 2020	December 2024
2	Ensure EPOK's educational support for regional multidisciplinary meeting requests	January 2021	December 2024
3	Provide training on developing communication skills with the patient	January 2021	December 2024
4	Ensure training courses for Oncology Nursing services in various cities through the MoH and Health Directorates	January 2021	December 2024
5	Organizing central courses for Core Training and increasing attendance; supporting those who have not completed the program	September 2020	December 2024
6	Continue to organize courses in basic science, article writing, presentation techniques, medical statistics, and other subjects to contribute to the subspecialty training	September 2020	December 2024



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Performance Measurement

	INDICATORS	CURRENT SITUATION 2017–2018	TARGETED PERFORMANCE 2024
1	Number of training programs in regions	0	3 courses per year from 2022
2	Number of EPOK Center courses	7	Increase by 15% every two years
3	Number of EPOK courses / Average attendance	130	Increase by 10% every two years

STRATEGIC GOAL 3.3. Enable the Development of and Encourage Young Oncologists

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
EPOK	December 2024	19,700,000-

No	ACTIONS	START	END
1	Continue by increasing international scholarships	August 2020	December 2024
2	Set up a sub-commission for international education, identify the support to be provided, and establish a system to support their membership in international oncology associations	December 2020	December 2021
3	Ensure the organization of training for subspecialists including general internal medicine and emergency approaches (internal diseases, emergency approach, cardiology, nephrology, etc.)	September 2020	December 2024
4	Take action to improve attendance to EPOK Center courses	August 2020	December 2024

Performance Measurement

	INDICATORS	CURRENT SITUATION 2017–2018	TARGETED PERFORMANCE 2024
1	Number of support requests for international training/Number of requests fulfilled	7/7	Increase by 20% every two years



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2	Number of young oncologist members in international associations / Total number of young oncologists	2020 to be measured	Increase by 20% every two years
3	Number of young oncologists attending EPOK Center courses	Average of 120 per year	Increase by 10% each year

STRATEGIC GOAL 3.4. Improve the Performance of the Board of Proficiency Efforts

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
BOARD OF PROFICIENCY	December 2024	1,000,000-

No	ACTIONS	START	END
1	Complete the studies for the “conditions and standardization of training periods” for the institutions to provide subspecialty training	August 2020	August 2021
2	Annually, prepare a report about the need for medical oncologists, staff distribution on exams, and performance of subspecialty training institutions, and submit them to the Authority via the BoD	August 2020	December 2024
3	Enable the submission of Subspecialty Training Files (Assistant reports) via the website	August 2020	December 2021
4	Form a regular question preparation commission to enhance the quality and quantity of the questions included in the proficiency question bank, and ensure this commission’s continuity (the commission to be reorganized every two years)	August 2020	December 2024
5	Improve the guidelines for the Board of Exams and Proficiency every two years	August 2020	December 2020
6	Take action to encourage individuals to take Development exams during the 1st and 2nd years of Medical Oncology training	August 2020	December 2024
7	Identify the minimum physical conditions and assistant staff conditions for polyclinics and outpatient treatment units, and report such conditions to the Authority	January 2021	June 2021
8	Promote Proficiency Courses and Exam; increase attendance	September 2020	June 2021



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9	Take necessary initiatives to ensure the integration of the Medical Oncology Proficiency Exam into the appointment and promotion criteria	October 2020	December 2024
10	In contact with the UEMS, take necessary initiatives to ensure the validity of the proficiency exam in the international arena	September 2020	December 2022

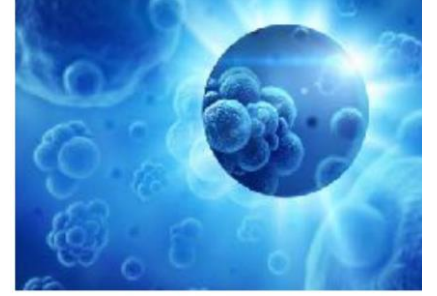
Performance Measurement

	INDICATORS	CURRENT SITUATION 2018–2019	TARGETED PERFORMANCE 2024
1	Number of new questions in the question bank	323	To be increased by 20% every two years
2	Total number of Assistant Reports granted in this period/Number of Reports completed online	110/38	To be improved by 50% every two years
3	Attendance in development exams	37 people	To be increased by 15% every two years
4	Attendance in proficiency exams	49 people	Increase by 20% every two years

STRATEGIC GOAL 3.5. Encourage and Promote Accreditation at the Training Centers

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
BOARD OF PROFICIENCY	December 2022	500,000-

