



CANCER SITUATION IN LAO PDR

Issues & Challenges

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Cancer Center Lao PDR

Est. 2017

Background About Laos

Geographic Characteristic



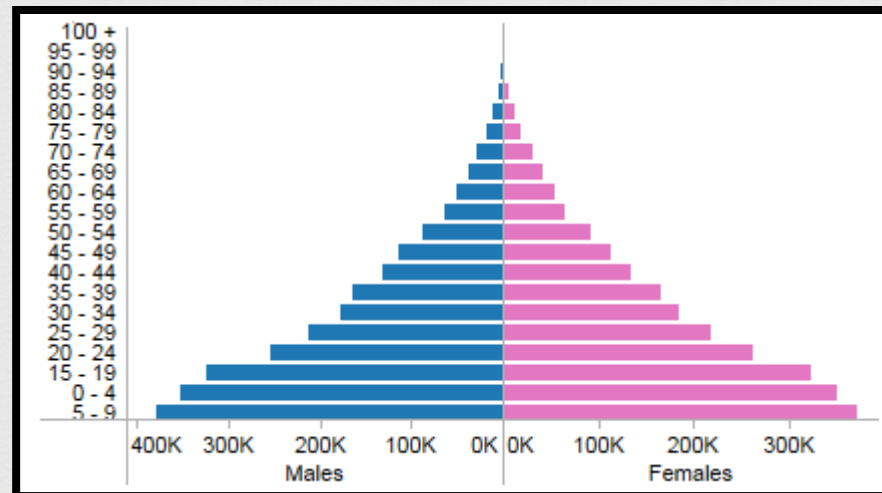
CAPITAL CITY
Vientiane



Background About Laos

Demographic Characteristic

Total Population (thousands)	6646
Life Expectancy at Birth (years)	66
Total Fertility rate (per woman)	3.1
Infant Mortality rate (per 1,000 births)	54
Urban Population (%)	34.3



Socioeconomic/Political Characteristic



National Government

- Single party government under the Lao People's Revolutionary Party
- Governance, economic and legislative reform ongoing since 1986
- Provincial governments gaining local power through decentralization

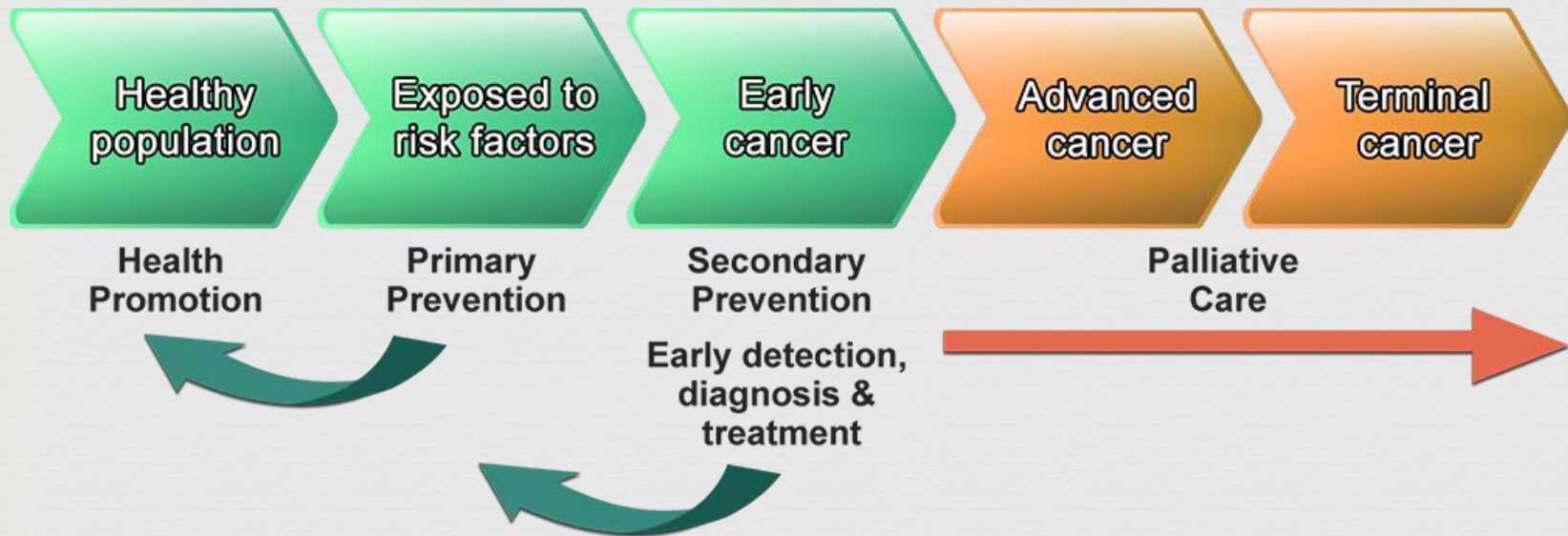
Economy

- With most of the population living as farmers, Laos is highly dependent on foreign aid and has a large trade deficit.
- Major trade partners: Thailand, Vietnam, China
- Tax collection systems are weak, leaving the government with permanent budget problems.

Key development indicators in Lao PDR

Key development indicators	Measure	Year
Human development index (UNDP)	0.524	2011
Human development index ranking (UNDP)	138	2011
GNI per capita (World Bank website, databank)	1010	2011
GDP per capita (US\$) (Lao Statistic Centre)	1281	2011
Total health expenditure (% of GDP) (MOH)	4.1	2010
Coverage of Social Health Protection (all schemes) (%) (MOH)	18.5	2011
Population living below US\$1/day poverty line (%)	25.6	2010
Literacy rate (male/female) (%)	83/63	2005
Education: Government expenditure (% of GDP)	3.3	2006
Education: Primary-secondary gross enrolment ratio (m/f per 100)	79.9/73.2	2006
Life expectancy at birth (MOH)	67.5	2011
Maternal mortality ratio (per 100,000 live births) (LSIS)	357	2012
Proportion of population using an improved drinking Water source (%) (MOH NamSaat)	78	2012

