International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access and Innovation in Lung Cancer Care in Sweden

EXECUTIVE SUMMARY

Sweden stands at the forefront of lung cancer care in Europe, offering universal access to cutting-edge diagnostics, biomarker-driven therapies, and high-quality cancer registries. Advanced infrastructure, strong public health investment, and national adherence to evidence-based guidelines enable a high-performing, equitable system. However, gaps persist in timely diagnosis, nationwide adoption of low-dose CT (LDCT) screening, and equitable uptake of next-generation targeted therapies across regions.

As a Leading-level system, Sweden is well positioned to strengthen early detection, accelerate integration of novel biomarkers, and maintain outcome-based precision medicine through continuous real-world evidence.

INTRODUCTION

Lung cancer is the **second most common cause of cancer death** in Sweden, with approximately **4,000 new cases diagnosed annually**. Sweden has consistently demonstrated leadership in lung cancer care, with **EGFR, ALK, ROS1, BRAF, KRAS G12C, RET, MET, HER2 and PD-L1** routinely tested in eligible patients. Immunotherapies and targeted treatments are widely available and publicly funded.

Sweden's cancer care is anchored by its **National Cancer Strategy, Regional Cancer Centres (RCCs),** and comprehensive data systems like the **Swedish Lung Cancer Registry**. While these enable high-quality care delivery, challenges remain in reducing late-stage diagnosis and streamlining access to newly approved therapies across all counties.

CURRENT FRAMEWORK/SITUATION

Sweden's tax-funded health system provides universal access to diagnostics and treatment. Cancer care is coordinated through **six Regional Cancer Centres**, with clear referral pathways and a well-integrated **Multidisciplinary Team (MDT)** model. National guidelines developed by the RCCs align with **ESMO** and are widely implemented.

Despite robust biomarker testing and drug access, delays still occur in adopting novel agents due to national pricing assessments and local procurement variations. LDCT screening is not yet nationally implemented, and many patients are diagnosed symptomatically at late stages. Nevertheless, Sweden's infrastructure, data collection, and workforce capacity make it a prime candidate for lung cancer screening scale-up and sustained innovation.

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LUNG CANCER IN SWEDEN

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	RCCs coordinate cancer care with molecular labs and MDTs in all regions...	...but delays in access to newer drugs and imaging services persist in some counties.	Increase central coordination and funding flexibility to standardize timelines for diagnostics and treatment.
Access to Treatment	Public coverage ensures access to immunotherapies and targeted agents...	...but access to novel agents may be delayed by TLV assessments and county-level decisions.	Create fast-track HTA and procurement mechanisms for EMA-approved lung cancer therapies with OS benefit.
Research & Innovation	Sweden leads in real-world evidence and precision oncology trials...	...but trial access can be limited outside major academic centers.	Expand clinical trial participation in smaller hospitals and incentivize RCC-led trial networks.
Awareness & Education	Health literacy and awareness are high among the public...	...but many lung cancer cases are still diagnosed symptomatically.	Integrate risk-based lung cancer awareness into primary care and occupational health outreach.
Survival Rates	Sweden's survival outcomes have improved significantly with precision care...	...but regional variation and late diagnosis remain.	Use real-time registry data to track disparities and implement targeted interventions at the county level.
Early Detection & Palliative Care	LDCT pilots have demonstrated benefit...	...but there is no national screening program yet in place.	Establish national LDCT screening for high-risk groups (55–74 years) with RCC-led implementation.
Biomarker	Comprehensive molecular testing is part of standard of care...	...but HER2 and NTRK testing and re-testing are inconsistently applied.	Mandate full biomarker panels (including HER2 and NTRK) at baseline and re-testing at progression.
Clinical Guidelines	National guidelines align with ESMO and are regularly updated...	...but implementation audits vary across counties.	Link hospital funding to adherence to national guideline metrics and outcome benchmarks.
Reimbursement	Public coverage includes major therapies and diagnostics...	...but time-to-access for newly approved drugs can be up to 12–18 months.	Harmonize TLV evaluation with EU timelines and introduce conditional reimbursement for high-need innovations.
Screening	LDCT screening has been piloted in some regions...	...but there is no unified national program yet.	Roll out LDCT screening nationally, starting with high-incidence counties, and ensure equitable access.

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CONCLUSION

Sweden's lung cancer system ranks among the most advanced globally, with comprehensive diagnostic access, a commitment to equity, and strong outcomes data. The next phase of leadership involves delivering **consistency across all counties**, accelerating access to next-generation treatments, and formally implementing **national LDCT screening**. By doing so, Sweden can serve as a model of how data-driven, value-based care can reduce mortality and improve quality of life for lung cancer patients.

KEY POLICY MESSAGES

1. Sweden has universal access to diagnostics and treatment but still faces geographic and timing disparities.
2. Biomarker testing is robust, but newer targets (e.g., HER2, NTRK) and re-biopsy protocols need standardization.
3. National LDCT screening is a critical next step to catch lung cancer earlier and improve survival.
4. Data systems are powerful—policy action must ensure they drive consistent improvement across regions.

CALL TO ACTION

- **Establish a national LDCT lung cancer screening program,** using RCCs as implementation hubs.
- **Mandate biomarker re-testing at progression,** including HER2 and rare mutations, with updated national guidelines.
- **Streamline access to new therapies** via parallel EMA–TLV evaluations and flexible county reimbursement models.
- **Track real-world survival outcomes** by mutation and region in national audits to guide equity-based reform.
- **Empower general practitioners and occupational clinics** with lung cancer risk assessment tools and referral protocols.