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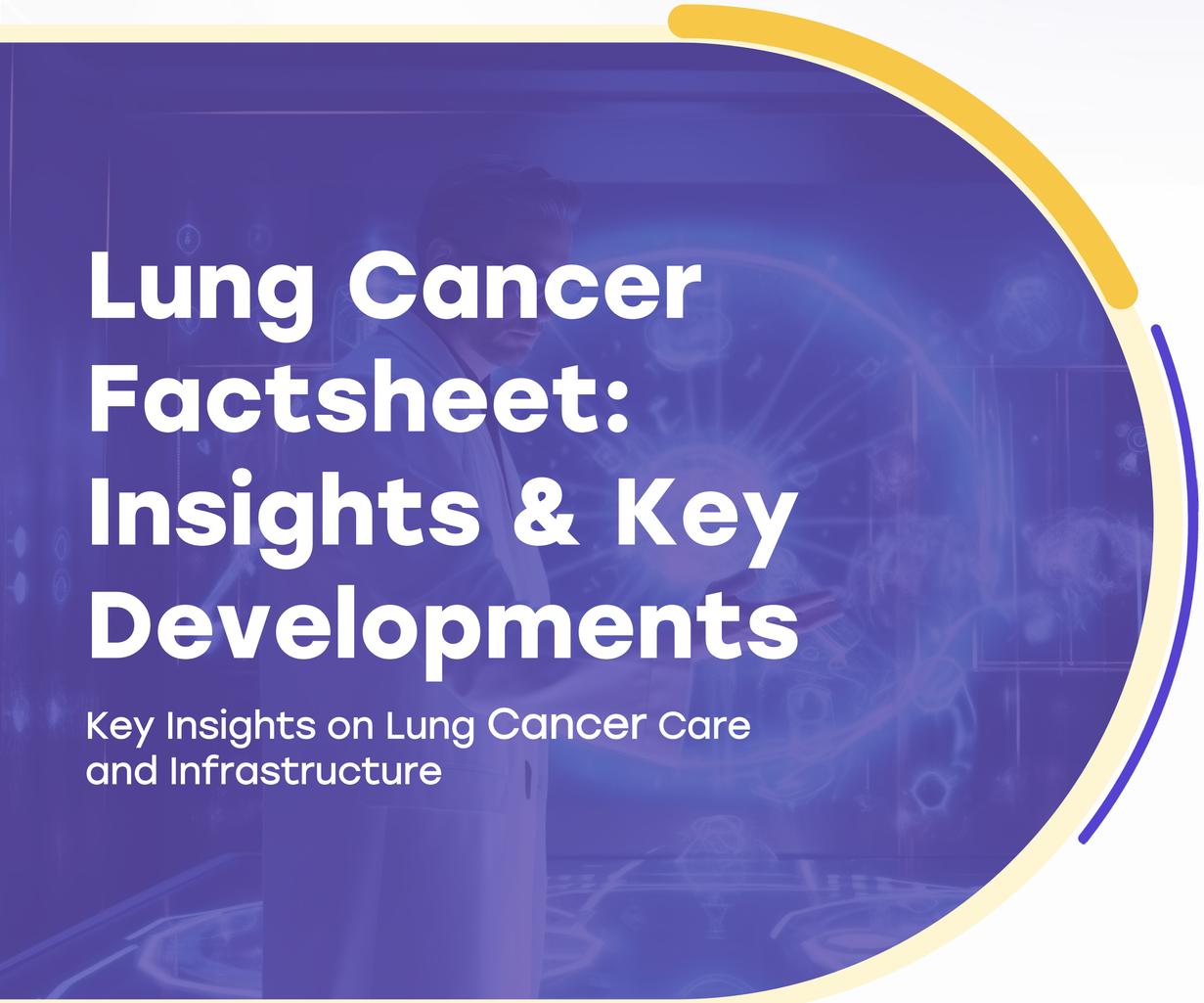

Lung Cancer Factsheet: Insights & Key Developments

Key Insights on Lung Cancer Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Lung Cancer Screening

Lung cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

This factsheet provides a comprehensive overview of key pillars shaping lung cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Annual new lung cancer cases: Approximately 3,500
- Annual lung cancer deaths: Around 3,200
- Lung cancer ranking: 2nd leading cause of cancer-related deaths in Chile
- Incidence rate: Around 20 per 100,000 population
- Mortality rate: Approximately 18 per 100,000 population
- Gender distribution: Higher in men, but rising among women
- Average age at diagnosis: 65–70 years
- 5-year survival rate: Approximately 15%
- High-risk region: Antofagasta region with 3x national average incidence
- Smoking prevalence: Over 30% of adults (higher among men)

