



## Asia Pacific Region Report

**621** Physician responses from **18** countries.

**96%** of respondents practice in hospital settings.

Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

There are 115, 778\* new childhood cancer cases each year.

The ADAPT study aims to assess physician perceptions towards palliative care integration for children and adolescents diagnosed with cancer.

## Palliative Care

Defined by the WHO as the prevention and relief of patient suffering and the ethical responsibility of health systems that should be integrated with and complement prevention, early diagnosis, and treatment.



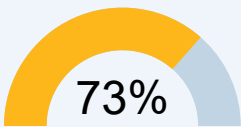
Palliative Care integrated into health care systems at all levels:

- ✓ Is cost-effective
- ✓ Improves resource utilization
- ✓ Decreases patient suffering, parental psychological distress

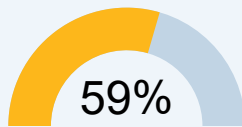
Additional Information: *Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.*

## Access to Pediatric Palliative Care

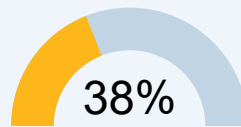
Reported **access** to palliative care in their clinic or hospital.



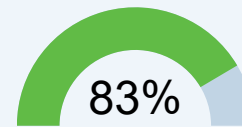
Indicated that **palliative care consultation is available** when they felt it was needed.



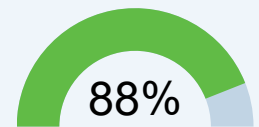
Felt that **palliative care** was often involved **too late**.



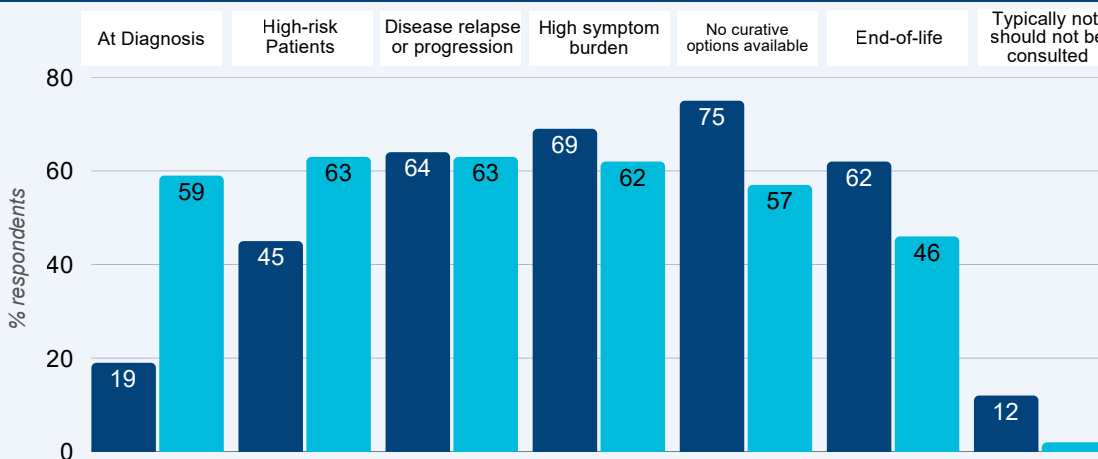
Believe palliative care is **appropriate at any stage of treatment** in a child with high-risk cancer.



Believe **palliative care integration reduces suffering**.



## Ideal Timing of Initial Palliative Care Consultation



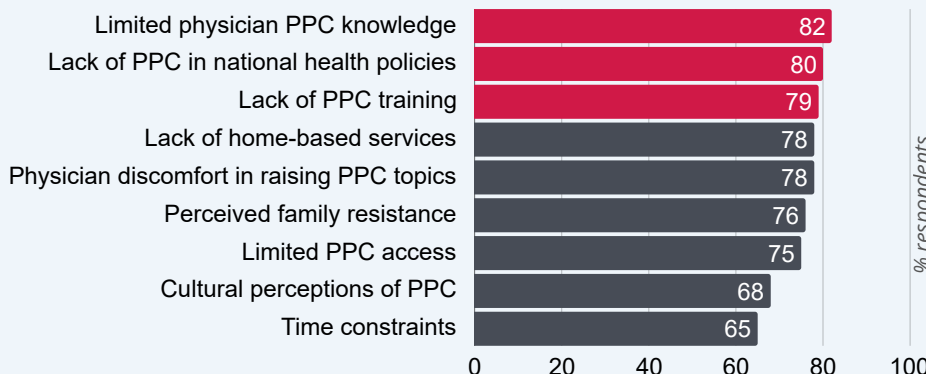
Actual timing of Palliative Care Consultation

Ideal timing of Palliative Care Consultation

According to the WHO, early integration of palliative care is critical to improve the quality of life of children with cancer.

Physicians across the region report that palliative care is often introduced late in the treatment of children with cancer, even though earlier integration would be beneficial.