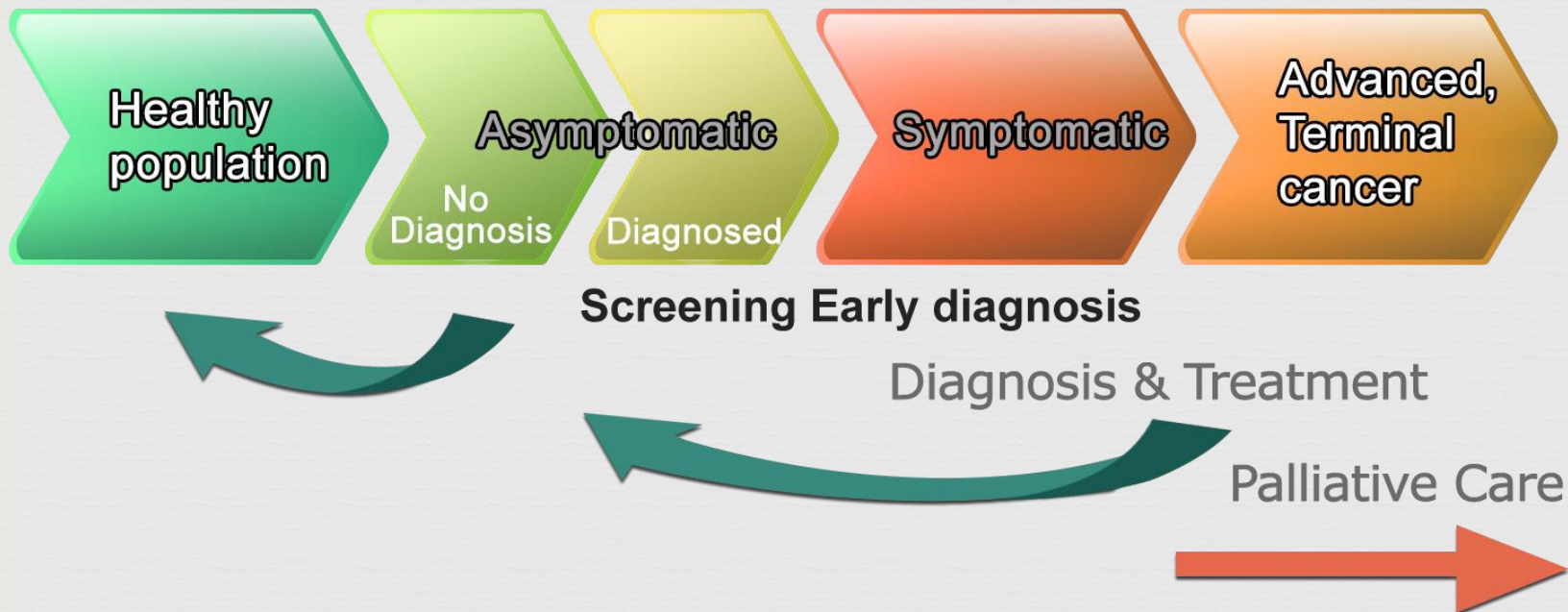
Cancer continuum



Management of cancers



Early cancer



The Societal and Economic Impact of Cancer in Laos

It is estimated that there were over 770,000 new cases of cancer and 527,000 cancer deaths in the Southeast Asian region in the year 2012. Across Southeast Asia, the number of new cases is expected to rise by about 70% by 2030 to reach 1.3 million.

The ACTION (ASEAN Costs in Oncology) study, conducted by the George Institute for Global Health, examined the human cost of cancer to populations across eight countries in Southeast Asia (SEA). Laos was one of the eight countries in which the study was conducted.

The ACTION study highlighted the impact of cancer on household economic wellbeing, quality of life, variation to the management and costs of hospital and non-hospital treatment for cancer in Laos. The study provides evidence for countries in the region to put in place policies that can improve access to cancer care and provide adequate financial protection from the burden of costs of illness.

For more information please contact

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Hospital, Ministry of Health _____

Email: phetsamone@hotmail.com _____

Action plan

- High fatality rates and increasing costs of medical providers indicate that there is a clear need for the Laos government to establish appropriate health systems to facilitate patient access to cancer treatment.
- With the current budget deficit, the government's ability to extend financial protection to cancer patients will be limited. However, a more rigid management of existing social health protection insurance processes would provide adequate detection and care for cancer patients.
- The MoH needs to urgently put in place an efficient management system of insurance schemes and must look into employing institutional managers to oversee administrative processes instead of clinical hospital staff, which would free health professionals to provide high quality medical services to patients.
- There are typically greater patient loads in central and provincial health facilities due to better equipment and staffing resources compared to district and community level facilities. If more doctors are relieved from administrative responsibilities, a greater number of medical staff will be available to station at district and community levels.
- The Laos Government needs to recognise that the costs associated with non-communicable diseases such as cancer are a significant driver of poverty in SEA.
- Cancer must be recognised and prioritised, and seen as a cross-governmental national issue affecting households, society and the economy, rather than limited to health.
- The Laos Government must integrate national cancer-control programmes in existing health systems, in line with the Jakarta Call for Action on Cancer Control.

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Opportunities



- ❖ Priority by MOH to service Lao cancer patients
- ❖ Official enouncement to set up cancer center
- ❖ Cooperation with International organizations

Cancer Activities



- ❖ Cancer as part of NCDs prevention and control
- ❖ Some Cancer awareness is going on
- ❖ Includes tobacco control, reducing harmful use of alcohol, salt reduction and promotion of healthy diet (will help in cancer control)
- ❖ Approval NCCP

Where should we start?

When should we start?



We must make Decision making

What do we need?

Cancer Control

Policy

Research

Policy

Research

Policy

Cancer
Registry

Research

Cancer Care

Current situation of cancer workforce in Laos

- ☞ Cancer Center there are 7 Permanent staffs, 6 nurses, One team oncology radiation(3 radiotherapists, 2 medical physicists, 2 radiation technicians and 3 nurses)
- ☞ Network oncology: One gyneco-oncologists team at Setthathirath Hospital
- ☞ GI tract and Nephrology surgeons at Mahosot Hospital

Current situation of cancer in Lao PDR (cont)

*Diagnosis abilities:

- ❖ Radio diagnosis: CT scanner, X-Ray, mammography , MRI , **While PET-scan and nuclear medicine are not available**
- ❖ Pathological Lab: 3 basic pathological laboratory but **without immunohistochemical staining, fluorescence hybridization, Electromicroscopic, PCR etc...**
- ❖ Tumor marker: CEA, PSA, HCG, Alfa-fetoprotein,

Current situation-cancer managament

- ❖ General surgery are available
- ❖ **No Nuclear Medicine**
- ❖ Some Chemotherapy available at cancer center and some hospital
- ❖ One radiotherapy(Linac-3D) **without IMRT and Brachytherapy**
- ❖ Palliative care