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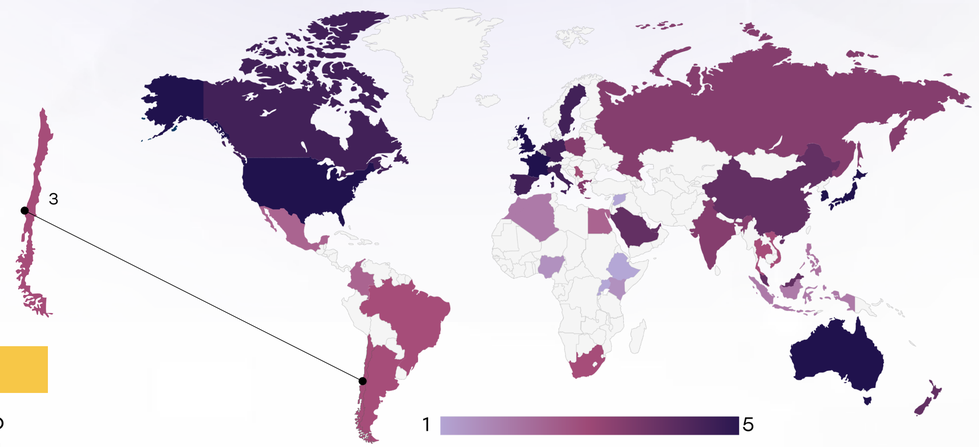
Infrastructure



Strengths

- Growing network of specialized centers in major cities like Santiago and Valparaíso.
- Molecular testing for key biomarkers (e.g., EGFR, ALK, PD-L1) available in tertiary hospitals.

Weakness

- Uneven access to molecular testing between urban and rural areas, with lower uptake in rural regions.
- Delays in test results (up to 3-4 weeks) due to limited infrastructure in public hospitals.

S W O T

Opportunity

- Expand molecular testing infrastructure to rural and public sector facilities to improve access.
- Streamline testing processes to reduce turnaround times and enhance patient care.

Threats

- Budgetary and logistical challenges may continue to limit the expansion of testing capacity.
- Regional disparities in access could exacerbate inequities in lung cancer care.
- 4o mini

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	1	2
Nigeria	1	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	4
Spain	4	4
Poland	4	3
Mexico	2	3
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	3
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	4
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	4
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	4	3
Malaysia	4	4

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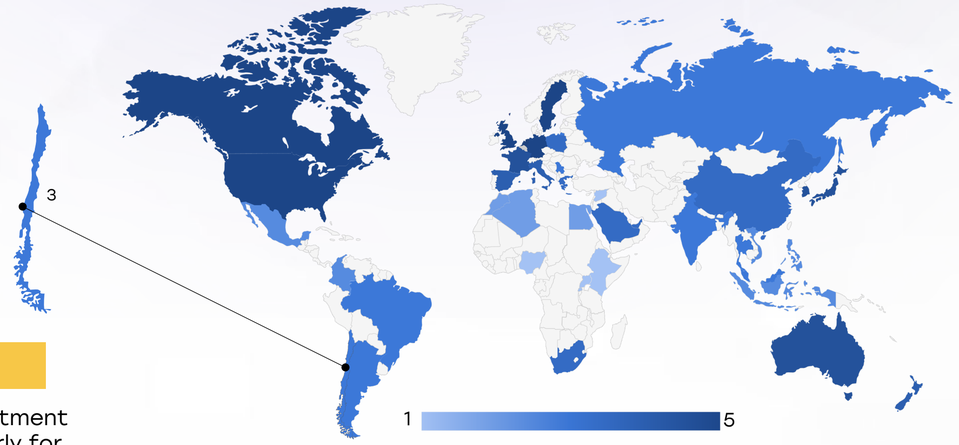
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to lung cancer treatment is established in urban centers with both public and private oncology units.
- Key treatments (e.g., EGFR inhibitors, PD-1/PD-L1 inhibitors) are available, though reimbursement is limited.

Weakness

- Disparities in treatment access, particularly for FONASA patients in rural areas, leading to delays in therapy initiation.
- Out-of-pocket costs remain a significant barrier to treatment for many patients.

