

Conference Abstracts

Strengthening LGBTQIA+-Inclusive Oncology Care in Nepal: An Implementation Science Approach to Reducing Cancer Health Disparities

Sunil Shrestha, PhD^{1a}, Nabin Pathak, MPharm², Simit Sapkota, MD¹, Subhas Pandit, MD¹, Vibhu Paudyal, PHD³, Deependra Singh, PHD⁴

¹ kathmandu Cancer Center, ² Madan Bhandari Academy of Health Sciences (MBAHS), Hetauda, Hetauda, Bagmati, Kathmandu, ³ King's College London, ⁴ The international Agency for Research on Cancer, 25 Avenue Tony Garnier, Lyon, Lyon, France

Corresponding author

^a Sunil Shrestha, PhD, kathmandu Cancer Center, Email: sunil.shrestha@kccrc.org

Keywords: LGBTQIA+ health, Cancer health disparities, Implementation science, Health equity, Oncology services

<https://doi.org/10.53876/001aa.129651>

International Journal of Cancer Care and Delivery

Background

LGBTQIA+ individuals experience substantial disparities in cancer prevention, diagnosis, treatment, and survivorship, driven by stigma, discrimination, inadequate provider training, and exclusion from cancer surveillance systems. In Nepal, despite progressive legal recognition of sexual and gender minorities, oncology services remain largely heteronormative, and sexual orientation and gender identity (SOGI) data are not captured in cancer registries, perpetuating inequities in cancer care delivery. The primary objective of this study is to identify priority gaps in the health system and develop implementation strategies to integrate LGBTQIA+-inclusive practices into oncology services in Nepal, thereby advancing equitable cancer care.

Methods

Using an implementation science approach informed by a narrative synthesis of national, regional, and global evidence, we examined multilevel barriers across the cancer care continuum, including policy, workforce capacity, clinical documentation, access to screening, psychosocial support, and community engagement. Implementation-relevant domains were mapped to identify feasible and scalable

interventions within resource-constrained health systems.

Results

Key gaps included the absence of SOGI-inclusive cancer data, limited LGBTQIA+-focused oncology training, low screening uptake due to stigma, insufficient psychosocial support, and weak collaboration with LGBTQIA+ community organizations. High-impact implementation strategies included mandatory provider training in inclusive oncology care, the integration of SOGI variables into clinical documentation, community-partnered screening initiatives, and the embedding of culturally affirming psychosocial services within oncology programs.

Conclusion

Implementing LGBTQIA+-inclusive oncology practices is both feasible and essential to reducing cancer-related health disparities in Nepal. Aligning institutional policy, provider training, data systems, and community partnerships provides a pragmatic pathway to advance cancer health equity in low- and middle-income settings.

Keywords

LGBTQIA+ health; Cancer health disparities; Implementation science; Health equity; Oncology services