



Letter to the Editor

Risks of cancer in the Rohingya community of Bangladesh: An issue still remains unaddressed

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These days, Bangladesh is bearing the burden of almost 1 million Rohingya refugee people. After the ethnic cleansing and displacement from Myanmar, they live in Cox's Bazar, with significant health risks. Overcrowding, food insecurity, poor health infrastructure, and unsanitary environmental conditions alarmingly increase this risk day-by-day [1].

Cancer is a neglected non-communicable disease (NCD) in the refugee perspective. Although there are limited studies on cancer in refugee settings, this disease is one of the mentionable health burdens among these people around the world. About 5.6 million Syrian refugees have cancer in the Middle East [2]. Mortality due to cancer will probably reach more than 10 million people by the end of this decade [3]. Most shockingly, regions with no or less capacity to respond will fall prey to it. Poverty, gender discrimination, stigma, illiteracy, and socio-economic conditions are key factors that impact the prevention, management, and care of diseases like cancer [3]. In the current condition of health care services in the refugee camps of Bangladesh, even the cancer survivors are not supposed to receive enough health care.

In Bangladesh, the number of people suffering from NCDs is increasing. The foremost concern is the baseline clinical features, and the epidemiology of the Rohingya population in Bangladesh is still unknown in almost every aspect. Moreover, these refugee people are more vulnerable to diseases like diabetes, hypertension, CVDs due to the trauma of previous violence, unsafe food, unhealthy lifestyles, and physical inactivity. Most individuals are smokers who consume betel nut with jorda, which is lung-destroying and may trigger oral cancer [4]. NCDs such as obesity and diabetes are known risk factors that may lead to the development of cancer [5]. Furthermore, the insensible behavior of the Rohingyas about their diseases makes it more difficult to achieve reliable data regarding cancer.

The identification of risk factors and the detection and treatment of cancer are neglected areas of health intervention among Rohingya refugees [5]. The greatest need now is to increase the support and care for the diagnosis of cancer among the Rohingya camps. These people also require proper education about cancer preventions and early symptoms of cancer.

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We declare that we have no conflicts of interests.

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