Radiotherapy center



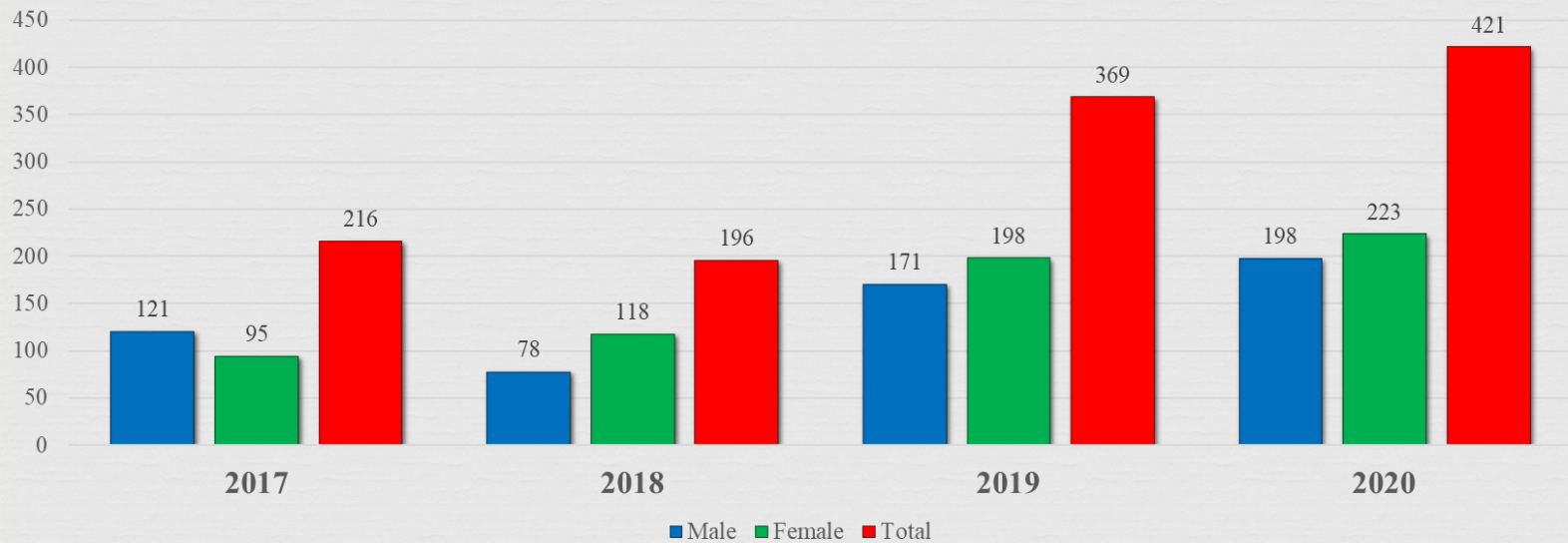


How fast does
information or
knowledge
grow?

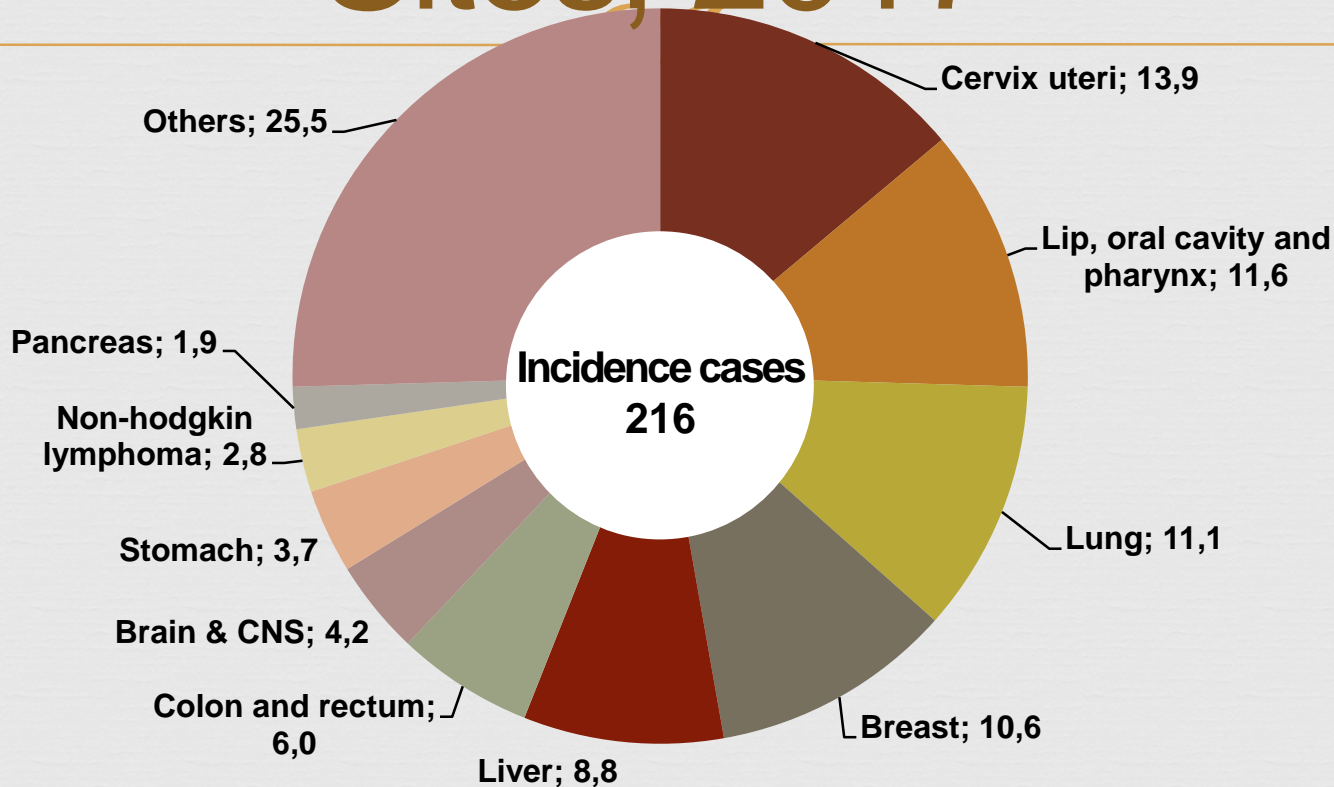


Cancer statistic, Cancer center

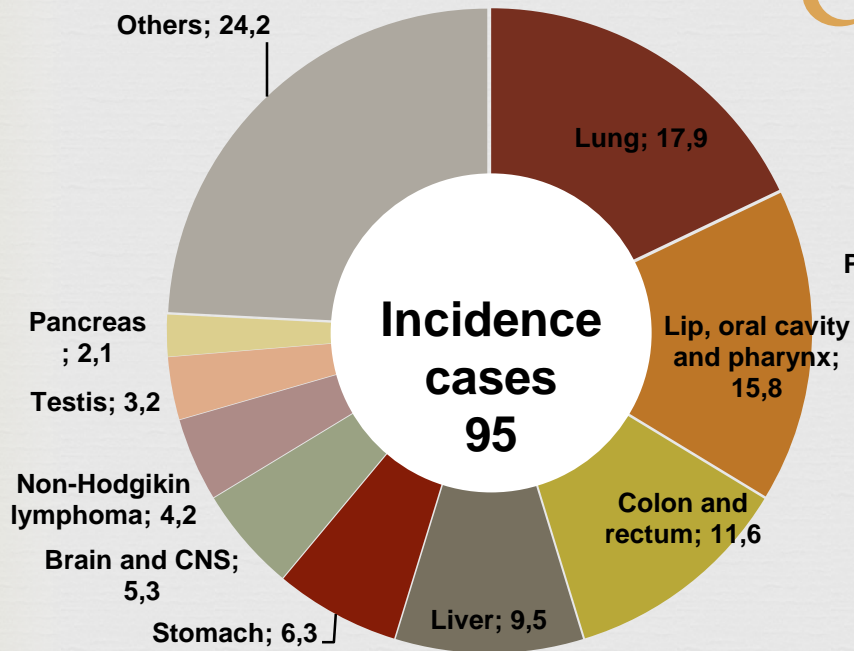
New Cases, Cancer Center-Mittaphab Hospital