No	ACTIONS	START	END
1	Conduct current situation analysis with accredited training institutions	September 2020	October 2020
2	Improve the accreditation system, criteria, and audit management	October 2020	December 2020



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3	Planning and implementation to increase the number of applications for accreditation	October 2020	December 2020
4	Contact with the subspecialty training organizations and take initiatives to eliminate the heterogeneity in training	January 2021	December 2022

Performance Measurement:

	INDICATORS	CURRENT SITUATION 2019	TARGETED PERFORMANCE 2024
1	Number of Accredited Training Centers	3	Increase by 100%



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STRATEGIC OBJECTIVE 4

SO4. SUPPORT R&D AND TECHNOLOGICAL INITIATIVES IN MEDICAL ONCOLOGY

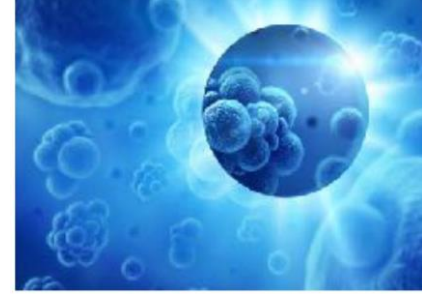
STRATEGIC GOAL 4.1. Increase and Expand R&D/Technology Awareness

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
R&D Commission	December 2022	500,000-

No	ACTIONS	START	END
1	Take action to update the R&D guidelines and promote commission work	August 2020	December 2020
2	Prepare a report for the management of R&D operations and establish a management system to include the employment of a professional, if required	August 2020	September 2020
3	Identify R&D projects and funds abroad and assign a member to inform members and follow-up on the matter	September 2020	December 2020
4	Create a Research, Award and Support Program archive and notify the BoD every six months of the current status of granted projects to date	September 2020	December 2024
5	Compile annual award and support amounts and the number of beneficiaries; submit to the BoD as a report every six months	September 2020	December 2024
6	Identify problems regarding participation in national and international multi-center studies in the field of oncology; review countries and organizations that may be good models; hold meetings annually for solution proposals and report the results to the BoD	September 2020	December 2024

Performance Measurement

	INDICATORS	CURRENT SITUATION 2019	TARGETED PERFORMANCE 2024
1	Satisfaction rate for the adequacy of the support for R&D/Technology projects	47.55%	Increase by 15% every two years



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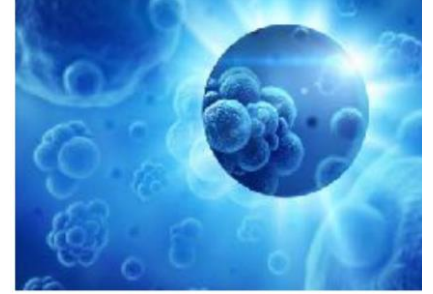
STRATEGIC GOAL 4.2. Support R&D/Technology Projects and Publications

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
R&D Commission	December 2024	2,000,000-

No	ACTIONS	START	END
1	Allocate an increasing TTOD budget share for R&D supports every year; raise awareness for and enable their utilization	August 2020	December 2024
2	Compile annual award and support amounts and the number of beneficiaries; submit to the BoD as a report	August 2020	August 2024
3	Provide and receive support for software projects that can facilitate oncology practice	August 2020	December 2024
4	At least once in a year, ensure the provision of project planning and management training for scientific research and publications	August 2020	December 2024
5	Establish and implement a support system for the national and international publication of the supported projects after their completion	August 2020	December 2024

Performance Measurement

	INDICATORS	CURRENT SITUATION 2017–2018	TARGETED PERFORMANCE 2024
1	Supported project rate/Number of applicant projects	6/7	Increase by 30% every two years
2	Ratio of supported projects achieving publication (all publications in the relevant period)	-	Min. 1 in every two years
3	Category A project support average	60,000	Increase by 50% every two years
4	Category B project support average	20,000	Increase by 50% every two years



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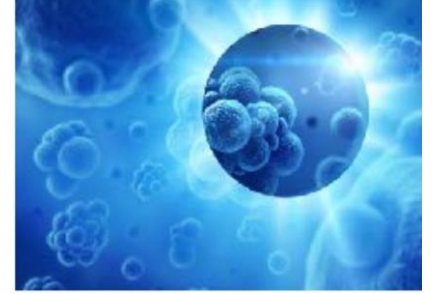
STRATEGIC OBJECTIVE 5

SO5. ENSURE THE IMPROVEMENT OF PERSONAL RIGHTS AND WORKING CONDITIONS OF MEDICAL ONCOLOGISTS

STRATEGIC GOAL 5.1. Carry on the Efforts for the Improvement of Members' Personal Rights

