[Nepal]

Current Management of Malignant Diseases in Nepal

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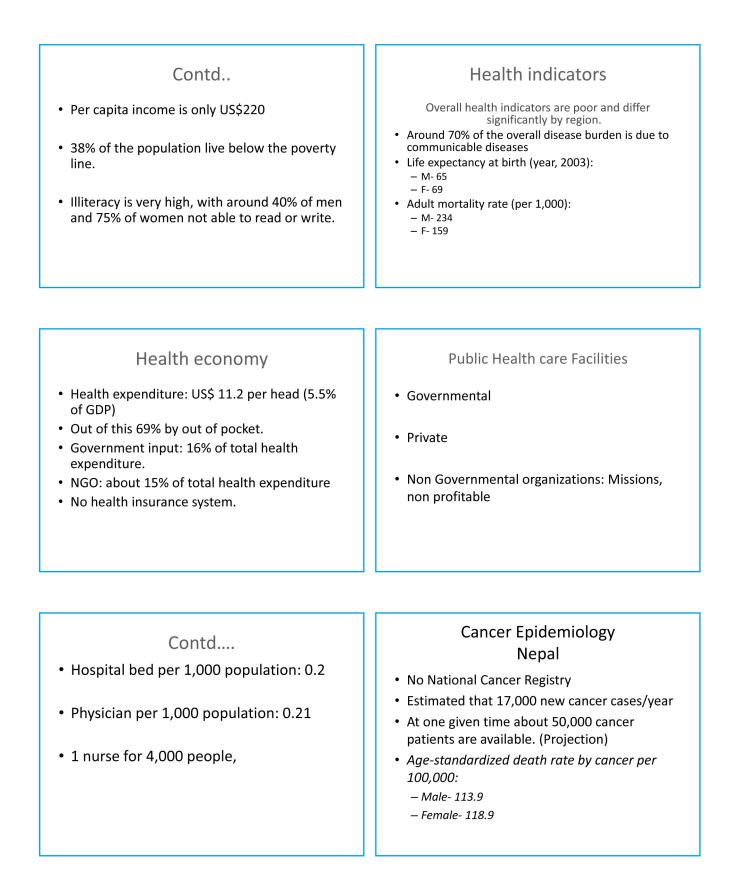
Demographic



- Nepal has Total population **29,959,000** (estimate 2009)
- 14% of the population lives in urban and 86% in rural areas

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Top Ten Cancer National (Hospital based) Cancer Registry 2009 BPKMCH				
	Type of Cancer	Number of cases		
1	Lung Cancer	686 (13.6%)		
2	Cervical Cancer	570 (11.3%)		
3	Breast Cancer	411 (8.2%)		
4	Stomach	266 (5.3%)		
5	Bone marrow	218 (4.3%)		
6	Unknown primary site	208 (4.1%)		
7	Gall bladder cancer	191 (3.8%)		
8	Ovary cancer	178 (3.5%)		
9	Bladder	139 (2.8%)		
10	Oesophageal cancer	97 (1.9%)		
	Total	5,041		

Cancer Services Nepal

- No National policy on cancer control.
- No National Cancer registry.
- No National cancer screening programme.

Current status of oncology services Nepal	Cancer Treatment Facilities
 Oncology in Nepal is still at its infancy 	Nepal
Diagnostics:	
 No immunohistochemistry and flowcytometry, cytogenetics No Molecular diagnostic lab. No PET scan 	

Cancer Hospitals/Beds

Only Two dedicated cancer Hospitals

- 1. B P Koirala Memorial Cancer Hospital: National Cancer Hospital
- 2. Bhaktapur Cancer Hospital: 70 beds. NGO run Charity Hospital.