S W O T

Opportunity

- Increase research funding for lung cancer to match the support for other cancers like breast or colorectal cancer.
- Expand and tailor awareness campaigns for high-risk populations, focusing on smoking cessation and early detection.

Threats

- Limited reach of awareness campaigns could hinder early detection and prevention efforts.
- Inequities in treatment access and reimbursement could lead to disparities in care quality.

5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	3	4
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	5
China	4	3	4
Thailand	3	3	3
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	4	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	4
Spain	5	4	4
Poland	4	3	4
Mexico	2	2	3
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	2	3
United States	5	5	5
Canada	5	5	5
Australia	5	4	5
New Zealand	4	4	4
Greece	4	3	4
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	3	4
UAE	4	3	4
Syria	1	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	2	2	3
Russia	4	3	3
Malaysia	4	3	3

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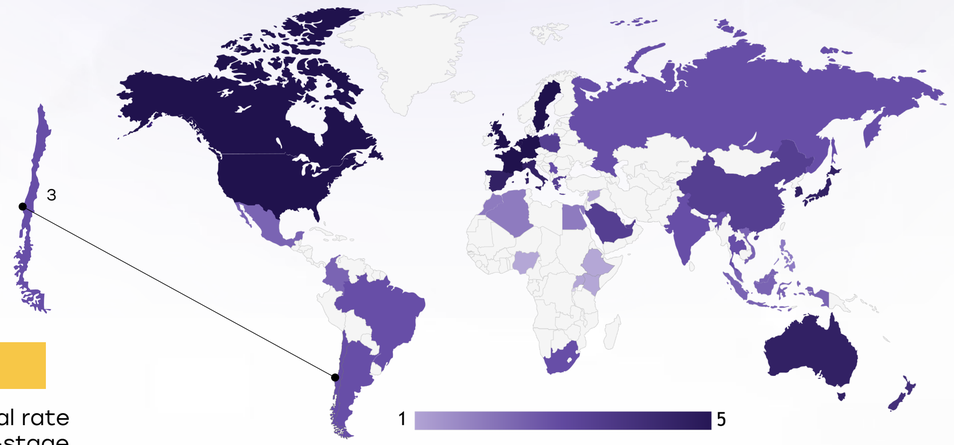
Survival Rates, Early Detection and Palliative Care



Strengths

- Palliative care services have expanded in recent years, improving end-of-life care.
- Efforts to integrate palliative services into primary care are underway.

Weakness

- Low 5-year survival rate (18%) due to late-stage diagnoses, with over 70% of cases diagnosed at stage III or IV.
- Lack of a national LDCT screening program hampers early detection.

S W O T

Opportunity

- Implement a national LDCT screening program to improve early detection and survival rates.
- Increase access to specialized palliative care through better training and funding.

Threats

- Uneven access to palliative care, especially in rural or underserved areas, affecting quality of life.
- Funding gaps and limited specialist training could delay improvements in palliative care integration.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.

4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.

3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.

2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	3	3	3
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	5
China	3	3	4
Thailand	3	3	3
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	5
Spain	5	4	5
Poland	3	3	4
Mexico	2	3	2
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	3	2
United States	5	5	5
Canada	5	5	5
Australia	5	4	5
New Zealand	4	4	4
Greece	3	3	4
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	3	4
UAE	4	3	4
Syria	1	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	2	2	3
Russia	4	3	3
Malaysia	3	2	3

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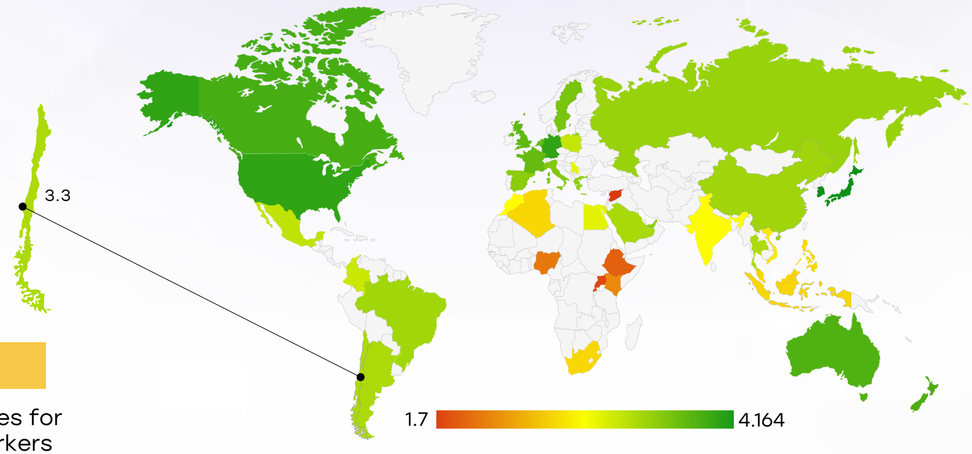
Utilization of Biomarkers



