



# LUNG CANCER CARE IN CHILE

## Progress on Paper, Gaps in Practice

### EXECUTIVE SUMMARY

**Lung Cancer** remains a deadly challenge in Chile, with survival rates hovering between 15–18% over five years. While the National Cancer Institute of Chile in Santiago provides high-quality care—including radiation therapy and chemotherapy—such services are not accessible to all. Public health programs do offer partial coverage, but long waiting times and significant regional disparities limit impact.

Without a national screening program, early detection remains inconsistent. Rural and lower-income communities are particularly underserved when it comes to awareness, pain management, and access to timely diagnosis and treatment.

Chile's lung cancer care system, currently ranked as "Developing", has laid foundations for improvement. But without increased funding, broader screening, and stronger

### INTRODUCTION

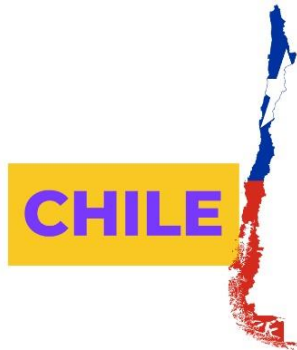
Chile is at a crossroads in its fight against lung cancer. Specialized centers in cities like Santiago offer state-of-the-art care, but the benefits are not equitably distributed. Public understanding of lung cancer remains limited, and systemic barriers — from delayed diagnoses to rural care shortages — continue to impede progress. With a lung cancer maturity level of "2 – Developing", Chile's healthcare system shows promise but remains held back by funding constraints and fragmented service delivery.



### CURRENT FRAMEWORK: ACHIEVEMENTS AND GAPS

Chile has made strides in establishing cancer care infrastructure in major cities, with Santiago's National Cancer Institute leading in diagnostics and therapy. Public health coverage helps offset treatment costs, but the scope remains partial.

Unfortunately, survival rates are still low, driven largely by late-stage diagnosis and insufficient early detection efforts. A nationwide low-dose CT (LDCT) screening program is absent, despite the clear need. Research is ongoing but heavily reliant on external sponsors, and public awareness campaigns remain sporadic and urban-focused. Pain management and palliative care services are improving, but their reach is still inconsistent—especially in rural and economically disadvantaged areas.



# LUNG CANCER CARE IN CHILE

## Key Pillars, Barriers, and Policy Solutions

Key Area	Current Status	Challenges	Policy Recommendations
Screening & Early Detection	No national LDCT screening program; early detection is inconsistent.	Yes, some detection tools exist—but they're underutilized, and most patients are still diagnosed too late.	Launch a nationwide LDCT screening program and integrate it into existing primary care pathways.
Treatment Access	Chemotherapy and radiation therapy available in major centers; partial coverage by public programs.	Yes, treatment is available—but it's slow, unequal, and often inaccessible in rural or regional areas.	Expand equitable access to treatments and streamline referral and diagnostic timelines in the public system.
Research Funding	Limited domestic funding; most lung cancer research supported by external partners.	Yes, research happens—but with little local funding, innovation is dependent on international priorities.	Increase national investment in lung cancer research and support local trials.
Public Awareness	Campaigns exist in urban areas but lack rural penetration; knowledge of symptoms remains low.	Yes, people are aware—if they live in the capital. Rural and underserved communities are still left behind.	Invest in multilingual, community-level awareness programs on lung cancer symptoms and risk factors.
Palliative Care	Some progress in availability, especially in urban areas.	Yes, care exists—but many rural patients still suffer without proper pain relief or end-of-life support.	Expand palliative care programs into primary health networks and ensure access to essential pain medications.



## CONCLUSION & Call to Action

Chile is building a foundation for stronger lung cancer care—but real progress means more than just having advanced care in select cities. It means ensuring early detection, funding homegrown research, and giving every Chilean—regardless of income or geography—a fighting chance.

To move from aspiration to action, Chile must implement nationwide solutions: early screening, equitable treatment access, meaningful research investment, and rural-focused palliative care. The blueprint is clear—now it's time to follow through.

**To close the equity gap and improve lung cancer outcomes, Chile should focus on the following actions:**



### KEY POLICY PRIORITIES

- 1 Establish a national LDCT screening program:**  
Detect lung cancer earlier by integrating screening into routine care for high-risk populations.
- 2 Ensure equitable access to treatment:**  
Provide faster, regionally distributed access to chemotherapy, radiation, and supportive therapies within public health services.
- 3 Increase domestic research funding:**  
Support Chilean-led clinical trials and innovation, reducing reliance on international sponsors.
- 4 Strengthen public awareness campaigns:**  
Run targeted, culturally sensitive education initiatives in rural and underserved areas to promote early detection.
- 5 Expand and standardize palliative care:**  
Build accessible, quality palliative services into rural health networks and train local professionals in end-of-life care.