

## Cancer care in Bhutan

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### GLOBAL SCENARIO

Globally cancer has become one of the most common causes of morbidity and mortality and as per the prediction of WHO/IARC cancer cases will see a dramatic rise in the lower-and middle-income countries where resources may be scant to tackle this menace. Cancer is the second leading cause of death globally; 8.2 million cancer-related deaths were reported worldwide in 2012. The annual number of new cases is projected to rise from 14.1 million in 2012 to 21.6 million in 2030. Around 75% of cancer deaths occur in low-and middle-income countries. Economic impact of cancer is significant; in 2010 approximately US\$ 1.16 trillion was spent in cancer care in the USA. WHO Recommended actions for Member States to include developing and implementing a national cancer control plan with a focus on equity and access, reducing risks for cancer through strategies such as imposing higher taxes on tobacco and alcohol, promoting access to the Human Papilloma Virus vaccination, strengthening health systems to ensure early diagnosis and accessible, affordable and high-quality care for all cancer patients, ensuring that workforces have the appropriate competencies and skills, and improving cancer related database for informed decision-making. To address this issue a multipronged approach may be necessary.

### BHUTANESE CONTEXT

Bhutan as one of the middle-income countries is also not spared by this scourge and we are seeing an increasing trend of cancer diagnosis every year and unfortunately most of these cancers are diagnosed at advanced stages where curative options are not available. The first reliable data on cancer incidence in Bhutan was submitted from JDWNR hospital to the IARC, Globocan 2009. The Data revealed a high incidence of Gastrointestinal cancers followed by Head and Neck cancers in males and in female population the most common cancers were Cervical cancers followed by Gastrointestinal cancers. With help of UICC a cancer registry workshop was held for the clinicians, health workers

and policy makers in the year 2009. It was only in 2013 August that a population based cancer registry office was established at the JDWNR Hospital. Due to the pressing needs of delivering specialized services for the cancer patients in the country a separate 10 bedded oncology ward was opened for the first time in November 2011 along with the introduction of a Biosafety cabinet for safe chemotherapy drug mixing. The relevant human resources were also trained to deliver the specialized services like chemotherapy and palliative care. Cancer is treated by either Surgery, Chemotherapy, Radiation, Hormonal therapy and Immunotherapy either in isolation or combination. Approximately 65% of cancer patients will require radiotherapy at one point in their illness. A Electra Compact (LINAC) radiotherapy machine has been installed recently at the JDWNR Hospital and the entire project is outsourced to a firm in Kolkata. Our patients have started receiving External Beam Radiotherapy from the month of January 2018 and we are in the process of strengthening and building a national technical workforce in the radiotherapy unit. Bhutan Cancer Society a public benefit organization established on 4<sup>th</sup> February 2015 has been actively participating in filling the current gaps in cancer advocacy to the general public and also addressing social issues of cancer patients undergoing treatment.

### CONCLUSIONS

As most patients present late to the hospital the need of the hour is to provide adequate symptom control and palliation. There is a need to develop and strengthen palliative services at the national referral hospital and ensure the availability of sustained release oral morphine at all times. Health promotion, prevention and early detection activities directed towards the high incidence cancers would be most appropriate in our context. This would require the strengthening of collaboration with civil society organizations such as Bhutan Cancer Society for the benefit of the Bhutanese population.

### REFERENCE

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