Strengths

- Increasing adoption of molecular testing, with EGFR (76%), ALK (71%), and PD-L1 (83%) testing widely performed.
- Efforts from public-private partnerships and regional programs to improve access and streamline workflows.

Weakness

- Lower testing rates for actionable biomarkers like MET (56%), ROS1 (61%), BRAF (51%), and KRAS (66%).
- Unequal access to testing, particularly in rural areas due to logistical challenges and limited lab capacity.

S W O T

Opportunity

- Expand the use of next-generation sequencing (NGS) panels for comprehensive genomic profiling.
- Improve access to molecular testing in rural areas through enhanced logistics and infrastructure.

Threats

- Gaps in comprehensive genomic profiling could limit treatment options for some patients.
- Logistical delays and limited laboratory capacity may hinder timely access to testing and treatment in rural areas.

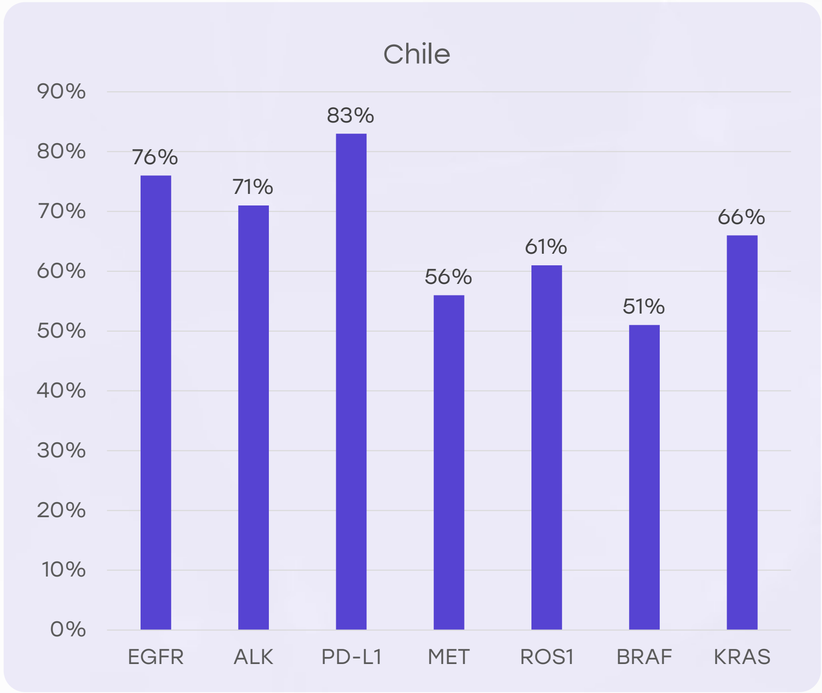
5. Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

4. Biomarker testing is commonly used, but access may be limited in certain regions or patient groups. Some disparities exist in coverage or affordability, but it is still a crucial part of cancer diagnostics

3. Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

2. Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

1. Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



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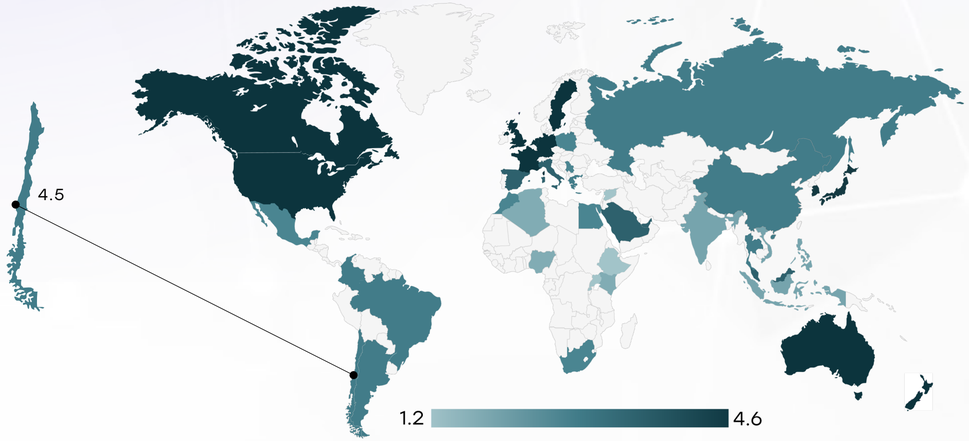
Clinical Guidelines