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
Personal Rights Commission	December 2022	250,000-

No	ACTIONS	START	END
1	Conduct a survey to identify personal rights issues at the end of every two years and give feedback to members	December 2021	December 2024
2	Conduct sessions related to issues and actions taken at national congresses and regional meetings	September 2020	December 2024
3	Apply officially to ensure that the upper specialty difference be included in the regular salary apart from working capital and performance revenues during regular employment and retirement, and apply to the Council of State, if necessary	September 2020	June 2021
4	Finalize efforts for the right to early retirement, make official application, and apply to the Council of State, if necessary	September 2020	June 2021
5	Identify the multiplier of oncology and apply to the authorities for its continuity	September 2020	June 2021
6	Prepare a report and make official application to ensure that financial provision of oncology services be paid to the relevant institution as part of the SUT	September 2020	June 2021
7	Prepare a justified report and make official application for the provision of exhaustion indemnity	September 2020	June 2021
8	Prepare a report and officially apply to the SSI for the improvement of emergency, night duty, and consultation fees	September 2020	June 2021
9	Prepare a report and apply to the Ministry of Finance to enable the physicians to charge off self-covered congress attendance costs	September 2020	June 2021



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10	Cooperate with other associations and medical chambers to improve “employment via individual companies” in private organizations	September 2020	June 2021
11	Prepare a report and apply to the Authority for the balancing of working capital shares of specialists and specialty trainees with the MoH institutions	September 2020	June 2021
12	Cooperate with professional associations and medical chambers to improve the other personal rights of our members working in the private sector	September 2020	June 2021
13	Assess the satisfaction of the members regarding the Association’s efforts for their personal rights with an internal survey	November 2020	December 2024

Performance Indicator:

	INDICATORS	CURRENT SITUATION 2021	TARGETED PERFORMANCE 2024
1	Number of initiatives taken by the Association to improve members’ personal rights	to be measured	Increase by 10% each year
2	Satisfactory result rate achieved through the Association’s personal rights improvement initiatives	to be measured	Increase by 5% each year
3	Degree of satisfaction regarding the Association’s communication success with the relevant institutions (“I agree” and “I strongly agree”)	52.4% (2020 survey)	7% improvement each year

STRATEGIC GOAL 5.2. Ensure Members’ Working Conditions and Other Rights

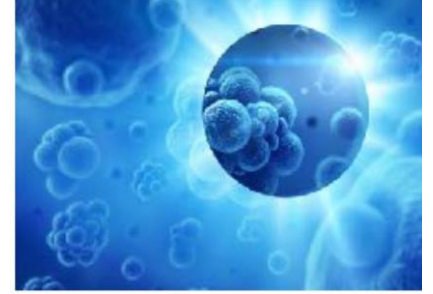
RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
Personal Rights Commission	December 2024	250,000-

No	ACTIONS	START	END
1	Apply officially to the Higher Education Board (YÖK) to increase performance factors of academic studies	September 2020	June 2021
2	Conduct sessions related to issues and actions taken at national congresses and regional meetings	September 2020	December 2024



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3	Prepare a draft for the standardization of private hospital contracts and apply to the MoH for its acceptance	September 2020	June 2021
4	Prepare a report to determine minimum working conditions for oncologists; and submit it to the Authority	September 2020	June 2021
5	Prepare a report to determine ideal outpatient working conditions, and submit it to the Authority	September 2020	June 2021
6	Prepare reports, apply to the authority, and take legal action if necessary, to improve the assignment rules for our members in the public sector	September 2020	June 2021
7	Report the problems of physicians working at hospitals under universities, foundations, MoH, and private hospitals, and submit them to the authority with solution offers	September 2020	June 2021
8	Prepare a report on the right of the medical oncologists to use antibiotics and supplementary drugs, and submit it to the authority	September 2020	June 2021
9	Conduct a survey about the problems related to off-label approvals; report and submit them to the authority	September 2020	June 2021
10	Communicate with the Radiology Association and the MoH to standardize the radiology reports of the patients (RECIST, WHO)	September 2020	June 2021
11	Communicate with the Pathology Association to standardize the reports	September 2020	June 2021
12	Prepare a report on the need for increasing the number of algologists and invasive radiologists, and submit to the relevant parties	September 2020	June 2021
13	Prepare reports on the members' exhaustion syndrome, submit such reports to the authority and publish them	September 2020	June 2021
14	With a survey to be conducted by the Association, assess the members' satisfaction about their working conditions	November 2020	November 2024



