

# Lung Cancer Factsheet: Insights & Key Developments

Key Insights on Lung Cancer Care  
and Infrastructure

## Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Lung Cancer Screening

Lung cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

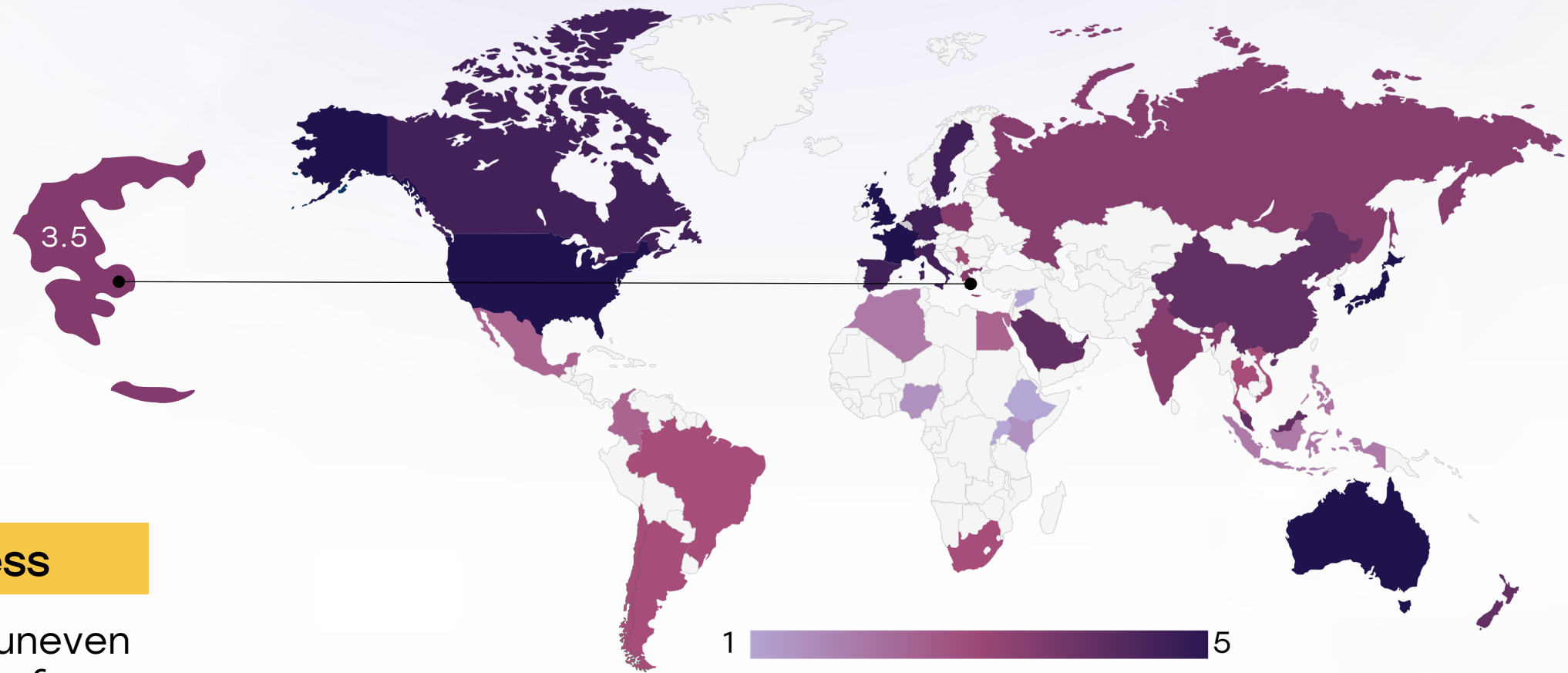
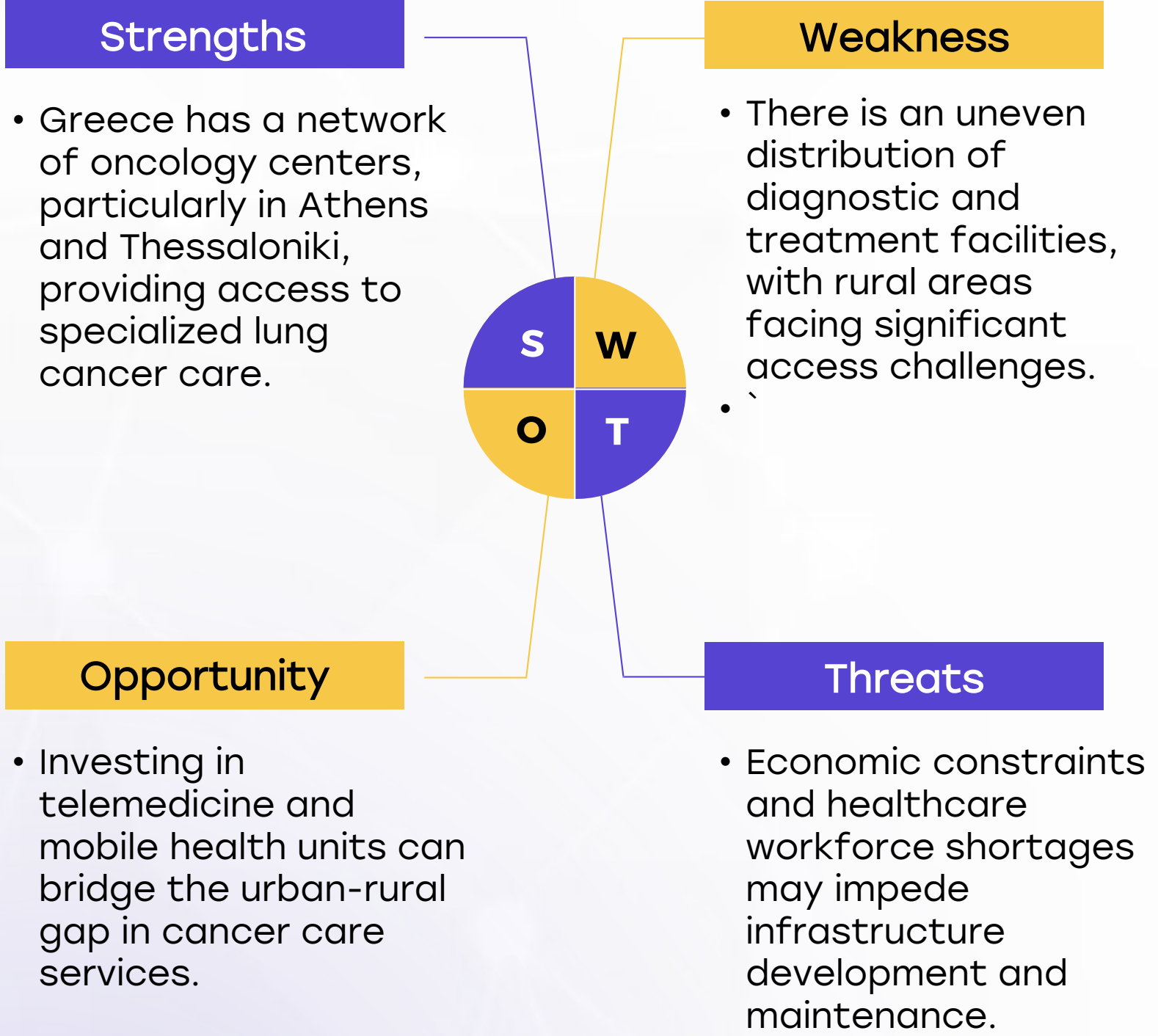
This factsheet provides a comprehensive overview of key pillars shaping lung cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Lung cancer incidence (annual): ~9,000 new cases
- Incidence rate: ~85 per 100,000
- Lung cancer deaths (annual): ~7,500 deaths
- 5-year survival rate: ~15–17%
- Most affected age group: 65–74 years
- Gender distribution: Men (~65%), Women (~35%)
- Smoking prevalence (adults): ~32% (among the highest in Europe)
- Stage at diagnosis: ~75% diagnosed at late stages (III/IV)
- Most common type: Non-small cell lung cancer (NSCLC)
- Daily new diagnoses: ~25 per day
- Daily deaths: ~20 per day
- Molecular testing availability: Moderate, more available in urban centers
- Targeted therapy: Available for specific mutations (e.g., EGFR, ALK)



