

## Letter to the Editor

### Oncology status in five SAARC countries: A critical appraisal of 2012 versus 2014 statistics

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Dear Editor,

We read with great interest the articles entitled “Afro Middle East Asian symposium on cancer cooperation.”<sup>[1]</sup> We commend the organizing committee of Afro-Asian symposium, 2014, for their scrupulous efforts of arranging a conference on such a large scale where dignitaries from 16 different countries met on the common ground with a unanimous motive of improving the oncology status in their respective countries and globally, on a wider perspective. We also take the opportunity to applaud Parikh *et al.* for briefing the highlights and presenting the précis of the conference before us, in their excellently written article.

After carefully reading the article by Parikh *et al.*, we found that Table 2 (insight into oncology status of various

countries) of his article<sup>[1]</sup> shows a close resemblance to Table 4 (insight into oncology status of SAARC countries) of the article by Noronha *et al.*<sup>[2]</sup> At first instance, the tables seemed to be similar with the difference in the number of countries for which the data was provided. However, critical evaluation of the data, made us realize the difference between the two tables. The statistical data for five SAARC countries that are Bhutan, Pakistan, India, Bangladesh, and Nepal, was presented in both the tables, but one contained the data for 2012<sup>[2]</sup> and another for 2014.<sup>[1]</sup> From the statistical comparison between the past and the present data, we could get a fair idea regarding the progression/regression of oncology status in these countries over the period of nearly 1½ years.

Six questions out of 10, were almost similar in Table 2<sup>[1]</sup> and Table 4,<sup>[2]</sup> hence the comparison was done only for these questions is evident from the comparison of 2012 versus 2014 statistics that in Pakistan and Nepal, the number of qualified oncologists has increased in these countries from 125 to 175 and from 40 to 45 in 2012 and 2014 respectively;

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demonstrating that these countries have been focusing on the oncology education and training. It is surprising to find that the number of cancer hospitals and other hospitals with cancer departments has decreased alarmingly to less than half in Bangladesh over a period of 1½ years. The situation of Pakistan is no different where 20% reduction has occurred in the number of other hospitals with cancer departments over last 2 years. In Nepal also, the number of cancer hospitals has decreased from five in 2012 to only two in 2014, but other hospitals with cancer departments treating cancer patients have doubled, thus taking care of the oncology treatment in a better way as compared to Bangladesh and Pakistan. However, the number of radiotherapy machines in working condition has increased in both Bangladesh and Pakistan along with the formulation of an official national healthcare policy for cancer in these countries. In Bhutan and Nepal, an unanticipated dissolution of national healthcare policy for cancer was seen from 2014 data.

It is astonishing and at the same time distressing to see that the oncology status in India has been stagnant over past 1½ years.

Although the healthcare infrastructure and oncology status in India is better when compared to other SAARC countries, but it also harbors the maximum cancer burden among SAARC countries. Also as mentioned by Parikh *et al.* that all other countries would choose to obtain help from India to develop or strengthen their anticancer armament,<sup>[1]</sup> so India plays a crucial role in the development of the whole world, and hence, needs special attention on this issue,<sup>[3]</sup> to cope up with the increasing cancer burden and also to meet the expectations of their people and their neighbors as well.

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#### **Conflicts of interest**

There are no conflicts of interest.

**Pradeep Kumar, Himanshi Aggarwal**

Department of Prosthodontics, Faculty of Dental Sciences,  
King George's Medical University, Lucknow,  
Uttar Pradesh, India

**Correspondence to:** Dr. Himanshi Aggarwal,  
E-mail: drhimanshi84@gmail.com

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