



COLOMBIA

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Lung Cancer Care in Colombia

EXECUTIVE SUMMARY

Lung Cancer is a growing public health crisis in Colombia, with five-year survival rates as low as 10–12%—among the lowest in Latin America. While specialized centers like the National Cancer Institute in Bogotá provide dedicated care, they are overwhelmed, under-resourced, and inaccessible to many. For patients relying on the public system, care is often delayed, fragmented, and incomplete.

Despite some structural foundations, Colombia's lung cancer care system is currently rated at Level 2 – Emerging. Critical gaps persist across the care continuum, especially in early detection, treatment access, palliative care, and public awareness. Without a national LDCT screening program, most cases are diagnosed too late. Furthermore, economic disparities and limited research investment prevent patients from benefiting from recent innovations in biomarker testing and precision medicine.

This policy brief highlights key barriers and presents bold, realistic policy actions that Colombia can take to strengthen lung cancer care and ensure no patient is left behind.

INTRODUCTION

Lung Cancer Is Rising—But Support Systems Are Not

In Colombia, lung cancer is often a death sentence—not because it is untreatable, but because it is treated too late. The absence of a national screening program, delays in diagnosis and treatment, and insufficient access to modern therapies mean that many patients are only diagnosed in advanced stages, when curative options are limited.

The gap between public and private care is wide. While those with private insurance may access advanced diagnostics and therapies, the majority who rely on public hospitals face long waits and logistical barriers. As Colombia continues to expand its public health commitments, now is the moment to elevate lung cancer as a national health priority.



Colombia Ranks at Level 2 – Lung Cancer Care Maturity Framework



LUNG CANCER IN COLOMBIA

Current Landscape and Systemic Gaps

Despite some centers of excellence, Colombia's national lung cancer response remains underdeveloped and highly unequal. The table below identifies the country's current status, major systemic challenges, and pragmatic policy actions across the key pillars of lung cancer care:

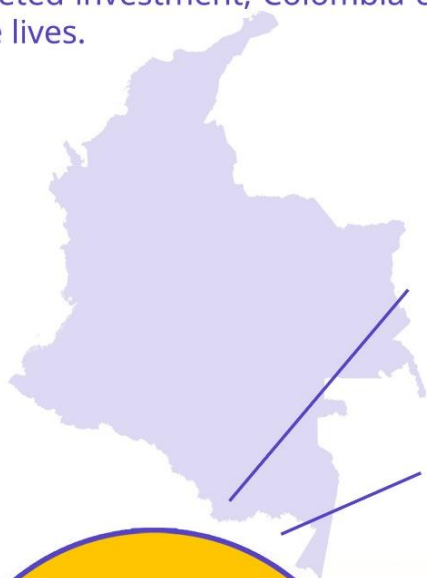
Key Area	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	No national LDCT program; most patients diagnosed in late stages.	Yes, CT scans exist—but not used systematically, and referral pathways are weak.	Develop a national LDCT pilot program focused on high-risk populations. Train primary care teams on symptom recognition and risk assessment.
Biomarker Testing & Molecular Diagnostics	Available in limited private settings; not standard in public hospitals.	Yes, tests exist—but costs and infrastructure gaps block routine use.	Reimburse and mandate full biomarker panels (EGFR, ALK, ROS1, PD-L1) in public healthcare. Strengthen public labs and regional testing networks.
Treatment Access	Advanced therapies exist, but access is highly unequal.	Yes, drugs are on some formularies—but approval delays and regional disparities persist.	Establish a centralized fund or platform for equitable access to targeted therapies. Streamline regulatory and procurement processes.
Research & Innovation	Minimal lung cancer research investment.	Yes, research bodies exist—but lung cancer receives little focus or funding.	Allocate national research grants to lung cancer studies. Incentivize public-private partnerships for clinical trials.
Public Awareness & Prevention	Few awareness campaigns; smoking still prevalent.	Yes, anti-smoking laws exist—but implementation and public engagement are weak.	Launch sustained national awareness campaigns focused on early symptoms and smoking cessation. Include culturally tailored messaging.
Palliative & End-of-Life Care	Poorly developed outside urban areas.	Yes, frameworks exist—but opioids are hard to access, and rural coverage is minimal.	Expand palliative care training and infrastructure, including mobile teams. Improve regulatory access to essential medications.



CONCLUSION & Call to Action

Lung cancer care in Colombia is at a critical juncture. The tools to improve survival exist, but without decisive investment and coordination, these tools remain out of reach for most. From diagnosis to palliative care, patients in Colombia deserve better.

Elevating lung cancer on the national health agenda is not just a medical imperative — it is a matter of equity and human dignity. By committing to structural reforms and targeted investment, Colombia can move from emerging to advancing—and ultimately, save lives.



KEY POLICY PRIORITIES

- 1 Launch a national LDCT lung cancer screening pilot** for high-risk populations, integrated with primary care pathways.
- 2 Mandate and reimburse biomarker testing** (EGFR, ALK, ROS1, PD-L1) across all public cancer care centers.
- 3 Ensure equitable access to targeted therapies**, including through a national procurement and distribution platform.
- 4 Boost public awareness** with national anti-smoking and early detection campaigns, especially in underserved regions.
- 5 Expand rural palliative care networks**, simplify opioid access, and ensure dignity in end-of-life care.

Colombia has strong clinical expertise, growing infrastructure, and a resilient public health tradition. The next step is political and institutional commitment to make lung cancer care more equitable, innovative, and patient-centered—across every region and socioeconomic group.