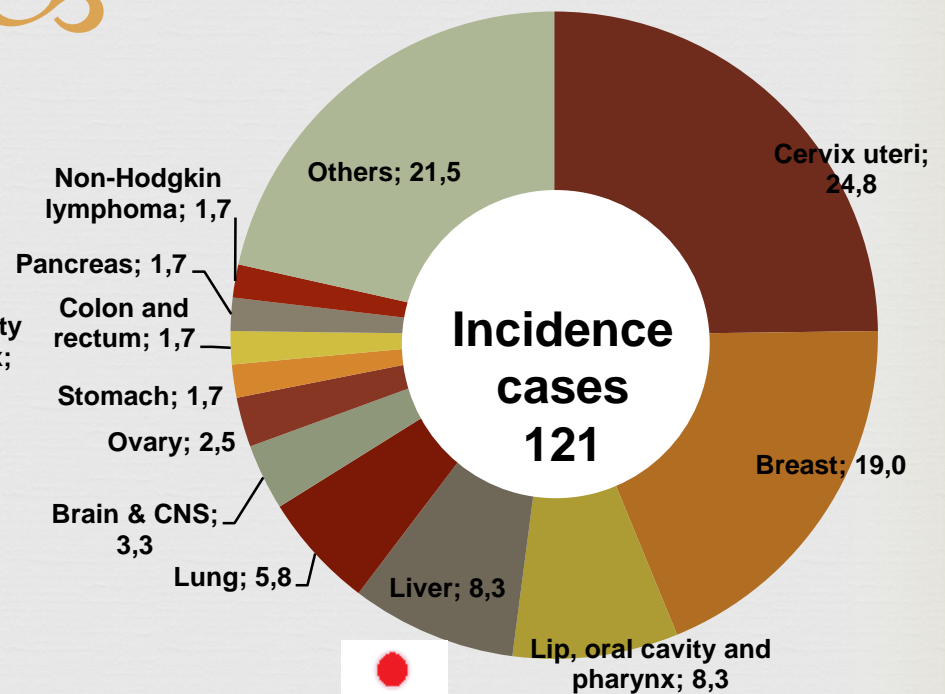
Distribution by Cancer Sites, 2017



Distribution by Cancer Sites and Sex, 2017



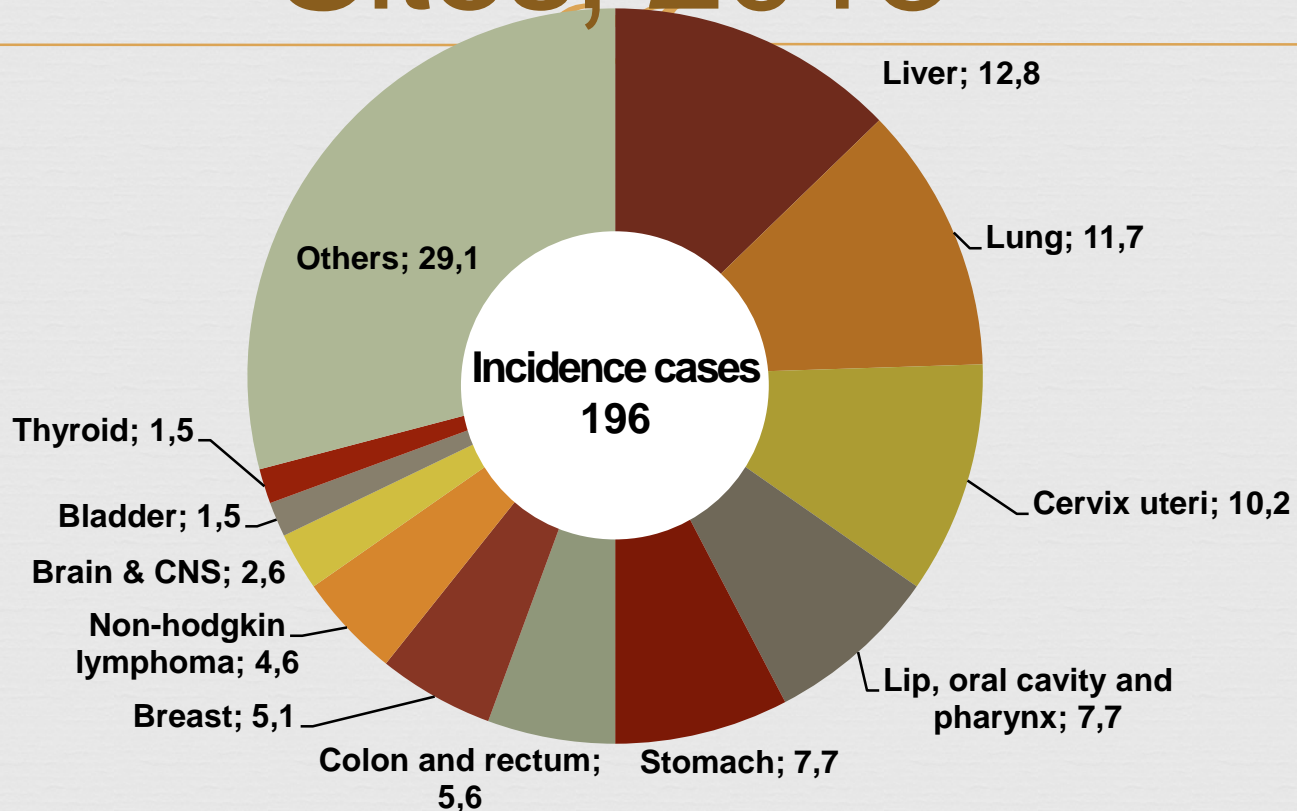