# Greece

Infrastructure

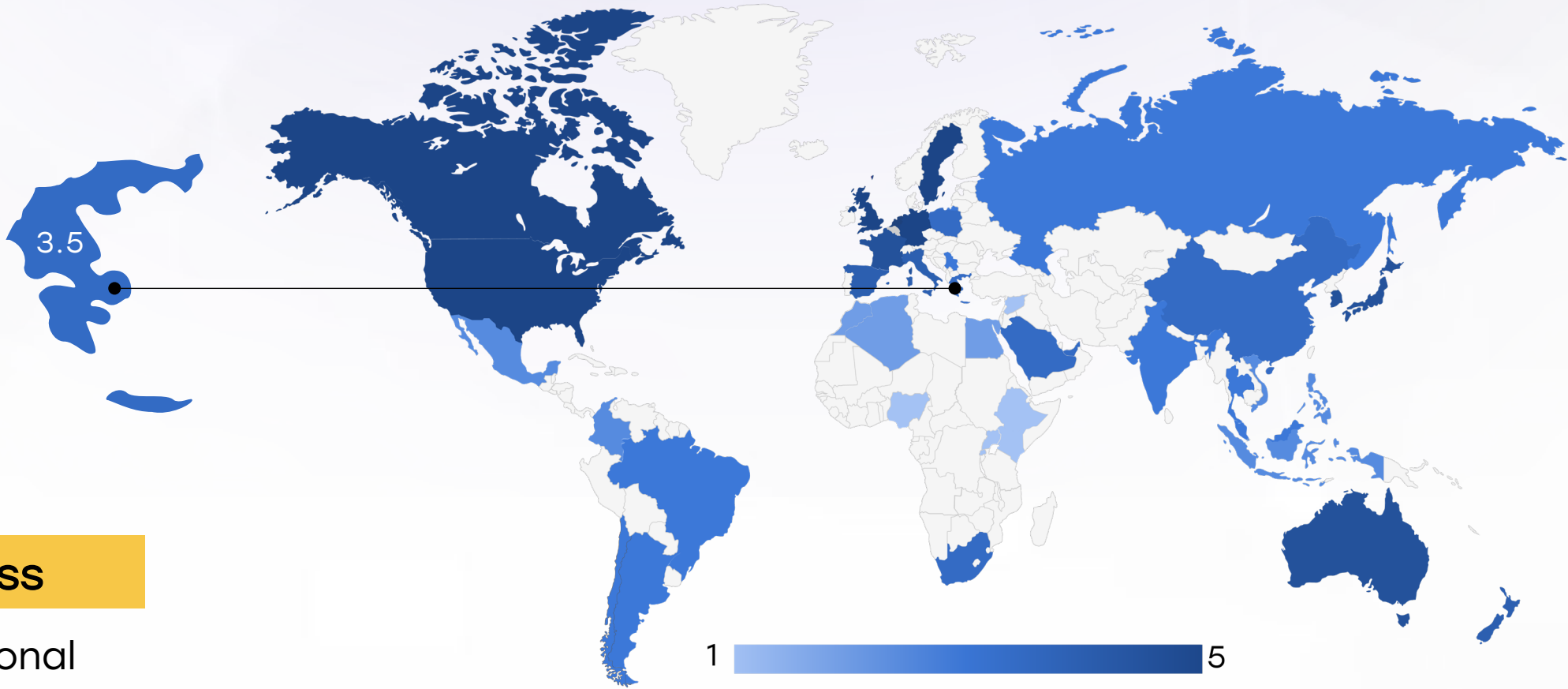


- 5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.
- 4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.
- 3. Moderate infrastructure, primarily in private settings or research institutions.
- 2. Limited infrastructure, available only in select centers or for high-cost private testing.
- 1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
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Malaysia	<div></div>	<div></div>

# Greece

## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Greece adheres to international treatment guidelines, and therapies such as immunotherapy are available for eligible patients.

### Weakness

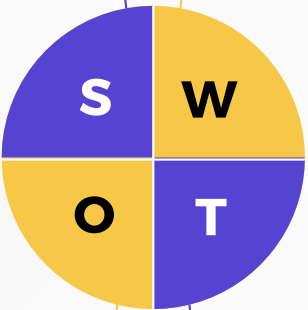
- Limited national funding for cancer research and awareness campaigns hampers progress in early detection and treatment innovations.

### Opportunity

- Collaborations with international research initiatives can enhance funding opportunities and knowledge exchange.

### Threats

- Low public awareness about lung cancer symptoms and screening options may lead to delayed diagnoses.



