UNITED KINGDOM

International Cancer Patient Coalition

OPTIMISING LUNG CANCER CARE IN THE UNITED KINGDOM

From High Standards to Universal Equity and Early Diagnosis

EXECUTIVE SUMMARY

The United Kingdom offers one of the world's most advanced lung cancer care systems, marked by universal access, widespread biomarker testing, reimbursement of targeted therapies, and pioneering early detection pilots. National Cancer Plans, NHS Cancer Alliances, and robust data systems ensure that most patients receive evidence-based, guideline-aligned treatment. Yet persistent challenges—including late-stage diagnosis, geographic inequalities, and variation in re-biopsy and biomarker re-testing — undermine full realization of precision oncology.

As a **Leading-level system**, the UK must now ensure consistent, equitable delivery across all regions, rapidly scale lung health checks, and maintain early access to innovation through post-Brexit regulatory agility

INTRODUCTION

Lung cancer remains the **leading cause of cancer death in the UK**, with over **48,000 new cases annually**. While smoking rates have declined, late diagnosis continues to drive poor outcomes, with nearly **75% of cases diagnosed at Stage III or IV**. The UK has made major progress through the **Lung Health Check (LHC)** programme, routine **EGFR, ALK, ROS1, BRAF, MET, RET, KRAS G12C, and PD-L1** testing, and early access to targeted therapies via the **Cancer Drugs Fund (CDF) and NICE** pathways.

Despite these advances, inequities persist. Certain regions experience delayed access to diagnostics or face longer waiting times. Uptake of low-dose CT (LDCT) screening varies by locality, and access to advanced molecular testing, especially re-biopsy at progression, is inconsistent. The UK's NHS cancer ecosystem is well positioned to lead Europe in outcome-driven, personalized care if supported by consistent delivery, streamlined regulation, and continued workforce investment

CURRENT SITUATION

Lung cancer care in the UK is provided through the **National Health Service (NHS)**, with oversight from NHS England, devolved national health bodies, and **Cancer Alliances**. NICE guidelines and NHS England's **Long Term Plan** drive cancer reforms, including ambitions for early diagnosis and personalised care. The UK boasts excellent cancer data systems like **National Cancer Registration and Analysis Service (NCRAS)** and routinely conducts real-world audits.

However, despite these strengths, late presentation, regional variation in services, and stretched oncology workforce capacity challenge uniform implementation. Molecular testing is widely available but sometimes delayed due to logistics or centralization. Novel therapies are often available through the CDF, but NICE processes still take time post-MHRA or EMA approval.

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Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	The UK has a well-developed NHS cancer system with national guidelines & Cancer Alliances...	...but access to diagnostics (CT, PET-CT, pathology) and workforce capacity varies by region.	Ensure equal investment in diagnostic and pathology infrastructure across all regions; boost oncology workforce.
Access to Treatment	Targeted therapies and immunotherapies are available via NICE and the Cancer Drugs Fund...	...but access can be delayed post-approval, especially for rare mutations or re-treatment options.	Accelerate NICE timelines for therapies with OS benefit; streamline MHRA–NHS approval post-Brexit.
Research & Innovation	The UK is a global leader in clinical trials, genomics, and lung cancer innovation...	...but uptake of trials and access to innovation is concentrated in major centres.	Expand trial access to underserved hospitals via decentralised trial models and digital consent tools.
Awareness & Education	Public campaigns like "Be Clear on Cancer" have increased symptom recognition...	...but stigma, gender bias, and lower awareness in non-smokers persist.	Revive and modernise public campaigns, targeting younger, female, and never-smoker populations.
Survival Rates	Survival is improving with early diagnosis and advanced treatment...	...but still lags behind many Western countries due to late-stage detection.	Scale up lung health checks to national coverage and integrate into primary care and NHS Health Checks.
Early Detection & Palliative Care	LHC pilots have demonstrated early-stage detection success...	...but national rollout is incomplete, and access is uneven.	Make Lung Health Checks a national NHS service for high-risk populations, with mobile outreach units.
Biomarker	EGFR, ALK, ROS1, BRAF, MET, RET, PD-L1, and KRAS testing is part of routine care...	...but re-biopsy and HER2/NTRK testing are not consistently implemented.	Mandate reflex HER2 and NTRK testing and adopt liquid biopsy in relapsed cases for faster turnaround.
Clinical Guidelines	NICE and UK-wide guidelines are well-defined and updated regularly...	...but variation in guideline implementation remains.	Monitor adherence to NICE lung cancer pathways through regional audits and continuous professional training.
Reimbursement	The Cancer Drugs Fund allows early access to innovative therapies...	...but MHRA and NICE processes can take up to 12–18 months for some new drugs.	Create a parallel NICE-MHRA fast track for lung cancer drugs with proven OS or QALY gains.
Screening	LDCT Lung Health Checks have been rolled out in select areas...	...but coverage is limited and uptake varies by region and socioeconomic group.	Expand the LHC program to become nationwide, with targeted outreach in deprived and rural areas.

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CONCLUSION

The UK's lung cancer ecosystem combines universal access, advanced diagnostics, and policy commitment to early detection and innovation. However, gaps in geographic equity, screening coverage, biomarker standardisation, and real-time therapy access must be closed to match the system's ambitions. With strong data systems, proven pilots, and global research leadership, the UK can move from **high-performing to consistently equitable**—ensuring that no patient is left behind regardless of postcode, background, or mutation type.

KEY POLICY MESSAGES

1. The UK offers global best practices in lung cancer therapy and diagnostics—but must ensure uniform access across regions.
2. Biomarker testing and liquid biopsy must be reflexively offered, including HER2 and NTRK.
3. LDCT Lung Health Checks must be scaled from pilots to a nationwide NHS offering.
4. NICE and MHRA timelines must be streamlined to maintain rapid post-approval drug access in a post-Brexit context.

CALL TO ACTION

- **Nationalise the Lung Health Check programme,** with equitable access in rural, low-income, and high-risk populations.
- **Standardise re-biopsy and molecular testing protocols,** including liquid biopsy and HER2/NTRK reflex testing.
- **Accelerate NICE and CDF approval pathways** by adopting fast-track lanes for high-OS lung cancer therapies.
- **Expand oncology and pathology workforce training,** especially in underserved Cancer Alliance regions.
- **Monitor regional lung cancer outcomes** via NCRAS and publish mutation-stratified survival to guide policy decisions.