Male



Female

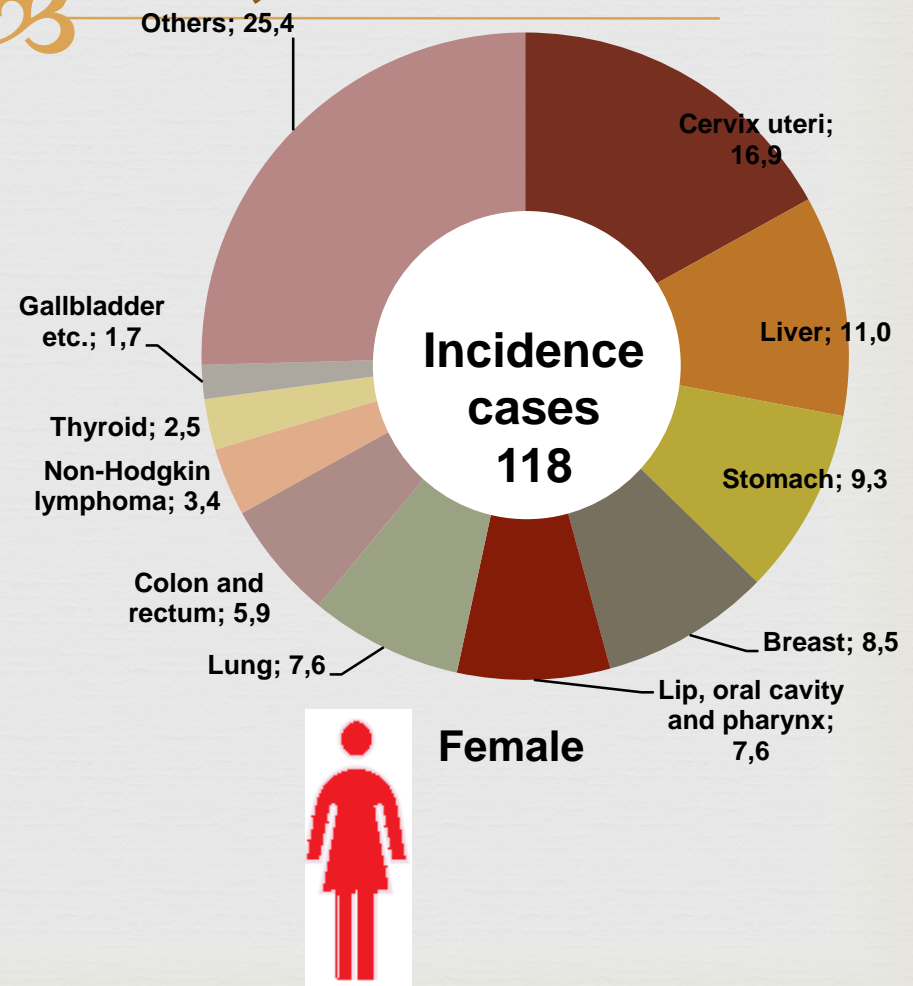
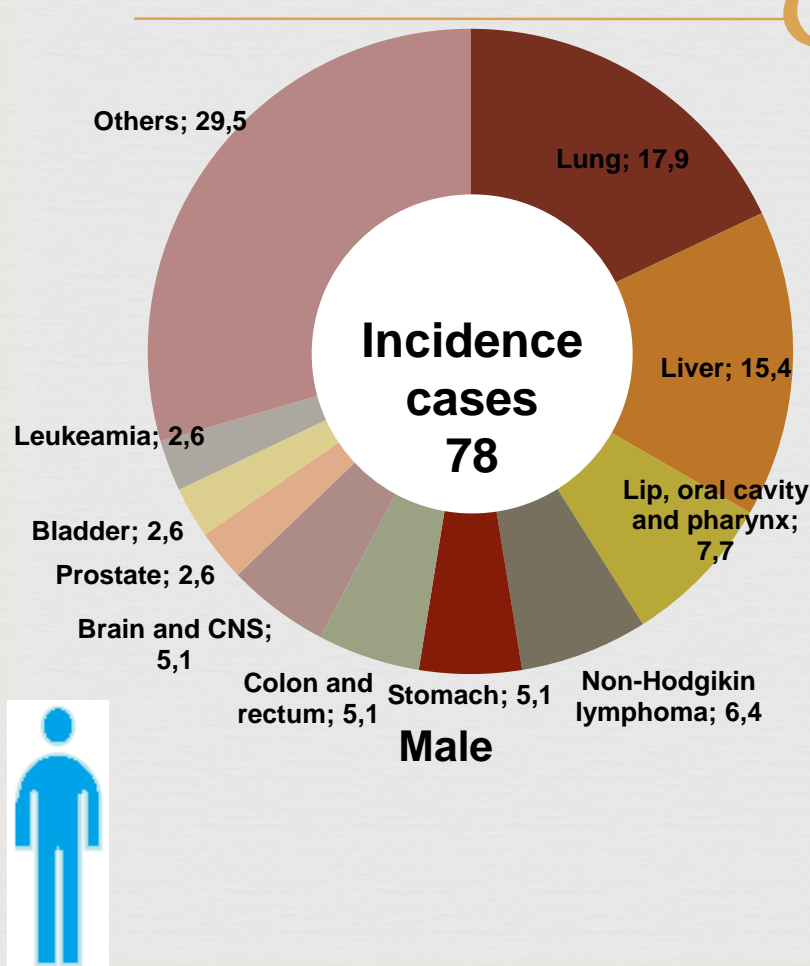
Distribution by Cancer Sites, 2018

(Unit: %)

