



ADVANCING LUNG CANCER CARE IN RUSSIA

Bridging Regional Disparities and Strengthening Precision Oncology

EXECUTIVE SUMMARY

Russia has made significant strides in lung cancer care through the expansion of regional oncology centers, national clinical guidelines, and increased access to key targeted therapies. EGFR and ALK testing are available in major cities, and immunotherapy has been added to the treatment portfolio in large centers. However, **lung cancer remains the leading cause of cancer mortality**, with the majority of patients diagnosed at advanced stages. **Regional disparities in access, delays in molecular testing, and lack of LDCT screening** continue to impact outcomes.

At Maturity **Level 3 – Intermediate**, Russia has a functional cancer care system in place, but to improve survival and ensure equity, it must focus on scaling early detection, standardizing biomarker testing, and ensuring timely access to advanced therapies across its vast geography.

CURRENT SITUATION

Russia's oncology services are delivered through a **federated public system**, with national cancer centers providing advanced services and regional centers responsible for most patient care. The **Federal Target Program on Cancer Care Modernization** has upgraded diagnostic infrastructure and radiation facilities. National reimbursement covers essential cancer drugs and diagnostics, although delays in approval and reimbursement of new therapies remain an issue. **Russia is currently at Maturity Level 3 – Intermediate**: its health system offers moderate access to modern diagnostics and therapies, but challenges in consistency, timely diagnosis, and equity of care persist across regions. LDCT screening is not offered, primary care providers are not uniformly trained in early lung cancer referral, and access to immunotherapy and newer biomarkers remains limited outside of urban hubs.

INTRODUCTION

Lung cancer is the **most fatal cancer in Russia**, particularly among men, with high smoking prevalence and late-stage diagnosis contributing to poor outcomes. The country has developed a **federal cancer care strategy**, updated **National Clinical Guidelines**, and designated **federal cancer centers** in major cities such as Moscow, St. Petersburg, and Novosibirsk. Some progress has been made in molecular testing and access to modern treatments, including tyrosine kinase inhibitors and immune checkpoint inhibitors.

However, challenges persist: **biomarker testing is uneven across regions**, wait times for pathology results are long, and there is **no national low-dose CT screening program** despite a large population at high risk. Patients in rural areas continue to face delays in diagnosis and limited access to second-line and third-line therapies. To move toward improved survival, Russia must strengthen national implementation and ensure regional alignment with federal policies.