## Barriers to Early Palliative Care Integration



Physicians in the region were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

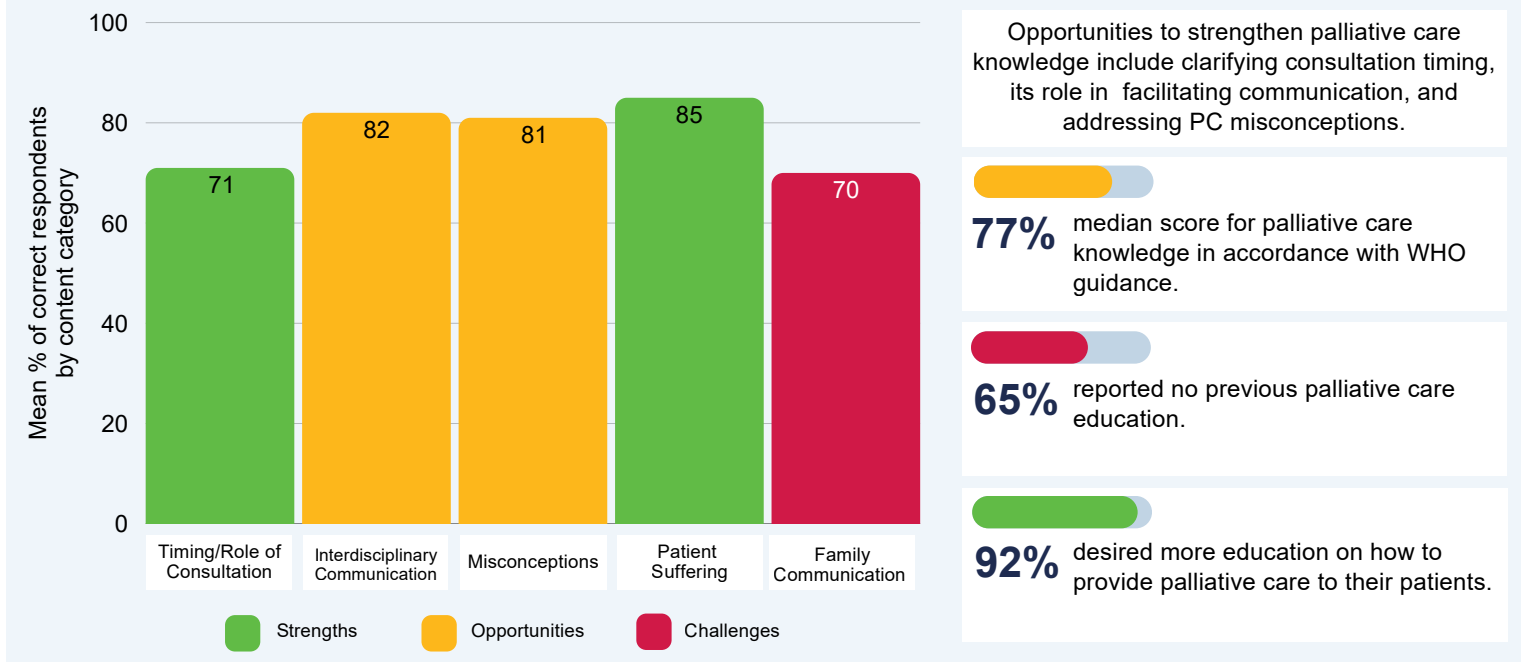
The most significant barriers reported were:

- #1 Barrier:** Limited physician PPC knowledge.
- #2 Barrier:** Lack of PPC in national health policies and advocacy efforts
- #3 Barrier:** Limited access to PPC training.

# Physician Confidence in Delivering Palliative Care



# Physician Understanding of Pediatric Palliative Care



## Strengths



General alignment with WHO guidance (77%).



Some access to pediatric palliative care consultation (57%).



Recognized need for palliative care training of clinicians to improve access (94%).

## Recommended Next Steps for Asia Pacific



Foster collaborative research in PPC to strengthen policy and service provision through academic-industry partnerships, with a focus on grief and bereavement, communication, and acceptance of palliative care.



Strengthen team capacity by integrating culturally sensitive PPC concepts into training programs, courses, and observerships for all multidisciplinary clinicians.



Strengthen PPC services to be sustainable, high-quality, and essential for all children with serious illness, while aligning care with family preferences.



Foster stakeholder collaboration to secure dedicated funding for sustainable services, medicines, and training by integrating PPC into national health systems and policy frameworks.



## Regional Implementation of ADAPT

Country-adapted pediatric palliative care curriculum based on identified knowledge gaps.

Collaborate with the WHO Regional Office and partner organizations on initiatives aimed at strengthening access to palliative care services for children across the region.

## References and Additional Information

Cuviello A\*, Salek M\*, Handayani SA, Blair S, Lam CG, on behalf of the ADAPT-AP Study Group. Survey Adaptation and Distribution for Physicians Caring for Children Diagnosed with Cancer in Asia Pacific: Unique Study Challenges and Lessons Learned. JCO Global Oncology. 2024.

Salek M\*, Cuvillo A\*, Handayani S.A, Blair S, Chandra A, Job G, Erlich BS, Chong LA, Bagai P, Buang SNH, Drake R, Gunasekera S, Khaing AA, Kim MS, Mis R, Mynak ML, Ngoc LB, Lay Dos Santos MM, Sari TT, Sharma KS, Sorrosa R, Souvalansy B, Sriponsawan P, Yotani N, Zaki MA, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Physician perceptions toward palliative care integration in childhood cancer care in Asia Pacific. JCO Global Oncology. 2026.

Cuviello A\*, Salek M\*, Handayani S.A, Blair S, Chandra A, Job G, Erlich BS, Chandra L, Drake R, Gunasekera S, Kakazu M, Kang SH, do R. Leão LM, Mahajan A, Miranda MC, Moe T, Mynak ML, Nguyen HTK, Rasheed E, Sipai S, Souvalansy B, Sriponsawan P, Tan TSZ, Teh KH, Yotani N, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Barriers to palliative care integration for children with cancer across Asia Pacific. JCO Global Oncology. 2026.

\*For India, childhood cancer case estimates were derived by applying IICC-3 global average incidence rates directly to age-, sex-, and state-specific population from the India Census 2011 based on published national estimates (Arora et al., 2021), diverging from the combination of GLOBOCAN 2022, IICC-3, UN World Population Prospects 2024, and World Bank Open Data Catalog estimates used for all other Asia Pacific countries. This approach yields substantially higher estimates (difference of approximately 50%) than previously documented in the literature.



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