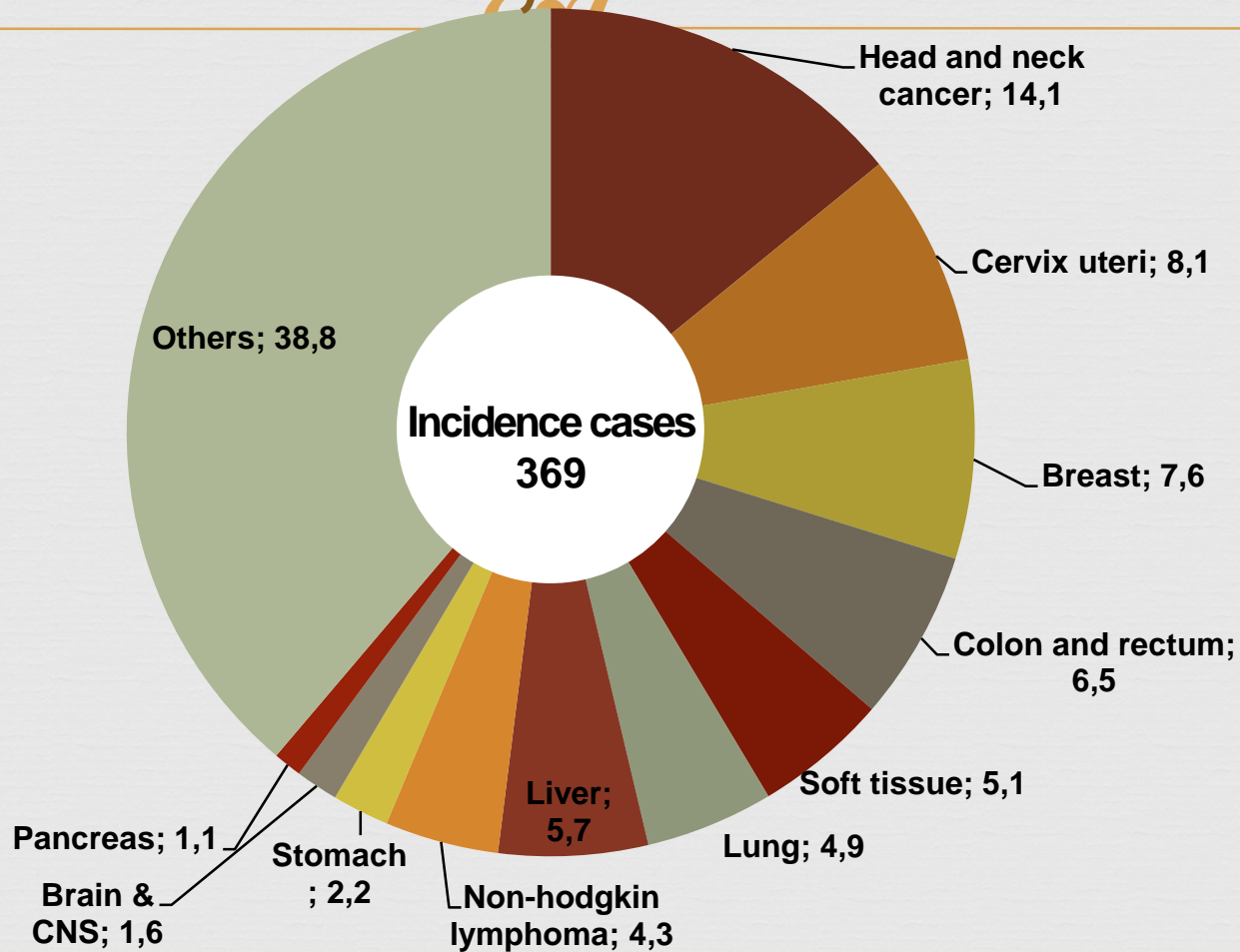


Distribution by Cancer Sites and Sex, 2018

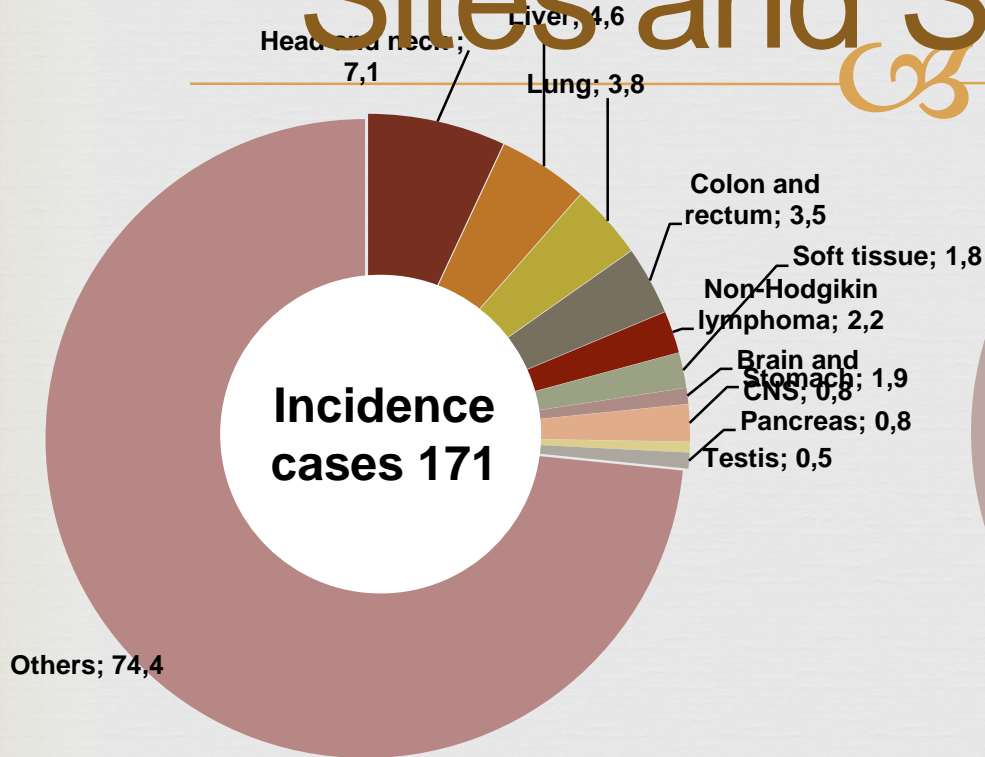
(Unit: %)