LUNG CANCER IN RUSSIA

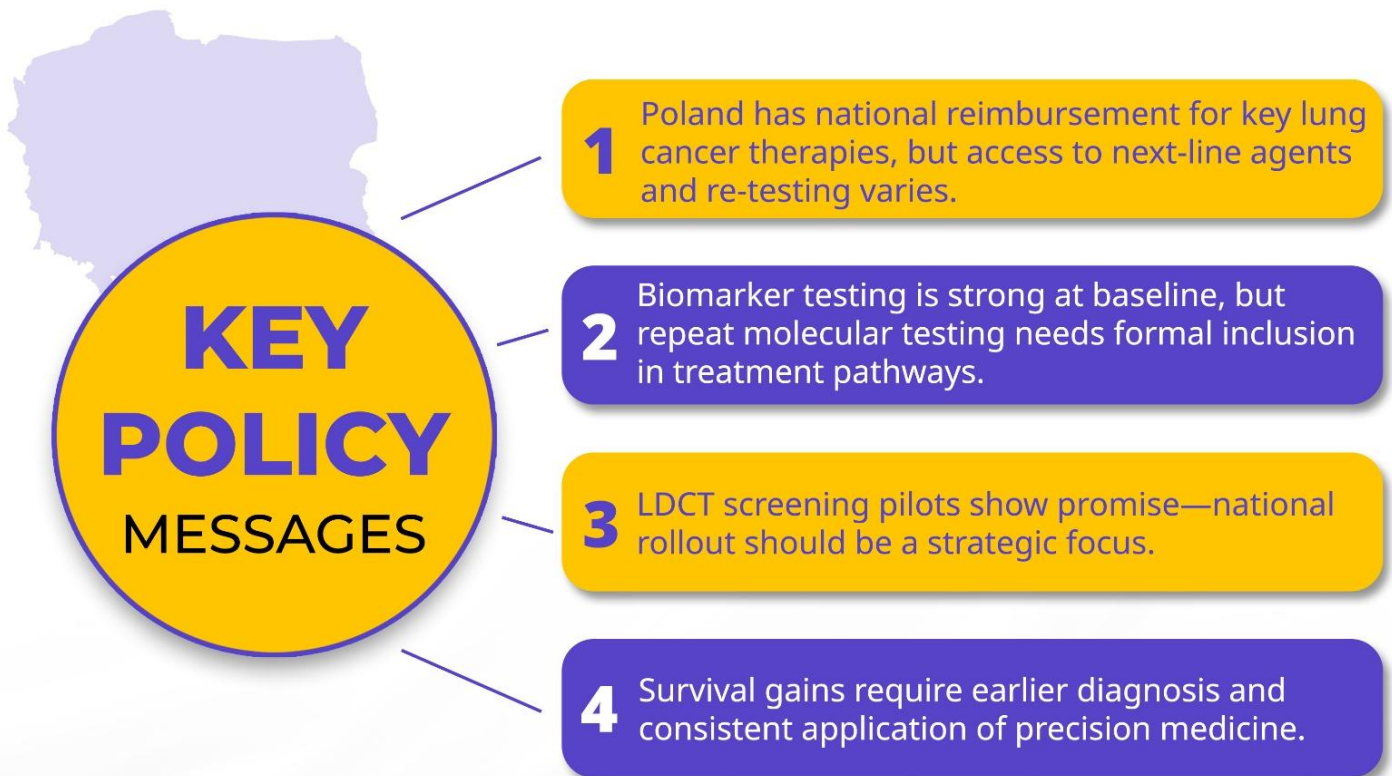
Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Russia has over 80 regional oncology centers...	...but rural hospitals often lack CT access, biopsy capabilities, and oncology-trained staff.	Improve referral networks and fund mobile diagnostic units for underserved regions.
Access to Treatment	First-line therapies and basic TKIs are reimbursed...	...but access to second/third-line therapies and immunotherapies is uneven.	Expand funding for advanced therapies and include newer TKIs and immunotherapy on national formularies.
Research & Innovation	Russia participates in limited global trials...	...and clinical data on lung cancer outcomes is not widely available.	Create national lung cancer registries and promote multicenter real-world studies.
Awareness & Education	Public health campaigns exist but are general in nature...	...and lung cancer awareness, especially among non-smokers and women, is low.	Launch targeted symptom-awareness campaigns and smoking cessation programs.
Survival Rates	5-year survival remains low (approx. 18–20%)...	...due to late-stage diagnosis and limited targeted therapy access.	Improve early detection infrastructure and enable faster treatment initiation through referral optimization.
Early Detection & Palliative Care	LDCT screening is not implemented...	...and palliative services vary across oblasts.	Introduce national pilot LDCT programs in high-risk populations and expand palliative training at the primary care level.
Biomarker	EGFR and ALK testing is available in major cities...	...but HER2, RET, MET, KRAS, and PD-L1 are not routinely tested.	Mandate comprehensive biomarker testing in advanced NSCLC and fund capacity-building in pathology labs.
Clinical Guidelines	National guidelines are aligned with ESMO/NCCN...	...but implementation varies across regions.	Standardize guideline implementation with federal audits and ongoing training of oncology providers.
Reimbursement	Basic cancer care is publicly funded...	...but delays in new drug inclusion limit innovation access.	Streamline HTA and reimbursement for approved therapies with demonstrated OS benefit.
Screening	Lung cancer screening is not institutionalized...	...despite a large high-risk population and growing burden.	Launch regional LDCT screening pilots and integrate with occupational health and anti-smoking efforts.



CONCLUSION

Poland has reached an **advanced stage** in lung cancer care delivery, with structured diagnostics, targeted therapy access, and national policy prioritization. The next leap forward requires embedding equity into every level of implementation—ensuring that testing, treatment, and screening are not only available but delivered consistently across all regions and demographics. With sustained investment and streamlined processes, Poland can improve survival rates and lead regional efforts in Eastern Europe toward lung cancer care excellence.



CALL TO ACTION

- **Launch a national LDCT screening program** integrated into primary care and occupational health pathways.
- **Mandate biomarker re-testing at disease progression**, supported by public lab networks and NGS infrastructure.
- **Ensure equitable treatment access** across all voivodeships by tracking disparities in real-time using NFZ and registry data.
- **Accelerate reimbursement of new therapies** with proven OS benefit through HTA streamlining and expert fast-track mechanisms.
- **Expand public awareness and provider training** to support early detection and referral, especially in rural areas.