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Performance Indicator

	INDICATORS	CURRENT SITUATION 2020–2021	TARGETED PERFORMANCE 2024
1	Number of initiatives taken by the Association to improve working conditions	To be measured	Increase by 10% each year
2	Satisfactory result rate achieved through the Association's working conditions improvement initiatives	To be measured	Increase by 5% each year
3	Satisfaction with working conditions	To be measured (Nov. 2020)	To be improved by 15% every two years

STRATEGIC GOAL 5.3. Provide Support for Medicolegal Matters and Legal Issues Involving Physicians

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
Personal Rights Commission	December 2024	500,000-

No	ACTIONS	START	END
1	Provide members with the necessary training in ethical and medicolegal matters, and conduct awareness-raising studies	September 2020	December 2024
2	Make efforts to ensure the receipt of patient consent forms and for the promotion of their standardization	September 2020	December 2021
3	To support the resolution of legal problems resulting from the prescription of narcotic analgesics	September 2020	June 2021
4	Make efforts to establish a legal ground for the patients who do not require resuscitation	September 2020	June 2021
5	Review, receive commentaries, and inform the members on recently enacted and applicable laws	September 2020	December 2024
6	Prepare a report for potential disruptions and errors that may result from anticipated and applicable laws, and submit them to the authority	September 2020	December 2024

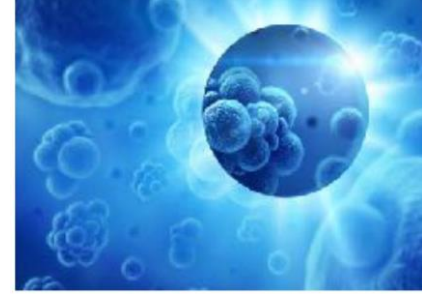


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7	Make necessary efforts for the insurance, financial, and legal assurance of physicians by their organizations, and submit them to the relevant parties	September 2020	June 2021
8	Prepare a justified report for the improvement of assignment rules to protect the physicians, and submit it to the authority	September 2020	June 2021
9	Prepare a report on the legal situation about terminal resuscitation and share with members	September 2020	June 2021
10	Research, report, and submit to authority about members' exposure to violence	September 2020	June 2021
11	Provide requesting members with legal support about exposure to violence and other legal problems	September 2020	December 2024
12	Prepare a report about the malpractice cases to result from the workload due to increased patient load, and submit it to the authority	September 2020	June 2021

Performance Measurement

	INDICATORS	CURRENT SITUATION 2020	TARGETED PERFORMANCE 2024
1	Number of planned training and awareness-raising meetings about ethical values and medicolegal matters/Actual number	To be measured	To be improved by 20% every two years
2	Satisfaction rate for the legal consultancy services offered to members	53.1%	To be improved by 15% every two years



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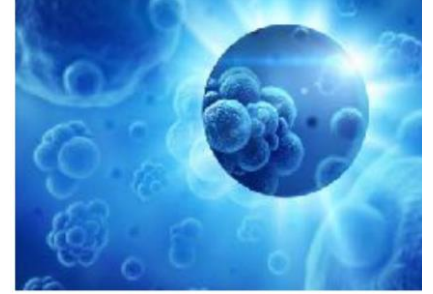
STRATEGIC OBJECTIVE 6

SO6. EFFECTIVELY DELIVER CURRENT INFORMATION IN MEDICAL ONCOLOGY TO THE AUDIENCE

STRATEGIC GOAL 6.1. Properly Inform Society about Cancer Treatment and Cancer Protection

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET IN TRY
Press & Public Relations Commission	December 2024	750,000-

No	ACTIONS	START	END
1	Establish a performance monitoring system for a communication plan to raise society's awareness of cancer protection and cancer.	August 2020	December 2020
2	Conduct training on the use of social media tools	August 2020	December 2020
3	Evaluate the PR efforts to increase the number of accurate news reports about cancer	September 2020	December 2024
4	Develop PR relationships with the press to ensure that false or manipulative news reports are not published or are corrected, and take informative initiatives	September 2020	December 2024
5	Continue to shoot and post viral videos on social media about recent cancer treatments	September 2020	December 2024
6	Plan and conduct meetings as part of preventive oncology for the public in cooperation with local governments, Provincial Healthcare Directorates, and local NGOs	September 2020	December 2024
7	Continue to hold meetings with visual and print press reporters and relevant/key columnists about the communication of current matters on special dates and congresses	September 2020	December 2024