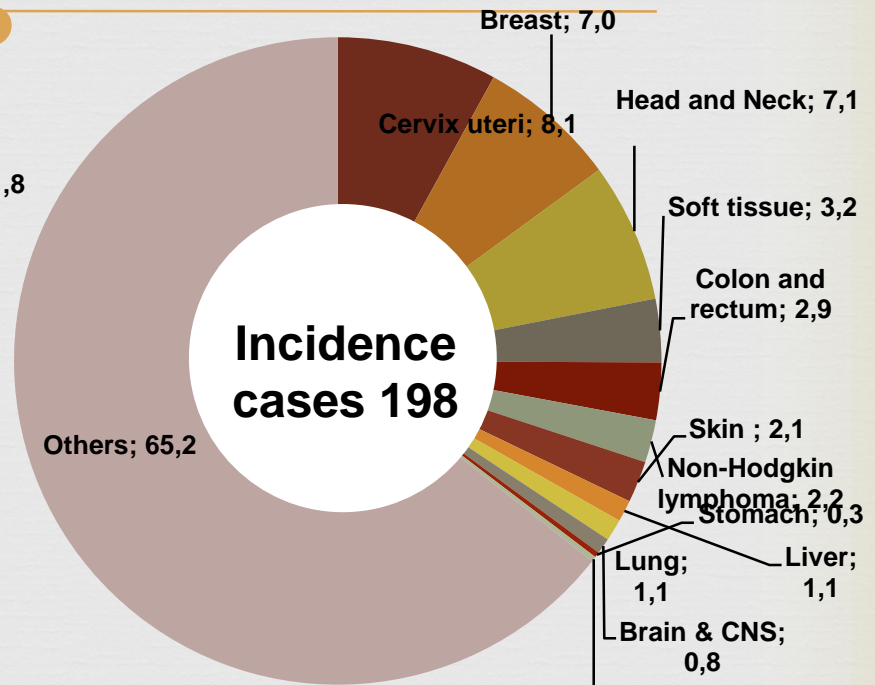
Distribution by Cancer Sites, 2019



Distribution by Cancer Sites and Sex, 2019

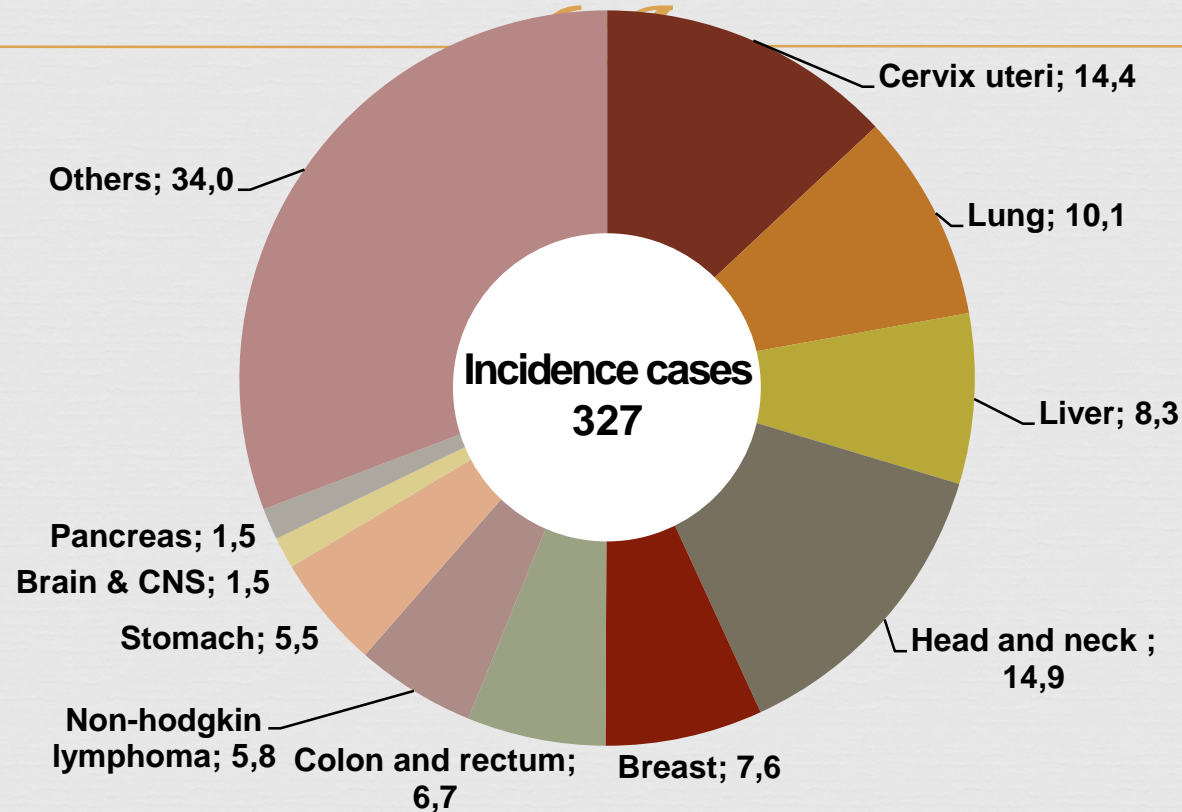


Male

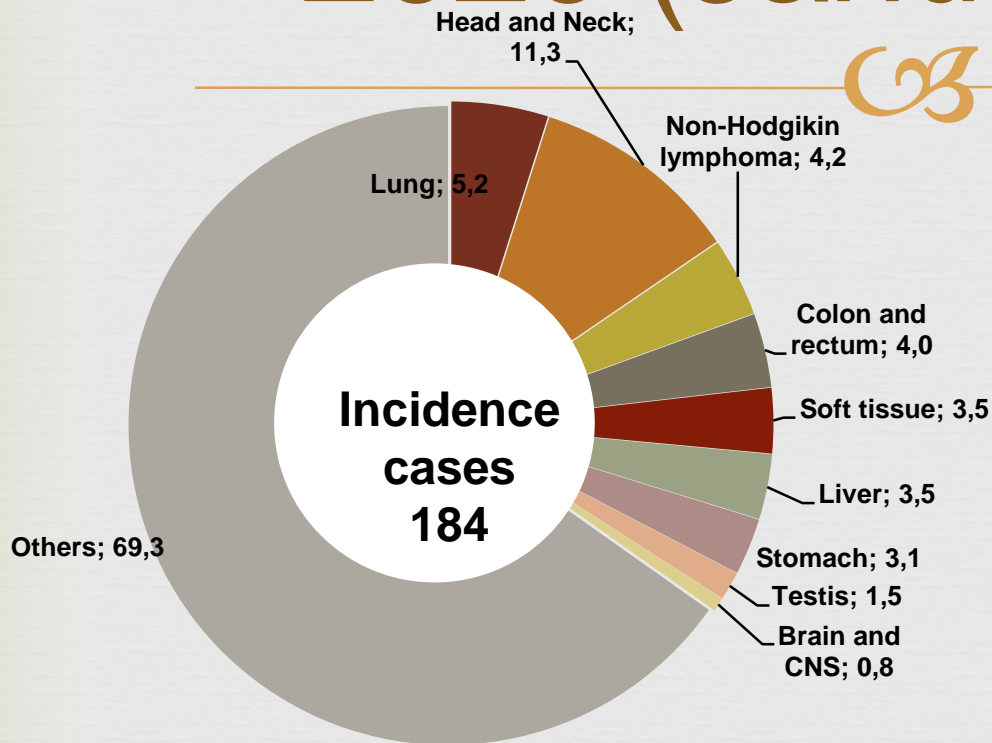


Female

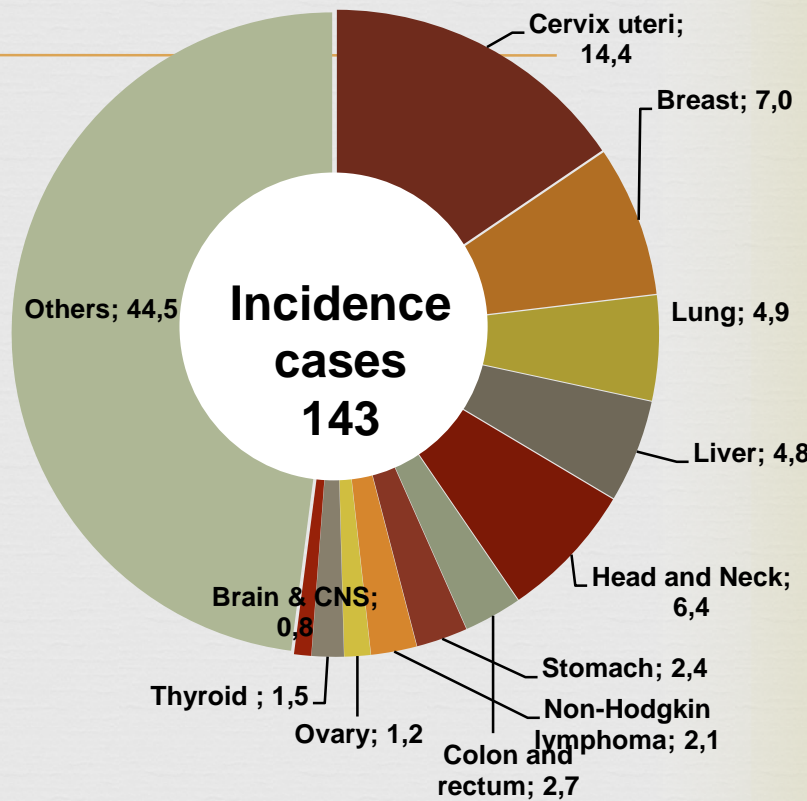
Distribution by Cancer Sites, 2020 (January-June)



Distribution by Cancer Sites, 2020 (January-June)



Male



Female

ECHO-Project



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Project ECHO

(Extension for Community Healthcare Outcomes)

Project ECHO is a revolutionary guided-practice model that reduces health disparities in under-served and remote areas of the state, nation, and world. Through innovative telementoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities.

Human Resource Development Plan on Cancer Training

Staff in each field	Short term training	Long term training			
	2021-2022	2023	2024	2025	2026
<i>Radio therapy unit</i>					
Radiation oncologist	2	1		1	1
Medical physicist	2	1		1	1
Medical dosimetrist	2		1	1	1
Radiation therapist	2	1		1	1
Non physician provider	2	1		1	1
Oncology nurse	2		2	1	1
Engineer (RTT)	2	1			1
<i>Early detection and diagnosis unit</i>					
Pathologist	3	1	1	1	1
Cytopathologist	2	1	1	1	1
Technologist	3	1	1	1	1
<i>Surgical management unit</i>					
Oncologist surgeon		2	1	1	1
Nurse		1	1	1	1
<i>Chemotherapy Unit</i>					
Chemotherapist	3	2	1	1	1
Nurse	2	1	1	1	1
<i>Palliative care unit</i>					
Anestheologist		1	1	1	1
Nurse		2	1	1	1
