

Editorial

The current landscape of cancer treatment scenario in Bangladesh

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The current cancer scenario in Bangladesh presents a significant public health challenge. Cancer is the second leading cause of death in the country, with approximately 150,000 new cases diagnosed and 108,000 deaths annually.¹ Bangladesh is facing several critical issues regarding cancer treatment like the lack of a national cancer control strategy and comprehensive cancer screening system, resulting in most patients being diagnosed at advanced stages, which reduces the chances of successful treatment. Early detection and prevention measures are crucial, but efforts in these areas remain inadequate in Bangladesh.

According to World Health Organization (WHO), in 2020 16.1% of males suffered from esophageal cancer, followed by lung cancers (11.1%). In females, breast cancer was most common (19%) followed by cervix uteri cancers (12%).² Treatment facilities for cancers are heavily centralized in the capital Dhaka, making it difficult for patients from rural areas to access care. The National Institute of Cancer Research and Hospital (NICRH) is the main center for cancer treatment, but the demand far exceeds its capacity. While there are plans to establish cancer centers in divisional cities, progress has been slow due to logistical challenges and the impact of the COVID-19 pandemic. NICRH caters to the maximum load of cancer treatment and also contributes to the field of teaching and research. This center is currently functioning with 300-bed capacity equipped with three dual-energy linear accelerators and two cobalt 60 machines, high-dose-rate brachytherapy, and standard support equipment. All the standard facilities required for the diagnosis and treatment of cancer with a multidisciplinary approach are available at this center.

At present, most of the chemotherapy drugs required to treat cancer are available in the country, including the common monoclonal antibodies used as targeted therapy. Recently, two local pharmaceutical companies (Beacon Pharmaceuticals Limited and Techno Drugs Ltd) started manufacturing chemotherapy drugs within Bangladesh and have brought the cost of chemotherapy within the reach of the general population. Financial barriers also pose a significant challenge. Many patients cannot afford the high costs associated with cancer treatment, including travel and accommodation in Dhaka, leading to high rates of treatment abandonment. Nearly 43% of households facing cancer treatment costs fall below the poverty line due to the heavy financial burden.³ The high cost of treatment, lack of adequate radiation facilities, dearth of trained manpower, late diagnosis, poor funding from the government, and lack of awareness within the community are the main challenges impeding cancer care in Bangladesh. The unavailability of trained medical physicists is a significant barrier to the development of radiation treatment facilities in the country.⁴

The government and various organizations are working to improve the situation by increasing the availability of low-cost treatments and establishing welfare homes for poor cancer patients. These initiatives aim to provide affordable accommodation and palliative care during treatment periods, though funding and resources remain limited. Addressing these challenges requires a multifaceted approach, including developing a robust national cancer control plan, enhancing early detection and screening programs, decentralizing treatment facilities, and providing financial support to reduce the economic burden on patients. Collaborative efforts between the government, healthcare providers, and international organizations are

essential to improve cancer care and outcomes in Bangladesh. During the COVID-19 pandemic, telemedicine services have proved to be an effective alternative to providing health services in Bangladesh.^{5,6} Similarly, implementing telemedicine to enhance cancer treatment facilities in Bangladesh could significantly address the existing challenges in access to care, early detection, and continuous management of cancer patients.

The principal methods of treatment are surgery, radiotherapy, and chemotherapy. Each of these modalities has a well-established role. Appropriate combination and sequencing of these modalities can be adapted for specific cancers. Mechanisms should be set up to decide on guidelines for integrating treatment resources with early diagnosis and screening programs, and for providing best practicing guidelines for the most important cancers in Bangladesh.

Cancer treatment is becoming increasingly inaccessible for lower-middle income families, not only due to the lack of treatment facilities outside Dhaka but also owing to the gradual rise in treatment costs. At the government medical college hospitals in the country that treat cancer, a full course of radiotherapy costs between Tk15,000 and Tk30,000. At private facilities, the cost ranges between Tk1 lakh and Tk3 lakh. Though government hospitals provide medicines free of cost to at least 50% of the patients, most cancer patients are still unable to bear expenses and stop treatment halfway. Even the cheap treatment at the government hospitals is too expensive for many people. The existing challenges highlight provide insight into possible ways to undertake these challenges to ensure a better future.

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