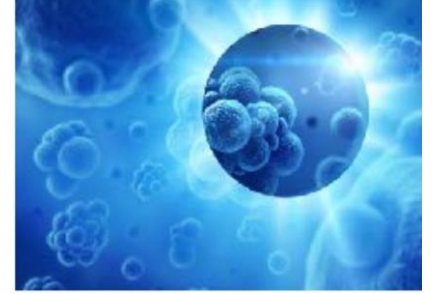


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8	Ensure regular monitoring of cancer news through a media tracking company and that the relevant commission review the necessary information on this matter	September 2020	December 2024
9	Review the media company's review of the e-mails sent to our website inbox, consolidate repeating problems, and communicate them to the relevant individuals during the BoD meeting; publish solution recommendations on the website and inform the press	August 2020	December 2024
10	Provide accurate information with press releases at regular intervals or before important national and international meetings	September 2020	December 2024
11	Keep taking measures to guide public opinion about increasing alternative medicine practices and to prevent misuse of social media	September 2020	December 2021
12	Ensure the cooperation between the media and the website, and take action to increase the number of visitors landing on the Association's website	August 2020	December 2020

Performance Measurement

	INDICATORS	CURRENT SITUATION	TARGETED PERFORMANCE 2024
1	Number of news reports in conventional and new media with the Association as source (437 reports from July 2019 to March 2020)	Average 145 reports in three months	Increase by 5% every quarter
2	Total number of followers on social media as of January 1, 2020 (Facebook + Instagram)	18,000	Increase by 7% every quarter
3	Total number of likes on social media in 1Q20 (Facebook + Instagram)	15,000	Increase by 7% every quarter
4	2018–2019 total page views on the website	600,000	Every two years, increase at least by 50%
5	Average time spent on the webpage in 2018–2019	74 seconds	Every two years increase by 50%



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STRATEGIC GOAL 6.2. Increase Awareness of the Cancer Patients and their Relatives about “Living with Cancer”

RESPONSIBLE UNIT	TARGETED DATE	TOTAL BUDGET TL
Press & Public Relations Commission	December 2024	500,000-

No	ACTIONS	START	END
1	Ensure the updating and broadcasting of the current public spot about living with cancer	September 2020	December 2020
2	Regularly update the information for oncology patient relatives on the website	August 2020	December 2024
3	Increase the number of media reports on living with cancer	September 2020	December 2024
4	Plan and conduct awareness meetings for patients and their relatives	September 2020	December 2024
5	Carry on the measures to be constantly active on the social media about “life with cancer”	September 2020	December 2024
6	Shoot informational videos about cancer types for patients and relatives and publish them on the website	September 2020	December 2024
7	Create media shows with NGOs about life with cancer and ensure their broadcasting	September 2020	December 2024

Performance Measurement

	INDICATORS	CURRENT SITUATION	TARGETED PERFORMANCE 2024
1	Number of public awareness events (July 2019–March 2020)	4	Increase by 25% each year



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SECTION 6: MEASUREMENT, ASSESSMENT & IMPROVEMENT

6.1. PROCESS

Essentially, this plan is based on the “Dynamic Planning” modeling. In this respect, the monitoring, assessment, and improvement section is the most critical part of the plan. As part of the studies for this section, necessary measures have been taken and implemented to ensure that the plan constantly and automatically improves itself.

These are listed below:

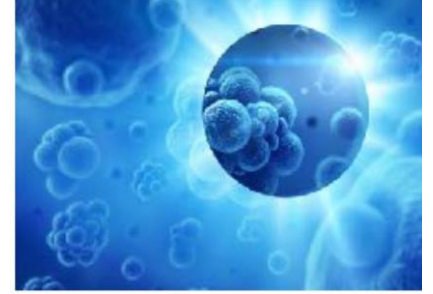
- Monitoring, assessment, and improvement of practices have started with the introduction of the TTOD Strategic Plan.
- Professional support is being received for recommendations regarding monitoring, evaluation, and improvements.
- For effective monitoring, Strategic Plan goals are scheduled as work plans on an annual basis. These programs are action plans that include those responsible for the activities for that year, and the time at which they will be performed.
- The BoD will ensure the creation and publication of the annual work plan to be approved in December of each year.
- Based on annual work plans, the BoD will consider the development of relevant activities as primary items of agenda at each BoD meeting and take the necessary measures.

6.2. METHOD

The TTOD planning team has designed the planning process within a defined methodology, set up a system to monitor the levels of achievement of the strategic objectives and goals in the plan and ensure effective measures are taken on time.