<i>Biostatistics Epidemiologist</i>					
Cancer epidemiologist	1	1	1		
Registration(Coder)	1	1	1		

HIGAN-Project



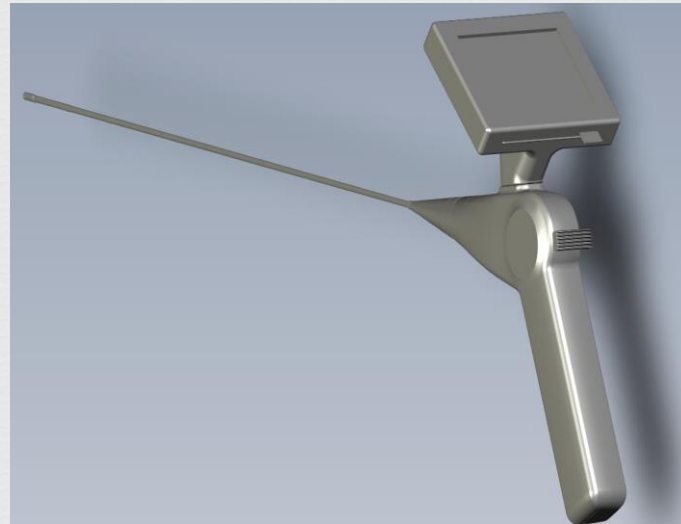
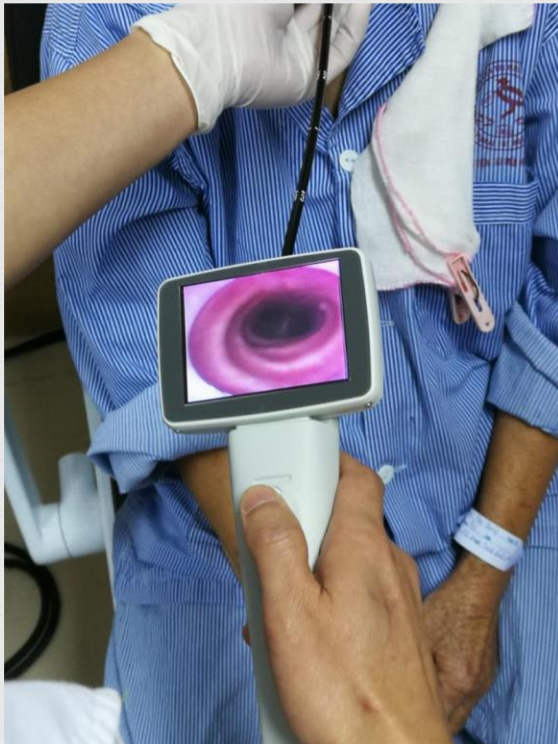
Non-Profit Organization : HIGAN
-Eradicate Gastric Cancer-

NPO 法人 胃癌を撲滅する会

0 0 1 3 6 5 3



Head and Neck Project



Issues & Challenges(1)



- ❖ Human resources are still limited, we request new participates from MOH & quality of capacity building must be trained.
- ❖ Set up & approval Advanced central pathology Lab, gathering pathologists in Lao to work together in 2019 by role and responsibility.
- ❖ Comprehensive new building should be contained in the cancer center development plan.

Issues & Challenges (2)



- ❖ Approval quality for radiation therapy team
- ❖ Appropriated set up radiation machine refer by statistics .
- ❖ Approval and Continue cancer registration on Hospital base upgrade population-based data.

Issues & Challenges



- ❖ Approve & appropriated National Cancer Control Plan(NCCCP). Follow up by international protocol.
- ❖ Make consensus protocol for cancer treatment in Lao PDR.

Conclusion



- ❧ Policy Maker
- ❧ Capacity building (follow by international organization)
- ❧ Quality of data (Cancer registration)
- ❧ Diagnostic and treatment tools must be available
- ❧ Upgrade from basic lab to advanced lab pathology
- ❧ Trained clinicians and professionals
- ❧ Public health personnel
- ❧ Researchers



Thank you

Khonephapheng Water falls, Pakse, Laos