

[Nepal]

Current Management of Malignant Diseases in Nepal

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Greetings
from Nepal



Health statistics



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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- Per capita income is only US\$220
- 38% of the population live below the poverty line.
- Illiteracy is very high, with around 40% of men and 75% of women not able to read or write.

Health indicators

Overall health indicators are poor and differ significantly by region.

- Around 70% of the overall disease burden is due to communicable diseases
- Life expectancy at birth (year, 2003):
 - M- 65
 - F- 69
- Adult mortality rate (per 1,000):
 - M- 234
 - F- 159

Health economy

- Health expenditure: US\$ 11.2 per head (5.5% of GDP)
- Out of this 69% by out of pocket.
- Government input: 16% of total health expenditure.
- NGO: about 15% of total health expenditure
- No health insurance system.

Public Health care Facilities

- Governmental
- Private
- Non Governmental organizations: Missions, non profitable

Contd....

- Hospital bed per 1,000 population: 0.2
- Physician per 1,000 population: 0.21
- 1 nurse for 4,000 people,

Cancer Epidemiology Nepal

- No National Cancer Registry
- Estimated that 17,000 new cancer cases/year
- At one given time about 50,000 cancer patients are available. (Projection)
- *Age-standardized death rate by cancer per 100,000:*
 - Male- 113.9
 - Female- 118.9

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

- Oncology in Nepal is still at its infancy
- Diagnostics:
 - No immunohistochemistry and flowcytometry, cytogenetics
 - No Molecular diagnostic lab.
 - No PET scan

Cancer Treatment Facilities Nepal

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.

Radiotherapy Units

- Only 5 set ups in the country:
 1. BPKMCHC:
 1. Dual energy Linac with IMRT facility
 2. One Cobalt.
 3. One HDR Brachytherapy Units.
- Bhaktapur Cancer Hospital:
 - 1. One Cobalt unit
 - 2. One HDR Brachytherapy unit

Contd..

- NAMS, Kathmandu:
 - 1. One Cobalt unit.
 - 2. One Brachytherapy unit.
- Manipal Teaching Hospital, Pokhara:
 - 1. One Linac unit.
- Om Hospital, Kathmandu:
 1. One HDR Brachytherapy unit.

Surgical oncology

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 handful 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

- 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:

Palliative care center establishments

As a result of recent wider awareness

- 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
6	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