



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Lung Cancer Care in Philippines

EXECUTIVE SUMMARY

Lung Cancer is the leading cause of cancer deaths in the Philippines, claiming over 17,000 lives annually — yet it remains underdiagnosed, undertreated, and underprioritized. Most patients are diagnosed at a late stage, and only a small fraction receive molecular testing or targeted therapies.

While urban hospitals may offer high-end treatments, patients in rural and lower-income settings are too often left behind.

Yes, there are advances—like EGFR testing and immunotherapies—but do they reach most Filipinos? Not yet. It's time for national-level reform to make lung cancer care equitable, early, and evidence-based.

INTRODUCTION

A Crisis of Delay and Inequity

Lung cancer care in the Philippines is at **Level 2 – Emerging** in the Cancer Care Maturity Framework. Tertiary hospitals such as the Philippine General Hospital and St. Luke's Medical Center offer comprehensive lung cancer care, but access outside Metro Manila is limited.

Over **75% of patients are diagnosed at Stage III or IV**, when curative treatment is no longer possible. Five-year survival remains below **15%**, and diagnostic delays are common. Despite the presence of precision therapies globally, **fewer than 1 in 5 eligible patients in the Philippines undergo complete biomarker testing** due to cost and regional inequality.



Philippines ranks at Level 2 – Lung Cancer Care Maturity Framework

LUNG CANCER IN PHILIPPINES

Current Status and Systemic Gaps

Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	No national screening program; most cases detected through symptomatic presentation.	Yes, CT exists—but it is costly, awareness is low, and primary care providers lack referral pathways.	Pilot LDCT screening for high-risk populations (e.g., smokers aged 50+). Train primary care providers for early triage.
Biomarker & Molecular Testing	Available in some tertiary hospitals; not standard in public system.	High out-of-pocket costs and lack of reimbursement for EGFR, ALK, and PD-L1 testing.	Reimburse molecular testing in PhilHealth. Establish regional diagnostic labs with public access.
Treatment Access	EGFR inhibitors and some immunotherapies available in private sector; limited access in public hospitals.	Drug costs and lack of inclusion in national formulary delay or block access.	Include targeted therapies (e.g., osimertinib, pembrolizumab) in national drug list and distribute via DOH
Clinical Guidelines	No national lung cancer care guideline; practices vary by institution.	Inconsistent care and poor adherence to global standards (ESMO, NCCN).	Develop and implement national guidelines; conduct training for oncologists and pulmonologists nationwide.
Palliative & Survivorship Care	Severely under-resourced, especially outside urban centers.	Limited opioid access, few trained professionals, and minimal psychosocial support.	Expand home-based and community palliative care programs. Simplify opioid prescribing regulations.
Awareness & Risk Reduction	Awareness campaigns exist but are small-scale; smoking cessation efforts underfunded.	Public knowledge of early symptoms and risk factors is limited.	Launch national awareness drive on lung cancer symptoms, secondhand smoke, and screening benefits.

CONCLUSION & Call to Action

Lung cancer care in the Philippines is marked by **late diagnoses, fragmented diagnostics, and unequal treatment access**. The problem is not lack of technology or expertise—it's the absence of systems to bring them to the people who need them most. This is a solvable crisis, but it requires **national commitment, policy alignment, and investment**.

We cannot afford to let lung cancer remain a silent killer. With political will, inter-agency collaboration, and targeted reforms, the Philippines can make lung cancer care more just, more modern, and more survivable.



KEY POLICY PRIORITIES

- 1 Establish a national lung cancer screening strategy**, starting with high-risk populations using low-dose CT.
- 2 Reimburse molecular biomarker testing** (EGFR, ALK, ROS1, PD-L1) through PhilHealth and make it available regionally.
- 3 Guarantee access to targeted therapies and immunotherapies** by listing them in public sector formularies.
- 4 Develop and disseminate national lung cancer clinical guidelines**, aligned with global best practices.
- 5 Scale up palliative care services**, with rural outreach and access to pain relief.
- 6 Strengthen awareness campaigns** targeting tobacco risk, symptom recognition, and early care-seeking behavior.