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EDITORIAL

The Hidden Casualties of War: Cancer Care Under Siege During the Iran–Israel Conflict

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To the Editor,

Armed conflicts extend far beyond the battlefield, disrupting healthcare systems and threatening the continuity of care for patients with chronic and life-threatening diseases. Patients with cancer are among the most vulnerable because their survival depends on uninterrupted access to surgery, chemotherapy, radiotherapy, and supportive care. Delays or interruptions in cancer treatment have consistently been associated with poorer clinical outcomes and increased mortality across multiple malignancies [1].

The recent military conflict between Iran and Israel placed considerable pressure on healthcare delivery in Iran. Damage to healthcare infrastructure, disruption of referral pathways, population displacement, and increased demand for medical services created substantial challenges for oncology care. Patients undergoing active treatment experienced interruptions in diagnostic services, chemotherapy, radiotherapy, surgical care, and routine follow-up. Even short delays in cancer treatment may adversely affect survival, particularly for rapidly progressive malignancies [1].

These challenges are consistent with experiences reported during previous armed conflicts. The ongoing war in Ukraine has demonstrated that armed conflict can severely disrupt oncology services through damage to healthcare infrastructure, interruption of radiotherapy and systemic treatment, shortages of essential medicines, displacement of healthcare professionals, and reduced access to specialized cancer care. Oncology centers in relatively safer regions have also faced increased workloads because of displaced patients requiring uninterrupted treatment [2, 3].

Beyond direct damage to healthcare facilities, armed conflicts generate substantial indirect consequences for cancer care. Disruptions in pharmaceutical supply chains, limited availability of diagnostic technologies, shortages of medical equipment, workforce displacement, and psychological distress collectively compromise treatment continuity. Furthermore, anxiety, depression, and post-traumatic stress symptoms are common among patients with cancer during humanitarian crises and may further reduce treatment adherence and quality of life [2, 4].

Despite these challenges, healthcare professionals continue to provide essential oncology services under extremely difficult circumstances. However, greater preparedness is required to improve the resilience of cancer care during future emergencies. Establishing strategic stockpiles of anticancer medications, strengthening referral networks, protecting oncology facilities, developing contingency plans for treatment continuity, and integrating psycho-oncology services into emergency preparedness programs should become priorities for health systems facing armed conflicts [3, 5].

Cancer care should be recognized as an essential humanitarian service during armed conflicts. Protecting healthcare facilities, ensuring uninterrupted access to cancer treatment, and safeguarding healthcare professionals are fundamental obligations under international humanitarian law. The international oncology community, humanitarian organizations, and global health agencies should continue advocating for the protection of patients with cancer and the preservation of oncology services during humanitarian emergencies [3, 5].

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