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Challenges of cancer care in war-torn countries

Abstract:

Introduction: War and armed conflict severely disrupt cancer care systems by destabilizing infrastructure, draining financial resources, and displacing healthcare personnel. Hospitals and clinics may become unsafe or inaccessible due to bombardment, military occupation, or evacuation. Essential medical services such as chemotherapy, radiotherapy, surgery, and follow-up care are often interrupted. The breakdown of supply chains affects the availability of medications, blood products, and stem cell donations. Moreover, logistical difficulties and sanctions hinder the safe transport of critical resources from outside regions, leaving cancer patients with limited or no access to life-saving treatments.

Methods: A comprehensive literature and media review was conducted, focusing on publications from the past five years. Researchers from Ireland, Jordan, Lebanon, and Kosovo analyzed their firsthand experiences and data on cancer service delivery in conflict settings in this work.

Results: The impact of war on cancer care is multifaceted. The war on Gaza since 2024 forced Jordan to receive more than 23,000 children for treatment at the King Hussein Cancer Center, which is the only center in Jordan for treating cancer patients. The children are received at intermittent intervals, which increases the consumption of medical equipment, stresses the medical staff, and increases the pressure on the center. Similarly, cancer care in war-torn countries, like Kosovo, faces several significant challenges that are compounded by the impact of conflict, economic instability, and the destruction of healthcare infrastructure. Kosovo, which declared independence from Serbia in 2008 after a long history of political instability, is still in a rebuilding phase, with many of its systems, including healthcare, grappling with the aftermath of war. This includes a lack of adequate medical facilities, limited access to modern treatment options, and the shortage of specialized medical staff, all of which create barriers to providing essential cancer care. Both regions highlight how conflict severely disrupts cancer treatment, whether by overloading healthcare centers or by undermining the foundations of an already fragile medical system. Routine vaccinations, such as those needed after splenectomy, may be delayed or missed due to vaccine shortages and staff shortages. Basic medical supplies like masks and gloves often can't be restocked because of damaged trans-

portation or security issues. Sterilization of surgical instruments is compromised when power infrastructure is damaged, and explosions targeting key facilities can halt hospital operations. Diagnostic services, including imaging and lab testing, may become unavailable due to damaged equipment or the inability to maintain machines without spare parts and trained technicians. Follow-up appointments, critical for monitoring disease progression or response to therapy, may be indefinitely delayed as patients flee conflict zones or as physicians are reassigned, displaced, or injured.

Communication breakdowns and patient record losses further challenge continuity of care. In some conflict areas, cancer treatment regimens are altered, interrupted, or abandoned altogether. High-tech therapies like precision medicine, radiopharmaceuticals, and cellular therapies are rarely feasible due to their dependence on stable infrastructure and international cooperation.

Conclusions: Cancer treatment requires a level of stability, coordination, and access that is difficult to sustain in war-torn regions. While international humanitarian efforts can offer temporary relief, sustained access to safe and effective cancer care is only feasible in times of peace. Every effort must be made by all stakeholders—governments, non-governmental organizations, healthcare providers, and global institutions—to prevent conflict and ensure healthcare continuation during crises. Preserving and restoring cancer services in conflict settings is not only a medical imperative but a humanitarian one, grounded in the principles of equity, dignity, and the right to health.

Biography

Shend Kryeziu is a medical student and will graduate to be a medical doctor in Kosovo. His interest is cancer research. He collaborates with his other colleagues in the cancer research team of Professor Patricia Tai in Canada who serves as a mentor for them all.