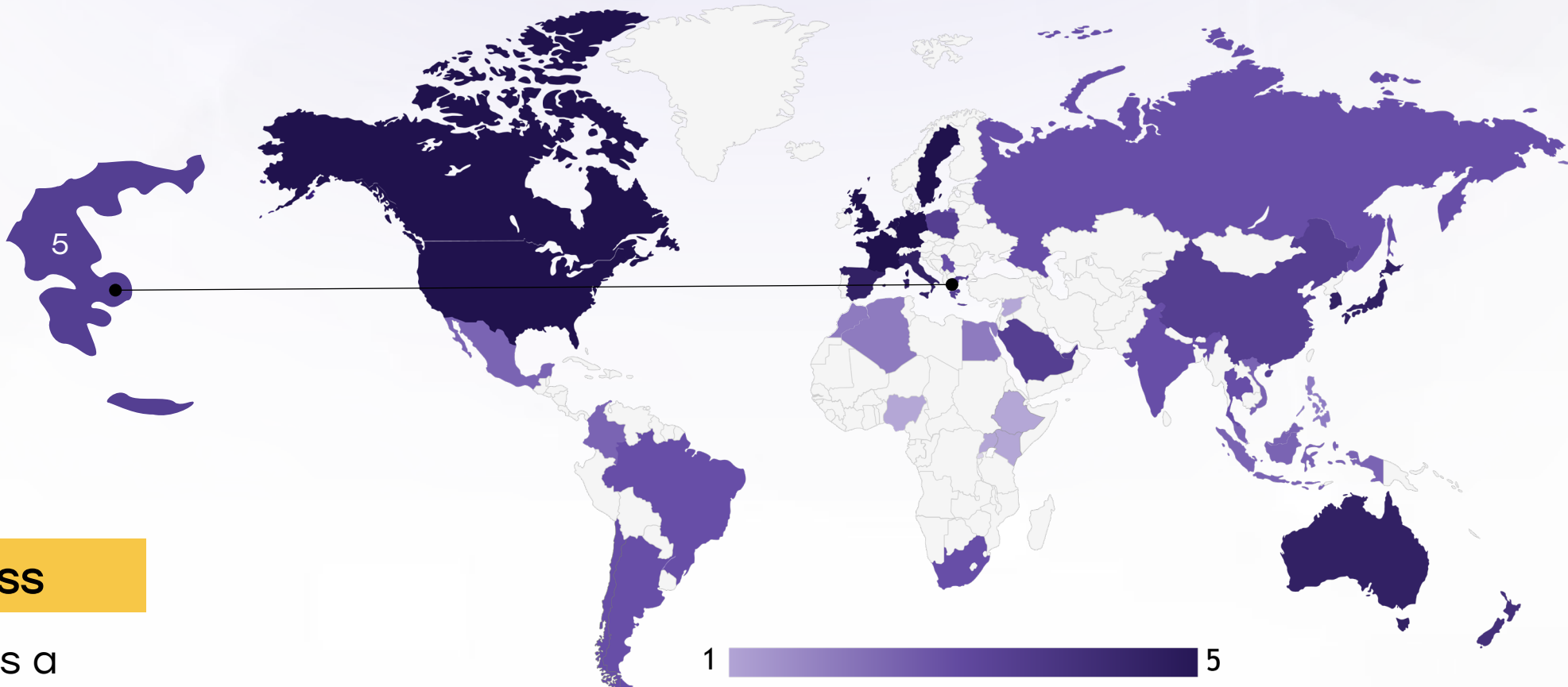
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.
3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.
2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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Malaysia	<div></div>	<div></div>	<div></div>



# Greece

## Survival Rates, Early Detection and Palliative Care



### Strengths

- Pilot studies indicate that implementing low-dose computed tomography (LDCT) screening could reduce lung cancer mortality by approximately 25% over five years.

### Weakness

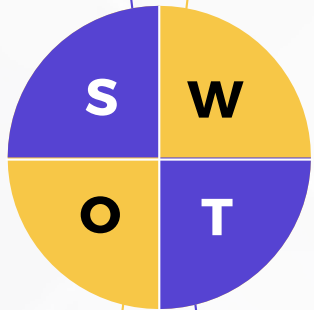
- Greece lacks a national lung cancer screening program, resulting in most cases being diagnosed at advanced stages.

### Opportunity

- Establishing a nationwide screening program could significantly improve early detection rates and survival outcomes.

### Threats

- An aging population and high smoking prevalence (25% daily smokers in 2019) may increase lung cancer incidence.