This system includes the following steps:

- Ownership
- Monitoring
- Reporting
- Evaluation
- Improvement



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As part of **Ownership**, the BoD assigned the monitoring of each strategic objective to the relevant unit (board or commission) and the member in charge of the unit, ensuring responsibility for the implementation of the objectives.

In the **Monitoring** process, identified units and designated staff will systematically follow-up the implementation of the strategic plan, consolidate the results, and report on them periodically.

Reporting will include measuring the implementation results against target indicators and analyzing the consistency and suitability of those goals and objectives.

Assessment refers to the impact analysis of the measurement results and the making of new recommendations by taking changing conditions into consideration.

Improvement will include plan revisions to complete the cycle and implement the assessment-driven recommendations.

For the “Monitoring, Assessment and Improvement” method of the TTOD Strategic Plan, it is essential to designate ownership of all actions, follow-up, and constantly monitor and report feedback in a professional manner; this is to be evaluated and improved by the BoD, and then shared and evaluated by the General Assembly to shape a new course for the Association that will guide the future administrations in line with the zeitgeist.

6.3. SCHEDULE

The monitoring and evaluation schedule of the process is shown below. While the strategic plan makes up the main framework of this process, the actions designated in the annual work plans will be taken as a basis. A six-month action plan will be prepared for 2020, and the assessment will be made accordingly.

Monitoring

- **Monthly:** Interim monitoring and reporting will be conducted through the assigned professional's monitoring and assessment of the results and monthly consultation with the relevant line management responsible for the strategic objective.
- **Quarterly:** General results, except for urgent issues, will be reported every three months and evaluated by the BoD to plan for urgent changes and measures to be taken, if any.
- **Annual:** This refers to the year-end performance assessment to be conducted by the team and relevant units over periodical reports until November, each year.

Assessment and Improvement

The BoD will then have a separate session to review the report, make necessary improvements and resource planning in November/December. During this session, the BoD will accept and enact the decisions for revisions that should be made in the Strategic Plan. This will eliminate the static structure of the plan, ensuring its dynamic continuity.



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6.4. BUDGET

The strategic plan budget, as well as the allocations envisioned for the achievement of the plan's objectives, and the TTOD's overall budget are given below;

STRATEGIC PLAN BUDGET ALLOCATION

STRATEGIC GOAL	RESPONSIBLE	BUDGET	STRATEGIC OBJECTIVE TOTAL	STRATEGIC PLAN TOTAL
SG.1.1	Board of Directors	750,000		
SG.1.2	Board of Directors	250,000		
SG.1.3	Board of Directors	250,000	1,250,000	
SG.2.1	International Relations Commission	1,350,000		
SG.2.2	International Relations Commission	250,000	1,600,000	
SG.3.1	EPOK	1,000,000		
SG.3.2	EPOK	500,000		
SG.3.3	EPOK	500,000		
SG.3.4	EPOK	19,700,000	21,700,000	
SG.4.1	R&D Commission	500,000		
SG.4.2	R&D Commission	2,000,000	2,500,000	
SG.5.1	Personal Rights Commission	250,000		
SG.5.2	Personal Rights Commission	250,000		
SG.5.3	Personal Rights Commission	500,000	1,000,000	
SG.6.1	Press & Public Relations Commission	750,000		
SG.6.2	Press & Public Relations Commission	500,000	1,250,000	29,300,000

The TTOD budget, which includes the costs anticipated in the strategic plan, as well as other current expenditures, is presented on the following page. Current expenditures in the TTOD budget are set out in the "General Management" and "Other" items. Expenses for the strategic objectives listed below are also included in the "General Management" item.

- **SG 5.1. Carry on the Efforts for the Improvement of Members' Personal Rights**
- **SG 5.2. Ensure Members' Working Conditions and Other Rights**

The budget will be revised annually according to the work plans in line with a dynamic planning management.



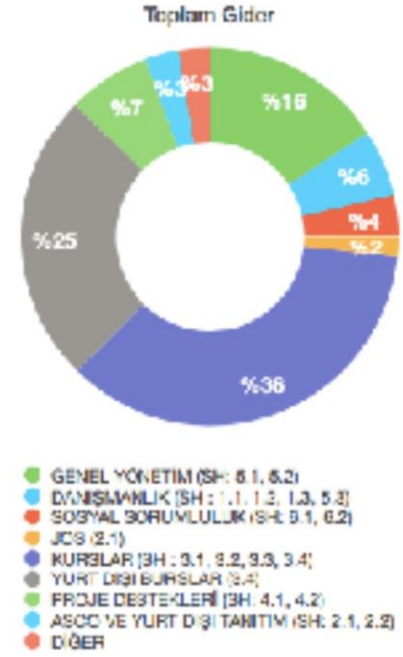
2020-2024 STRATEGIC PLAN

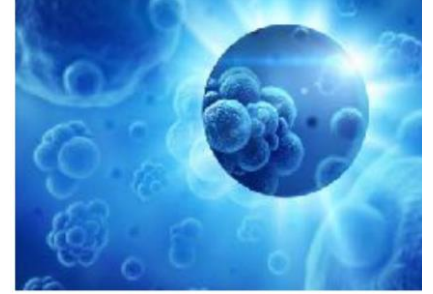
TTOD 5-YEAR BUDGET

ALACAKLAR	
KONGRELER	45.000.000 TRY
DİĞER GELİRLER	5.000.000 TRY
TOPLAM GELİR	50.000.000 TRY

BORÇLAR	
GENEL YÖNETİM (SH: 5.1, 5.2)	5.500.000 TRY
DANIŞMANLIK (SH: 1.1, 1.2, 1.3, 5.3)	2.000.000 TRY
SOSYAL SORUMLULUK (SH: 6.1, 6.2)	1.250.000 TRY
JOB (2.1)	800.000 TRY
KURSLAR (SH: 3.1, 3.2, 3.3, 3.4)	12.500.000 TRY
YURT DIŞI BURSLAR (3.4)	8.700.000 TRY
PROJE DESTEKLERİ (SH: 4.1, 4.2)	2.500.000 TRY
ASCO VE YURT DIŞI TANITIM (SH: 2.1, 2.2)	1.000.000 TRY
DİĞER	950.000 TRY
TOPLAM GİDER	35.000.000 TRY

BAKİYE	
GİDER/GELİR FARKI	15.000.000 TRY

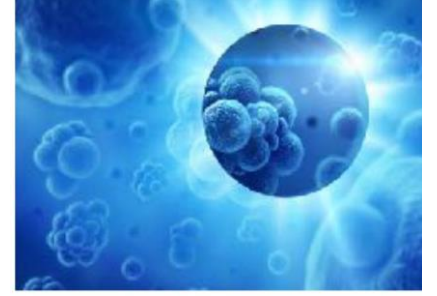




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SECTION 7: ABBREVIATIONS

KSI	Key Success Indicators
ASCO	American Society of Clinical Oncology
ESMO	European Society for Medical Oncology
DH	Department Head/Department
GD	General Director/Directorate
SWOT	Strength, Weakness, Opportunities and Threats
KETEM	Early Diagnostic Screening and Training Center for Cancer
KPI	Key Performance Indicators
PESTE	Political, Economic, Social, Technological and Ecological Factors
SEM	Strategy Exploration Meeting
MoH	Ministry of Health
SP	Strategic Plan
TTOD	Turkish Medical Oncology Association



2020-2024 STRATEGIC PLAN

SECTION 8: TEAM, PARTICIPANTS and ACKNOWLEDGEMENT

TTOD Planning Team

- Dr. Serdar TURHAL (President)
- Dr. İsmail ÇELİK (Vice President)
- Dr. Mahmut GÜMÜŞ (Former President)
- Dr. Özlem SÖNMEZ (Secretary General)
- Dr. Tarık SALMAN (Bookkeeper)
- Dr. Lütfiye DEMİR
- Dr. Ahmet Taner SÜMBÜL
- Dr. Tarkan YETİŞİGİT
- Dr. Feyyaz OZDEMİR

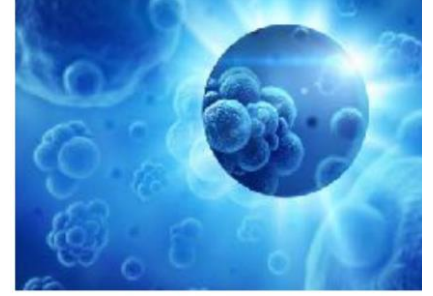
UNICON Consultant Team

- Arif Adnan ALMEMAN
- Funda DUYULDU

SEM Study Groups, Participants (in alphabetical order)

GROUP 1

NO	NAME	SURNAME
01	AHMET	DEMİRKAZIK
02	AYTUĞ	ÜNER
03	BERKSOY	ŞAHİN
04	BÜLENT	KARABULUT
05	ENDER	KURT
06	EVİN	BÜYÜKÜNAL
07	FATİH	TEKER
08	GÖKMEN UMUT	ERDEM
09	İDRİS	YÜCEL
10	LEYLA	ÖZER
11	MAHMUT EMRE	YILDIRIM
12	MURAT	DİNÇER

