Treating cancer in emerging countries poses many specific obstacles interfering with the correct management of patients. Important heterogeneity exists among limited-resource countries in which concerns health systems and cultural barriers, precluding “one-size fits all” solutions. Stratified approaches, accounting for different levels of access to care, such as the one proposed by the Breast Health Global Initiative have the potential to improve care through evidence-based, economically feasible, and culturally appropriate solutions. Oral therapy for cancer provide numerous advantages, when applied in limited resource environments, versus intravenous therapy, but also poses specific challenges. Lower treatment related toxicity associated with oral therapy can ensure, in this setting, greater acceptability. Less frequent visits to the clinic and potentially less tests needed for monitoring toxicity can make the patient from remote areas less prone to discontinue treatment. For the health systems, avoiding investing in infusion facilities and special equipment for monitoring toxicity, and the potential of using oral therapy in a distributed therapy system can ensure best use of scarce resources. Improving compliance remains a difficult task, especially in settings where out-of-pocket costs for care are common. Nurses and housewives are essential for conveying relevant and meaningful information to the patient regarding the benefit of treatment but also potential toxicities, to ensure compliance.

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