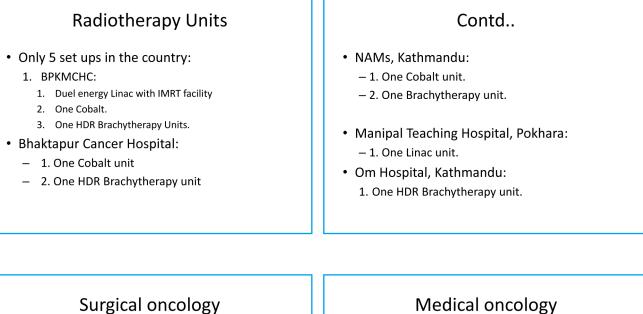
Others Cancer Department or Units with dedicated beds.

NAMS: 20 beds (Government) Om: 30 beded (Private) Sarvang: 15 beded (private) Kanti Children hospital: 20 beds (Government) National Hospital: 25 beds (private) B & B: 10 beds (private)

Contd..

Most of other Hospitals tertiary or secondary level hospitals either governmental, public or private:

Do some form of cancer treatment like diagnosis, Surgery, occasionally chemotherapy, supportive treatments.



Though most of the center having General surgeons performs various surgery on the cancer patients, in many occasions lacks following the proper surgical oncological principle due to the lack of trained manpower.

Medical oncology

- Only handfull of dedicated Medical oncologist.
- · Has to take care of both solid and haematological malignancy.
- Only two qualified paediatric oncologist
- No bone marrow transplant facility.

Gynea oncology

- Only few trained gynaecologist
- Most of the surgery is done is done by general gyneacologist.
- Most of time it is suboptimal.

Uro oncology

- Only one trained uro oncologist.
- · Most of the surgery is done by general urologist or general surgeons

Orthopeadic oncology

• No trained orthopeadic oncology

Head and Neck Surgical oncologist

• Mostly carried out by ENT surgeons.

Palliative care in Nepal	Palliative care center establishments
 No Well organized palliative care systems Palliative care has to be done by primary physicians/surgeons. Oral morphine available from 2005 but not widely available. Low level of awareness about palliative care in all the level. Subject of Least priority: 	 <u>As a result of recent wider awareness</u> Hospice Nepal: 10 beds (from 2000) Palliative care ward : Bhaktapur cancer hospital: 2004 (12 beds) Palliative care ward: Sheer memorial Hospital 2005 (5 beds) Hospice BPKMCHs (12 beds) Thankot Hospice center: 2007 (10 beds) Shechen Hospice Boudha: (7 beds)

SEARO Regional Morphine Consumption, 2008: (mg/capita) Recently has increased.

1	Thailand	0.8195
2	Dem. Peop. Rep. of Korea	0.7806
3	Sri Lanka	0.6910
4	Nepal	0.2277
5	Maldives	0.2067
б	India	0.1563
7	Indonesia	0.0446
8	Bangladesh	0.0310
9	Myanmar	0.0017

Man Power

- Very few Medical oncologist and Surgical oncologist
- Few Radiation oncologist
- No dedicated palliative care specialist
- Few Physicist
- Limited number of dedicated oncology nurse
- Limited number of Therapy Radiographer.

NGOs Dedicated to Cancer

- Nepal Cancer Relief society:
 oldest and largest with: 27 yr history with more
 - than 10,000 volunteers in 43 districts.
- Nepal Network Cancer Treatment and Research (NNCTR)
- Nepal cancer Support group.
- Breast cancer Support group.
- Nepalese Association of Palliative Care
- Cancer Care Nepal

Challenges

- High Cost of treatment.
- No insurance system.
- Presentation in late stage.
- Unavailability of the radiation delivering precision equipments.
- Lack of newer drugs and high cost
- Lack of knowledge of health policy maker.
- Lack of trained manpower
- Lack of the specialized centers.

Conclusion

- Oncology services in Nepal is still in the state of infancy.
- Has seen gain in the momentum in last few years
- But still needs to move a lot ahead.
- Greatest need is the awareness among the policy makers to have national policy on cancer control
- To prepare the country to manage rising number of cancer patients.

Thank you