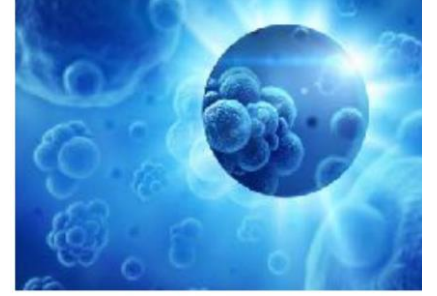


2020-2024 STRATEGIC PLAN

13	MUSTAFA	ERMAN
14	MUTLU	DOĞAN
15	ORÇUN	CAN
16	ÖZLEM	SÖNMEZ
17	PINAR	SAİP
18	SEZAI	VATANSEVER
19	ŞEREF	KÖMÜRCÜ
20	TAFLAN	SALEPÇİ
21	TARIK	SALMAN
22	YEŞİM	YILDIRIM
23	NECATİ	ALKIŞ

GROUP 2

NO	NAME	SURNAME
01	AHMET	BİLİCİ
02	AHMET	ÖZET
03	ALİ	ARICAN
04	BURÇAK	KARACA
05	BÜLENT	KARAGÖZ
06	BÜLENT	YALÇIN
07	COŞKUN	TECİMER
08	FİKRİ	İÇLİ
09	HACI MEHMET	TÜRK
10	HASAN ŞENOL	COŞKUN
11	LÜTFİYE	DEMİR
12	MEHMET	ARTAÇ
13	MUSTAFA	KARAAĞAÇ



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14	MUSTAFA	YAYLACI
15	MUSTAFA	ÖZDOĞAN
16	SERDAR	TURHAL
17	SEMRA	PAYDAŞ
18	ŞUAYİB	YALÇIN
19	TİMUÇİN	ÇİL
20	UĞUR	YILMAZ
21	UMUT	DEMİRCİ
22	İLHAN	ÖZTOP
23	RAMAZAN	ESEN

GROUP 3

NO	NAME	SURNAME
01	BAŞAK	OYAN ULUÇ
02	BURAK	CİVELEK
03	ERHAN	GÖKMEN
04	FATİH	KARATAŞ
05	FATİH	KÖSE
06	HAKAN	HARPUTLUOĞLU
07	HİLMİ	KODAZ
08	İSMAİL	ÇELİK
09	İSMAİL	BEYPINAR
10	MEHMET	BİLİCİ
11	MELEK	ERKİŞİ
12	MELİH	ŞİMŞEK
13	MELTEM	BAYKARA
14	NİLÜFER	GÜLER



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15	NURİ	KARADURMUŞ
16	OZAN	YAZICI
17	ÖZCAN	YILDIZ
18	ÖZGÜR	ÖZYILKAN
19	SALİM BAŞOL	TEKİN
20	SEZER	SAĞLAM
21	SÜHEYLA	SERDENGEÇTİ
22	ŞENER	CİHAN
23	TARKAN	YETİSYİĞİT

GROUP 4

NO	NAME	SURNAME
01	AHMET TANER	SÜMBÜL
02	ATAKAN	DEMİR
03	CEMİL	BİLİR
04	CUMHUR	DEMİR
05	DİLEK	ERDEM
06	DOĞAN	UNCU
07	ECE	ESİN
08	FAYSAL	DANE
09	FERHAT BÜLENT	BERKARDA
10	FEYYAZ	ÖZDEMİR
11	GÖKHAN	ÇELENKOĞLU
12	GÜL	BAŞARAN
13	İRFAN	ÇİÇİN
14	MAHMUT	GÜMÜŞ
15	MEHMET	ALİUSTAOĞLU



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16	METİN	ÖZKAN
17	MUSTAFA	ALTINBAŞ
18	NAZİYE	AK
19	NECDET	ÜSKENT
20	NURULLAH	ZENGİN
21	OĞUZ	BİLGİ
22	ÖMER	DİZDAR
23	ÖZLEM	ER

Acknowledgement

While starting to implement this highly significant mission for our Association, we would like to thank:

- All our members who have criticized our Association, for their contributions and feedback, which has helped to raise awareness and strengthen our Association through improvements,
- All SEM participants who, away from their regular work and families, spent two days and nights and all their mental and physical efforts to evaluate the former plan, analyze the present situation, and predict the future,
- And the Planning team, who responded to every call of the Administration to work on and improve draft plans and finalized it.

Together, we have brought our Association to its secure position and now embark on taking it to an even brighter future.

For our members, for our profession, for our homeland, and for all humanity...