MALAYSIA

International Cancer Patient Coalition

BRIDGING THE DIVIDE

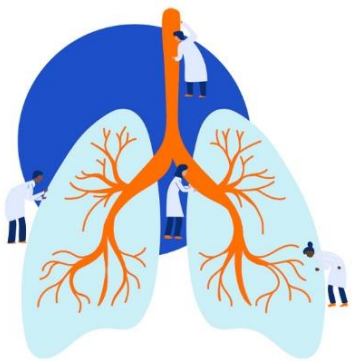
Advancing Equity and Innovation In **Lung Cancer Care** In Malaysia

EXECUTIVE SUMMARY

Lung Cancer is the second most common cause of cancer deaths in Malaysia, with over 4,500 deaths reported annually. While strides have been made in urban tertiary centers with the adoption of precision medicine, biomarker testing, and immunotherapy, access remains uneven, especially in rural areas and among lower-income populations.

Yes, innovation is present in Malaysia's cancer care landscape—but is it accessible to all? Unfortunately, high out-of-pocket costs, low awareness, and fragmented implementation of screening and testing guidelines continue to leave many patients behind.

This paper outlines Malaysia's key systemic barriers and proposes targeted policy reforms to elevate the country's lung cancer care from advancing to truly equitable and world-class.



INTRODUCTION

Lung Cancer in Malaysia - A High-Burden Disease with Unequal Reach

Malaysia ranks at Level 3 – Advancing on the Cancer Care Maturity Framework, indicating that many components of modern care are present, but implementation remains uneven across geographies and population groups.

Lung cancer is a growing public health concern, with an incidence of 13.9 per 100,000 population, and most patients diagnosed at Stage III or IV. Tertiary hospitals like University Malaya Medical Centre (UMMC) and Institut Kanser Negara (IKN) offer access to biomarker testing (EGFR, ALK, ROS1) and advanced therapies—but patients under public schemes like PeKa B40 often face long delays or incomplete care.

There is no formal national lung cancer screening program, and molecular testing is not yet universally reimbursed. Access to immunotherapy is limited outside of private settings, and data sharing across hospitals remains fragmented.

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LUNG CANCER IN MALAYSIA

Systemic Gaps and Proposed Reforms

Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	No national LDCT screening; most cases detected late.	Lack of formal screening protocols, limited public awareness, and low health-seeking behavior.	Pilot a national low-dose CT screening program for high-risk groups (e.g., smokers over 50) within the public system.
Biomarker & Molecular Testing	EGFR testing is available in public hospitals, but ALK/ROS1/PD-L1 access is limited.	Biomarker testing is not reimbursed for all patients; coverage varies by setting.	Mandate and fund full biomarker testing through PeKa B40 and MySalam. Create regional labs for molecular diagnostics.
Treatment Access	Targeted therapies and immunotherapy available in some public centers and private hospitals.	Cost is a major barrier; access is often restricted to urban tertiary care.	Expand subsidized drug access programs and fast-track inclusion of newer therapies in public formularies.
Clinical Guidelines	Malaysia follows international (NCCN/ESMO) protocols but lacks national enforcement.	Inconsistent adoption across facilities.	Develop and enforce a national clinical guideline aligned with NCCN/ESMO and local epidemiology.
Palliative & Survivorship Care	Palliative services are present but underused; survivorship care is not yet institutionalized.	Rural patients and non-cancer hospitals often lack trained palliative teams.	Integrate palliative care into primary healthcare. Expand home-based and hospice care, especially in underserved regions.
Awareness & Risk Reduction	Anti-smoking policies exist but lung cancer awareness remains low.	Many people associate symptoms with TB or only seek care at late stages.	Launch public awareness campaigns on lung cancer symptoms and risk factors via local clinics, mosques, and TV programs.

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CONCLUSION & Call to Action

Malaysia is well-positioned to become a **regional leader in personalized lung cancer care**—the tools are present, and models of excellence already exist in select hospitals. But to truly reduce lung cancer mortality, **these advancements must reach beyond Klang Valley and private clinics.**

This is not simply a question of resources—it's a question of **policy prioritization, equitable implementation, and cross-sector coordination.** With focused political will and smart reforms, Malaysia can move toward a future where lung cancer is detected earlier, treated more effectively, and no patient is left behind.

KEY POLICY PRIORITIES

1. **Establish a national lung cancer screening program** using LDCT, starting with high-risk populations.
2. **Reimburse full molecular testing panels** (EGFR, ALK, ROS1, PD-L1) under public insurance and PeKa B40.
3. **Expand formulary coverage** for targeted therapies and immunotherapy under MOH and MySalam schemes.
4. **Create and enforce national lung cancer guidelines**, with regular updates and clinical audits.
5. **Strengthen palliative care and survivorship programs**, ensuring availability in all states and rural districts.
6. **Launch mass awareness campaigns**, especially among high-risk groups (e.g., male smokers 50+).