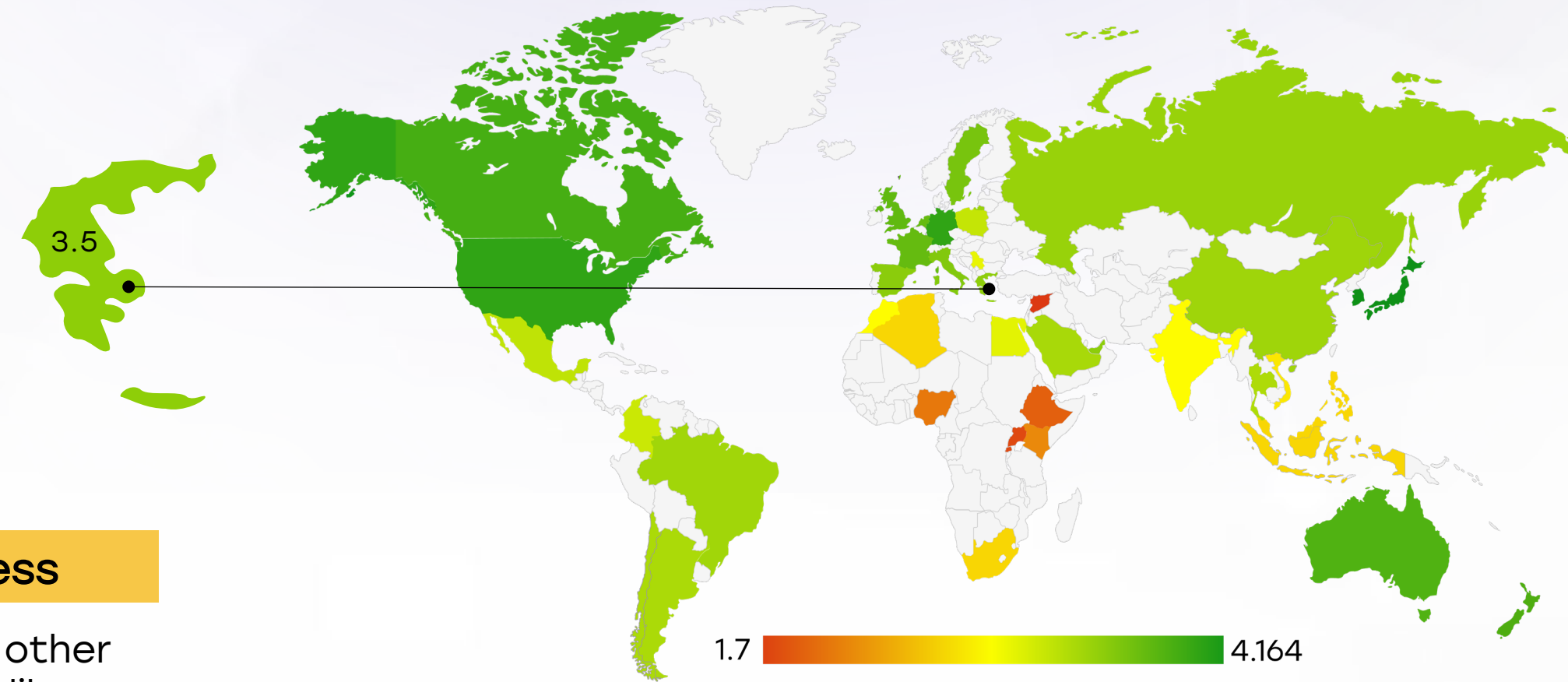


- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.
- 3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.
- 2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.
- 1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
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# Greece

## Utilization of Biomarkers

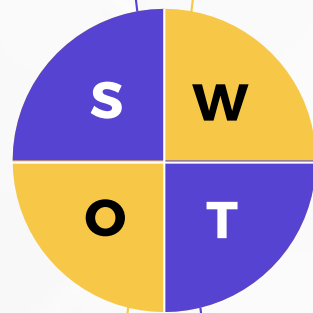


### Strengths

- The use of PD-L1 testing has increased, with rates rising from 4.8% in 2016 to 64% in 2019, aiding in personalized treatment decisions.

### Weakness

- Testing for other biomarkers like EGFR and ALK remains stable at around 40%, indicating room for improvement.



### Opportunity

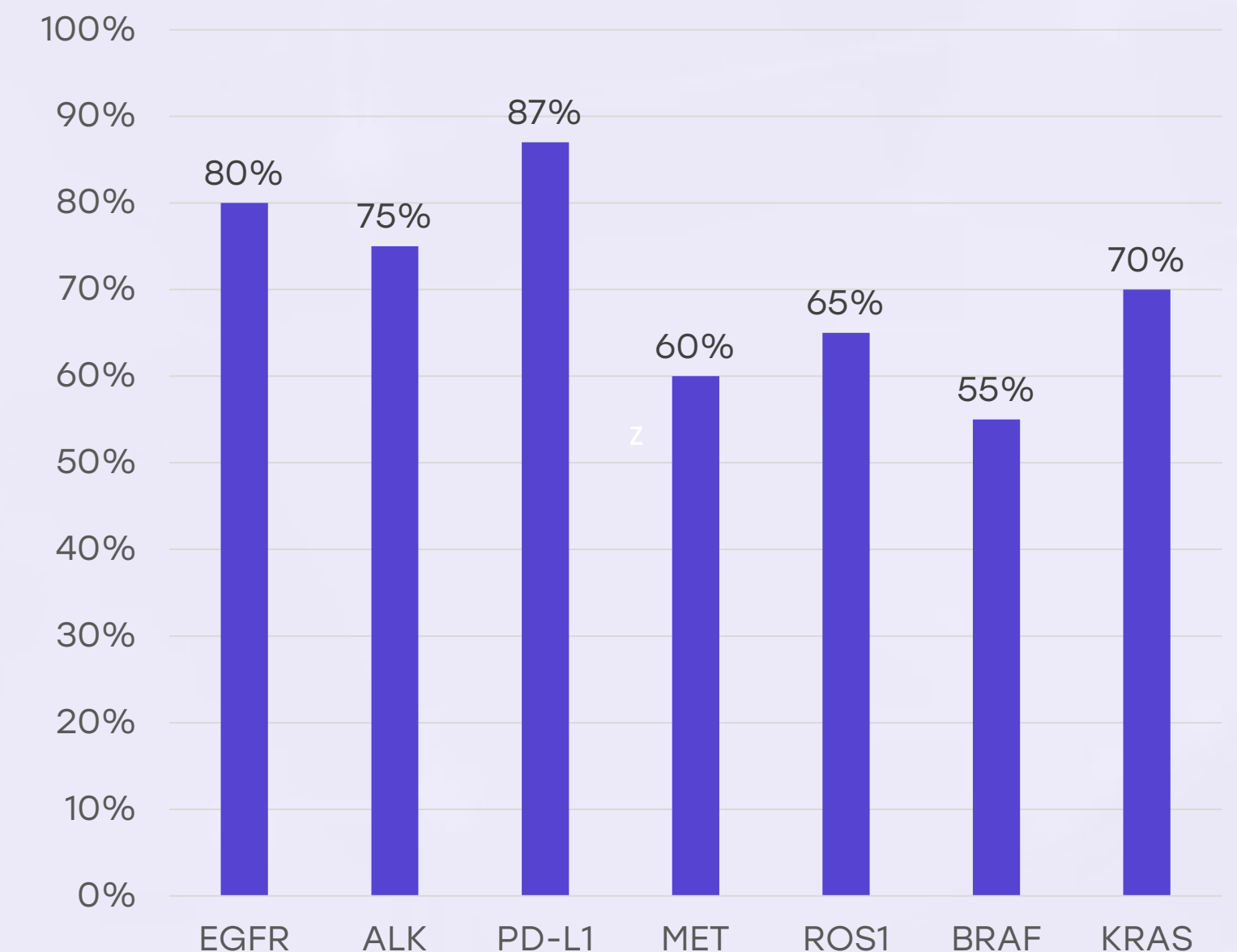
- Expanding comprehensive biomarker testing can optimize treatment strategies and improve patient outcomes.

### Threats

- Limited access to advanced molecular diagnostics in certain regions may hinder the adoption of targeted therapies.

1. Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.
2. Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.
3. Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.
4. Biomarker testing is commonly used, but access may be limited in certain regions or patient groups. Some disparities exist in coverage or affordability, but it is still a crucial part of cancer diagnostics.
5. Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

### Greece





# Greece

## Clinical Guidelines

### Strengths

- Greece follows international clinical guidelines for lung cancer management, ensuring standardized care practices.

### Weakness

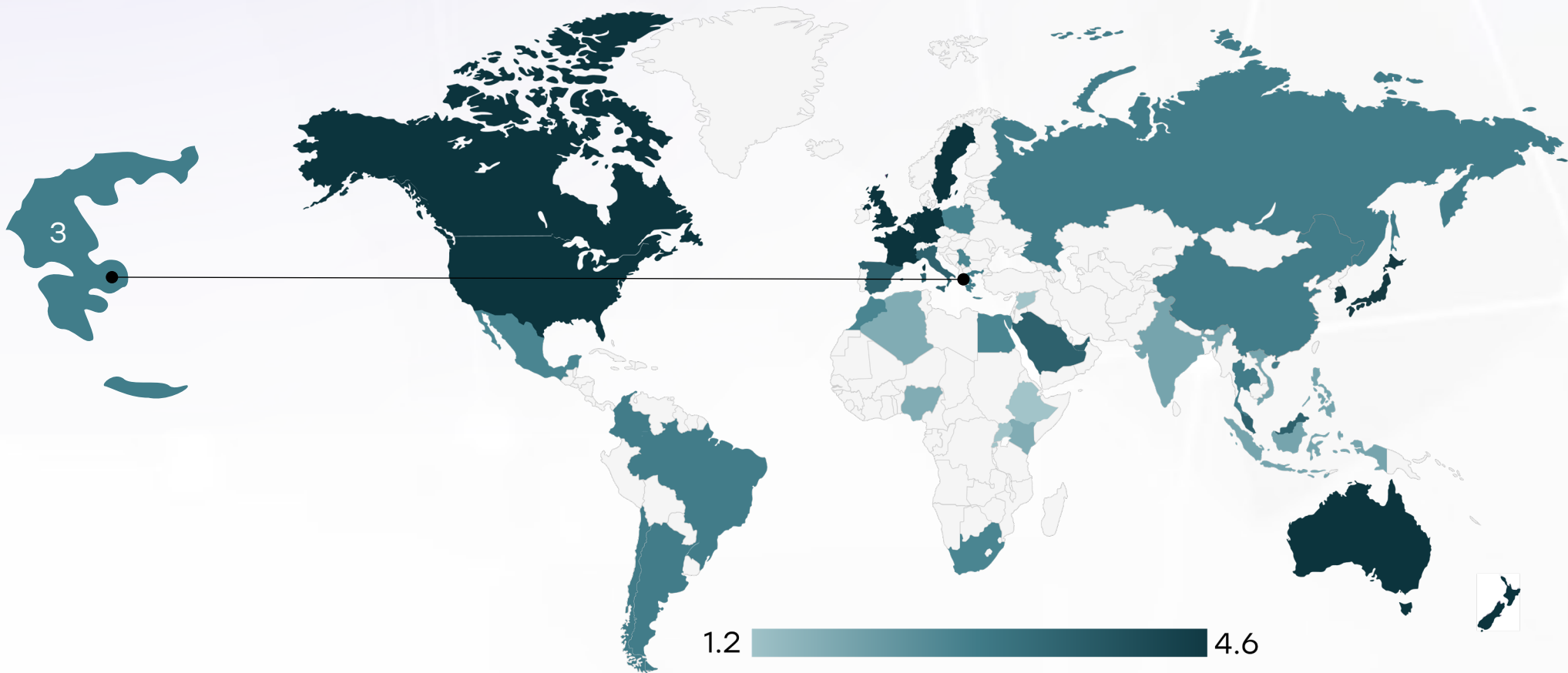
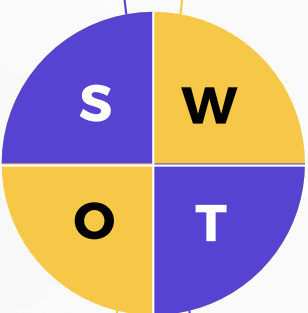
- There is a lack of national guidelines tailored to the Greek healthcare context, potentially leading to inconsistencies in care delivery.

### Opportunity

- Developing and implementing national guidelines can address local healthcare system nuances and improve care uniformity.

### Threats

- Rapid advancements in lung cancer treatment require continuous updates to guidelines, which may strain resources.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	×	○	×	×	×
Feasibility of Integration	×	×	○	×	×
Adoption of International Guidelines	×	×	○	×	×
Engagement with Updates	×	×	×	○	×
ESMO Guidelines Implementation	×	×	○	×	×

# Greece

## Reimbursement

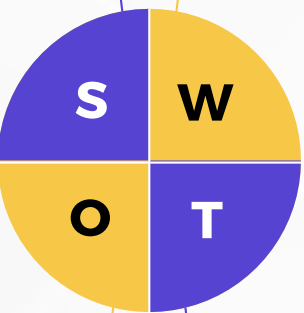


### Strengths

- The national health insurance system covers standard lung cancer treatments, reducing financial barriers for patients.

