

LETTER to the EDITOR

Editorial Process: Submission:25/07/2026 Acceptance:22/08/2026 Published:23/08/2026

A Changing Cancer Landscape in Nepal: The Rise of Gastric Cancer

Asian Pac J Cancer Prev, **27** (8), 2749-2751

Dear Editor

Globally, cancer is one of the leading causes of death, accounting for nearly ten million deaths in 2024. According to GLOBOCAN 2024, lung cancer is the most common cancer worldwide, accounting for 2.6 million cases, followed by breast cancer (2.4 million cases) [1]. A survey of 115 countries reported that most countries do not adequately prioritize cancer and palliative care services in their financing [2]. In the developing world, cancer incidence and mortality were projected to double, with 70% of new cancer cases expected to occur there [3]. Infections such as human papillomavirus (HPV) and hepatitis are responsible for about 30% of cancers in low- and middle-income countries [1]. In 2024, stomach cancer, with an incidence of 1 million cases, ranked sixth in terms of morbidity and mortality [1]. Against a background of limited financing, treatment facilities, and preventive measures, as well as policy gaps in the developing world, recently published GLOBOCAN 2024 data revealed an alarming cancer trend in Nepal: stomach cancer had become the leading cancer in terms of both incidence and mortality [4] (Table 1).

In Nepal, cancer is estimated to account for about 10% of all deaths [5], but the true burden remains difficult to interpret because national estimates rely on fragmented reports and incomplete registry data [6]. Gastrointestinal cancers are often diagnosed late, with about 87% detected at an advanced stage [7]. In Nepal, the total number of cancer cases increased from 20,508 (ASR, 80.9 per 100,000) in 2020 to 24,499 (ASR, 90.1 per 100,000) in 2024 [4]. Lung cancer, which had been the leading cancer in Nepal for several years, ranked sixth in 2024, with 1,477 cases. Similarly, the numbers of cervical and breast cancer cases decreased in 2024 (Table 1). The recent GLOBOCAN 2024 estimates ranked stomach cancer first and oesophageal cancer second in

Nepal in terms of both incidence and mortality [4]. In 2024, Nepal reported 3,159 new cases of stomach cancer (ASR, 11.8 per 100,000) and 2,690 deaths (ASR, 10.1 per 100,000). These figures should prompt policymakers, cancer researchers, epidemiologists, and public health professionals to examine whether the burden is being underestimated because of delayed diagnosis, reporting bias, and variable diagnostic quality.

In recent years, as the cancer burden has increased and treatment facilities have expanded, referring patients for further treatment has remained challenging because of factors such as financial capacity, geographical location, and the availability and accessibility of services [8]. The readiness of health facilities to provide cancer screening has also been found to be poor, with urban–rural disparities in cervical cancer screening [9]. Despite the existence of prescribed screening protocols, cancer screening programs are not performing well. Moreover, most of these programs have been concentrated in major cities [10].

Universal access to cancer treatment has not yet been achieved for people living in remote areas. Moreover, most cancers in Nepal are diagnosed through opportunistic screening when people visit health facilities for other reasons. People often seek care for problems such as heart- and lung-related complications that they initially regard as minor. Many also report gastritis as their main complaint. Gastritis is often considered a minor condition and treated without investigation, which may result in a failure to diagnose more serious complications.

It is estimated that more than one in two Nepalese people have been affected by chronic gastritis, a condition that is common in Nepal. Symptoms include bloating, upper abdominal pain, indigestion, and nausea. The exact prevalence of *H. pylori* infection remains unknown. In this context, the high prevalence of gastritis is largely attributed to irregular eating habits combined with *H. pylori* infection. Irregular eating, skipping meals,

Table 1. The Five most Common Cancers by Incidence in Nepal, 2020–2024

2020			2022			2024		
Top cancers	Number	%	Top cancer	Number	%	Top cancers	Number	%
Lung	2505	12.2	Lung	2431	11	Stomach	3159	12.9
Cervix uteri	2244	10.9	Breast	2255	10.2	Oesophagus	2069	8.4
Breast	1973	9.6	Cervix uteri	2169	9.9	Breast	1746	7.1
Stomach	1552	7.6	Stomach	1720	7.8	Liver	1623	6.6
Colorectum	1090	5.3	Colorectum	1198	5.4	Cervix uteri	1532	6.3

Source: GLOBOCAN fact sheet for Nepal [4]

drinking milk tea on an empty stomach, and consuming oily or spicy foods are additional contributing factors to gastrointestinal problems. Over time, *H. pylori* infection accelerates inflammation in the stomach; this inflammation is often overlooked and may ultimately develop into stomach cancer [11,12]. Food quality is another frequently overlooked issue in Nepal; pesticides in food and vegetables have been reported as a public health concern in relation to various non-communicable diseases [13].

The lifestyles of contemporary Nepalese people may also contribute to this growing problem. Many working professionals experience high levels of stress, combine tea drinking with smoking, and consume large amounts of alcoholic beverages, all of which contribute to acid reflux and stomach inflammation [14]. Self-medication for common gastric problems, such as gastritis, is highly prevalent in Kathmandu and other parts of Nepal [15]. Gastritis may present in acute or chronic forms and can potentially lead to ulcers, thereby increasing the risk of stomach cancer [16]. Because gastritis is often perceived as a minor problem and its symptoms may improve quickly, it may be overlooked, potentially leading to life-threatening conditions such as stomach cancer.

Although Nepal reportedly established a National Cancer Registry Program in 1995 and expanded the model in 2003, the country's cancer registry remains inadequate. The government subsequently established a population-based cancer registry, the Kathmandu Valley registry, and regional extensions. A major limitation of these registries is the missed opportunity to accurately track all cases [17,18]. Stomach conditions may also be missed at health facilities because of inadequate skills and screening facilities [19]. Cases referred from health facilities may not be reported to the national registry.

Government preventive measures and initiatives are commendable but insufficient. These initiatives include the Multisectoral Action Plan (MSAP) for NCD prevention and control, the integrated NCD prevention and control policy, the Package of Essential Non-Communicable Diseases (PEN)/PEN Plus initiative, and tobacco and alcohol control measures [20]. However, many of these initiatives focus largely on urban areas and awareness-raising activities. Although PEN programs focus on rural areas, they lack an urban focus; consequently, equity and quality in cancer treatment and screening remain limited. Furthermore, most screening programs target cancers that were previously common, such as breast, cervical, and oral cancers. Thus, stomach cancer screening is less prioritized in Nepal.

The Constitution of Nepal recognizes health as a fundamental human right and ensures that all Nepalese people have the right to free basic care, equal access, and information about their medical treatment. Furthermore, the National Health Policy 2019 focuses on restructuring the health system to reach underserved populations [21]. The Nepal Cancer Control Strategy (2024–2030) likewise focuses on early detection, cancer prevention, infrastructure development, human resources for health development, and accessible palliative care. Nevertheless, the strategy may not be fully implemented because of the low allocation of the healthcare budget, which is directed

mainly toward infrastructure development rather than prevention [22]. Preventive programs have also been designed as routine processes rather than as objective- and goal-oriented interventions. Consequently, allocated resources have been wasted because budgetary resources have not been fully and effectively utilized. Other priorities include strengthening public health facilities, redesigning the health insurance scheme for individuals vulnerable to financial hardship, and strengthening the cancer surveillance system. Expanding preventive facilities is essential.

Thus, the alarming new statistics on stomach cancer incidence highlight the need to revise cancer prevention strategies through the involvement of community-level public health facilities, multisectoral agencies, and policymakers. Promoting healthy eating, regulating food safety, and strengthening alcohol and tobacco control programs are equally important for safeguarding public health. Facilities for cancer prevention, surveillance, treatment, and reporting should be integrated and expanded. Screening capacity should be strengthened, and minor gastric cases should not be missed during surveillance, particularly when investigating and preventing stomach-related health problems.

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Kanchan Thapa¹, Bishwanath Acharya², Gambhir Shrestha^{3*}

¹Central Department of Public Health, Institute of Medicine, Tribhuvan University, Nepal. ²The Leprosy Mission Nepal, Nepal. ³Department of Community Medicine and Public Health, Maharajgunj Medical Campus, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal.

*For Correspondence: gambvir.stha@gmail.com