International Agency for Research on Cancer

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# New study finds major cancer care delays in Nepal
# Urgent need to speed up early detection, diagnosis, and treatment

**Lyon, France, 24 November 2025** – A new article by the International Agency for Research on Cancer (IARC) and partners reveals substantial delays across the cancer care pathway in Nepal, with many patients waiting months between first symptoms and treatment. The findings come from the DElays in CAncer care in Nepal (DECAN) project, a prospective cohort study aiming to quantify delays and assess their impact for six of the most common cancer types: breast, lung, cervical, stomach, colorectal, and oral cancer. The study, published in *BMJ Global Health*,[1] also examined how these delays relate to patient age, socioeconomic status, and stage at diagnosis.

“Patterns-of-care studies provide crucial insights into how cancer services are functioning in real-world settings. In low-resource countries such as Nepal, they offer essential evidence to guide system strengthening and early diagnosis initiatives,” says Dr Partha Basu, Head of the Early Detection, Prevention, and Infections Branch at IARC.

## Findings

The DECAN study prospectively recruited 1182 consecutive patients newly registered between June and November 2022 at B.P. Koirala Memorial Cancer Hospital, Nepal’s largest comprehensive oncology centre.

The study found prolonged delays at every stage of the cancer care pathway:

- Patients waited a median of 31 days (interquartile range [IQR], 10–63 days) from symptom onset to first seeking health care across all cancer types (the patient interval).
- The time from first contact to diagnosis (the diagnostic interval) was a median of 48 days (IQR, 21–104 days).
- All together, the time from first symptoms to treatment initiation was a median of 110 days (IQR, 63–204 days), and for some cancer types the median durations were up to 171 days.

“Half of the patients waited more than a month before seeing a health-care provider, then more than one and a half months to get diagnosed, meaning that treatment often began about four months after symptom onset. One quarter of patients waited more than six months,” stresses IARC scientist Dr Deependra Singh, the lead author

[1] Singh D, Rana A, Adhikari S, Lucas E, Muwonge R, Bhoosal A, et al. (2025). A comprehensive assessment of intervals in care pathways among cancer patients in a limited resourced setting: results of a prospective patterns of care study in 2022 in Nepal. *BMJ Glob Health*. Published online 10 November 2025. https://doi.org/10.1136/bmjgh-2025-019297

of the study. “This is unacceptable. These delays mean that patients are more likely to start treatment at advanced stages, increasing the risks of complications and poorer outcomes.”

In low-resource settings like Nepal, where diagnostic and treatment infrastructure is constrained, these findings expose critical system weaknesses and point to the need to strengthen early detection, accelerate diagnostics, and streamline referral and treatment initiation.

**Call for a coordinated, multi-level response**

The authors highlight several priority actions:

- Public education and awareness: Promote earlier help-seeking when symptoms appear.
- Strengthen primary care linkages: Ensure that health workers at first contact recognize possible cancer symptoms and refer rapidly.
- Diagnostic capacity: Expand and streamline access to pathology, imaging, and specialist consultations.
- Timely treatment initiation: Improve coordination, tumour board processes, and access to stage-appropriate therapies.
- Monitoring and data systems: Routinely track cancer care interval metrics to identify gaps and improvements over time.

“Addressing these delays is critical for improving outcomes and strengthening the health system. These findings call for integrated, multidisciplinary efforts. In doing so, Nepal can advance towards the World Health Organization’s goals for early cancer diagnosis,” concludes Dr Singh.

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