Strengths

- National protocols align with global standards (ESMO, NCCN), ensuring consistency in urban hospitals.
- Engagement with guideline updates is strong in academic and research institutions.

Weakness

- Slow integration of guidelines in rural and decentralized regions due to workforce and infrastructure gaps.
- Inconsistent adoption of updates, particularly in public health settings, due to limited ongoing training opportunities.

S W O T

Opportunity

- Expand training opportunities in rural areas to enhance guideline adoption and integration.
- Work towards full harmonization of ESMO guidelines to improve therapeutic decision-making and molecular testing.

Threats

- Limited resource availability and workforce constraints may hinder consistent guideline implementation across regions.
- Inconsistent guideline updates in rural areas could lead to suboptimal care compared to urban settings.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	O	✖	✖
Feasibility of Integration	✖	✖	O	✖	✖
Adoption of International Guidelines	✖	✖	O	✖	✖
Engagement with Updates	✖	✖	✖	O	✖
ESMO Guidelines Implementation	✖	✖	O	✖	✖

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Reimbursement

Strengths

- Basic treatments are covered under the national health plan (FONASA), ensuring essential care for many patients.
- No-cost access is available for essential services in the public healthcare system.

Weakness

- Limited reimbursement for advanced diagnostics like NGS and targeted therapies, particularly for patients outside private insurance networks (ISAPRE).
- Substantial out-of-pocket costs for molecular profiling and immunotherapies not covered by the GES list.

S W O T

Opportunity

- Advocate for reimbursement reform to include advanced diagnostics and therapies within the public healthcare system.
- Improve access to personalized treatment options by expanding coverage for molecular profiling and immunotherapies.

Threats

- Unequal access to personalized treatments between public and private sectors could exacerbate health disparities.
- Financial barriers may prevent many patients from accessing critical, life-saving therapies.

● A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

● A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.

● No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States	●	○
United Kingdom	●	●
Canada	●	●
Australia	●	●
Germany	●	●
France	●	●
Netherlands	●	●
Sweden	●	●
Italy	●	●
Spain	●	●
Poland	●	●
Japan	●	●
South Korea	●	●
China	●	●
India	○	○
Singapore	●	●
Thailand	●	●
South Africa	○	○
Kenya	○	○
Nigeria	○	○
Egypt	○	○
Morocco	○	○
Algeria	●	●
Ethiopia	○	○
Mexico	●	●
Brazil	●	●
Argentina	●	●
Chile	●	●
Colombia	●	●
New Zealand	●	●
Greece	●	●
Rwanda	○	○
Uganda	○	○
Serbia	●	●
Saudi Arabia	●	●
UAE	●	●
Syria	○	○
Indonesia	●	○
Vietnam	●	○
Philippines	○	○
Russia	●	●
Malaysia	●	●

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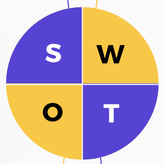
Lung Cancer Screening

Strengths

- LDCT screening programs for high-risk individuals (aged 55-74) are evidence-based and publicly funded, ensuring equitable access.
- Ontario's pilot program showed a 20% reduction in mortality, aligning with international studies like NLST.

Weakness

- Access to screening programs may vary between provinces due to ongoing expansion efforts.
- Limited awareness or participation could hinder the full effectiveness of screening programs.



Opportunity

- Expand screening access to additional provinces and engage primary care providers to increase participation.
- Promote educational campaigns to raise awareness of lung cancer risks and the benefits of early detection.

Threats

- Regional disparities in program implementation may lead to inconsistent access to screening.
- Budget limitations or policy changes could slow down the expansion of screening initiatives.

Country	Lung Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict
Malaysia	No program; high-risk CT pilots

Country	Lung Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities