



The Impact of Regional Conflicts on Cancer Care Delivery in Conflict-Affected Areas

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Dear Editor,

Armed conflict and geopolitical crisis have habitually performed their adverse effects on health care systems, especially in the treatment of patients who suffer from chronic and life-threatening diseases such as cancer. Health infrastructure destruction, lack of essential drugs, and limited access to expert care affect the unprotected, weaker population, especially those who require ongoing, timely, and complex care. Patients with cancer are heavily dependent on reliable supply chains for chemotherapy agents, radiopharmaceuticals, advanced surgical interventions, and specialized medical services. However, during times of armed conflict, these critical components of care are often compromised, resulting in delayed diagnosis, interrupted treatments, and ultimately increased morbidity and mortality among patients with cancer and individuals with other chronic diseases (1, 2).

Evidence from previous conflicts in war-affected regions has highlighted the devastating consequences of armed crises on cancer care delivery. During such events, the destruction of healthcare facilities, the displacement of medical professionals, and the collapse of supply chains severely limit access to essential oncological services. Patients with cancer in these areas have faced major barriers to obtaining life-saving treatments, including chemotherapy, radiotherapy, and participation in clinical trials. In addition, logistics restrictions and lack of resources have also increased the lack of drugs by reducing the capacity of healthcare systems to provide basic services. These experiences underline how fast the healthcare system can deteriorate under the pressure of armed conflict, with

cancer patients among the most severely affected groups (2, 3).

During the illegal and unprovoked invasion by Israel into Iranian territory from June 13 - 24, 2025, targeting uranium enrichment facilities under IAEA safeguards and violating the non-proliferation treaty (NPT) framework, egregious breaches of international law were committed, exacerbating severe health-related consequences. This act of aggression, condemned as a flagrant violation of Iran's sovereignty and international norms, including the UN Charter, not only destabilized the region but also inflicted profound harm on civilian healthcare infrastructure. Despite protective measures by the Iranian government, the potential release of unauthorized radiation levels near enrichment sites poses significant long-term risks of increased cancer incidence. Furthermore, direct attacks on hospitals, clinics, and medical supply chains, coupled with the loss of healthcare personnel, diversion of resources to treat conflict-related casualties, and forced evacuations of affected areas, have collectively obliterated diagnostic, therapeutic, and follow-up services for cancer patients, leaving them in a state of dire vulnerability.

Given the persistent escalation of conflicts and geopolitical tensions worldwide, healthcare systems in neighboring or potentially impacted nations have a desire to proactively advance measures that enhance the oncological care service resilience. Some of these measures involve setting up inclusive emergency response plans, diversification of supply sources of critical medicine, investment in the production of oncological equipment locally, and guaranteeing

healthcare facilities' protection against likely disruptions. In addition, it is important to promote international cooperation, the convenience of the distribution of human aid, and the continuity of medical supply chains to protect the weak patient population. By implementing lessons learned from previous conflicts and commitment to the long-term stability of health care systems, countries can strengthen their preparations, reduce the health consequences of geopolitical crises, and serve to protect the fundamental rights of cancer patients in the context of regional instability and uncertainty (4, 5).

Footnotes

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