### Weakness

- Delays in the reimbursement of new therapies and diagnostics can limit timely access to innovative treatments.



### Opportunity

- Streamlining reimbursement processes can facilitate quicker integration of emerging therapies into clinical practice.

### Threats

- Economic challenges may impact the sustainability of funding for high-cost treatments and diagnostics.



A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.



A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.



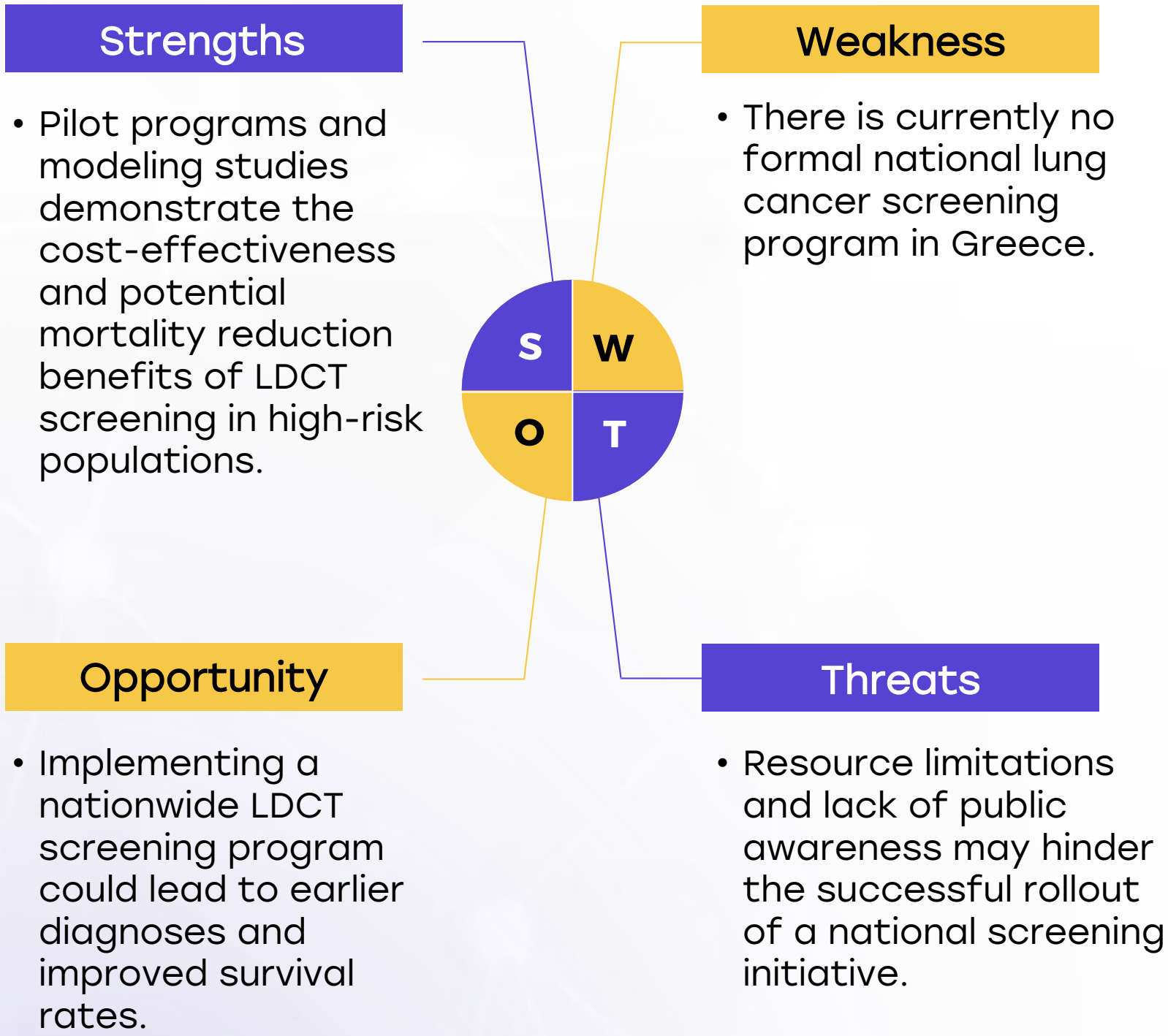
No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
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Singapore		
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Malaysia		



# Greece

## Lung Cancer Screening



Country	Lung Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict
Malaysia	No program; high-risk CT pilots

Country	Lung Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities