Cancer is the second leading cause of death worldwide.

Projections indicate 26 million new cancer cases and 17 million associated deaths by the year 2030.

Geriatric population will bear a greater burden, especially in low-and-middle income countries (LMIC).

Countries like China, India, and Bangladesh are projected to have the highest proportion of geriatric cancer patients and associated numbers of deaths due to certain cancers.
7.2 million elderly people live in Bangladesh out of 150 million, 38% male and 42% female.

45 percent are illiterate.

6% of the physically sound elderly are jobless and 15% aren’t engaged in job due to lack of physical fitness and other causes, 20% get remittance from family state has no support, 86% monthly income less than 5000 Tk.

Top 20 causes of Deaths in Bangladesh, 2008

1. Old Age Complications
2. Asthma/COPD
3. Fever
4. Heart disease
5. Accident and Injuries
6. Tumour/Cancer
7. Diarrhoea
8. Jaundice/Liver Diseases
9. Tuberculosis
10. Tetenus
11. Malnutrition
12. Chicken Pox, Measles, Polio
13. Rheumatic fever
14. Appendicites, Kidney problems
15. Paralysis
16. Diabetes
17. Pregnancy related problem
18. Mental illness, Drug abuse
19. Peptic Ulcer
20. Abortion problem
Challenges are differ from country to country due to poverty, education and life styles etc

- **Fund**: Limited cancer funding available globally.
- **Priority**: Cancer is not a priority of most of the LMIC.
- **Awareness**: Lack of awareness among policy makers in LMIC.
- **NCCS**: Lack of National Cancer Control Strategy in LMIC
- **Welfare State**: do not perform its responsibility for older people..... a thinking in mind as no use.
- **Social stigma**: .... ignorance/reluctant to treatment to older people
- **Registry**: No baseline information about the size of geriatric cancers from country itself.
- **Health Insurance**: No or little health insurance
**CHALLENGES**

- Late diagnosis: of geriatric patients in LMIC
- Co morbidity: Most elderly patients suffer from two or more concurrent diseases, which has severe impact on treatment protocols.
- Knowledge on Geriatric Medicine: Most of the physicians, nurses, health workers having very little or no idea on geriatric medicine.
- Access to treatment: Limited access to treatment facilities
- Research: Limited or no research on geriatric oncology
- Budget Allocation: No budget allocation, because according to WHO guidelines health expenditure per capita should be a minimum of US$44 whereas Bangladesh, it is only USD 18.43

**SOLUTIONS**

**At SIOG**

- Creation of Taskforce for LMIC
- Developing Strategy & Action Plan
- Developing Education Materials
- Developing Clinical Guidelines
- Technology Transfer
- Involving Research & multilateral cooperation

**National Level**

- Changes in Policy Directions: policy makers needed to be involved to understand the magnitude and importance of problem at national level
- Planning: planning dedicated to geriatric cancer patients
- Budget Allocation: construction of a proper healthcare budget for geriatric cancers.
- Registry: Generation of country specific database
- Health Insurance introduction
- Observance of Day: Geriatric Cancer Day observe nationally and globally
- Media Campaign: Mass population awareness by through

**Community Level**

- Social Support: Increasing family bondage and awareness among the family members.
- Awareness build among opinion leaders
- Training: General physicians, public health nurse, health workers on geriatric medicine and assessment etc.
- Building up community support group
- Ensure access to treatment
SOLUTIONS

Basic Building blocks of Cancer Control

cancer control continuum components:
- Prevention
- Early detection
- Diagnosis
- Palliative Care
- Supportive Care and Rehab

Mouth Self Examination

Female Breast cancer: A Mirror Could Save a life

Cervical Cancer: Just doing a VIA

SOLUTIONS
- Availability of hospices such as palliative care services
The world must value the experience and emotions of elderly patients as ageing is inevitable for all.

Thank you.