



# 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.

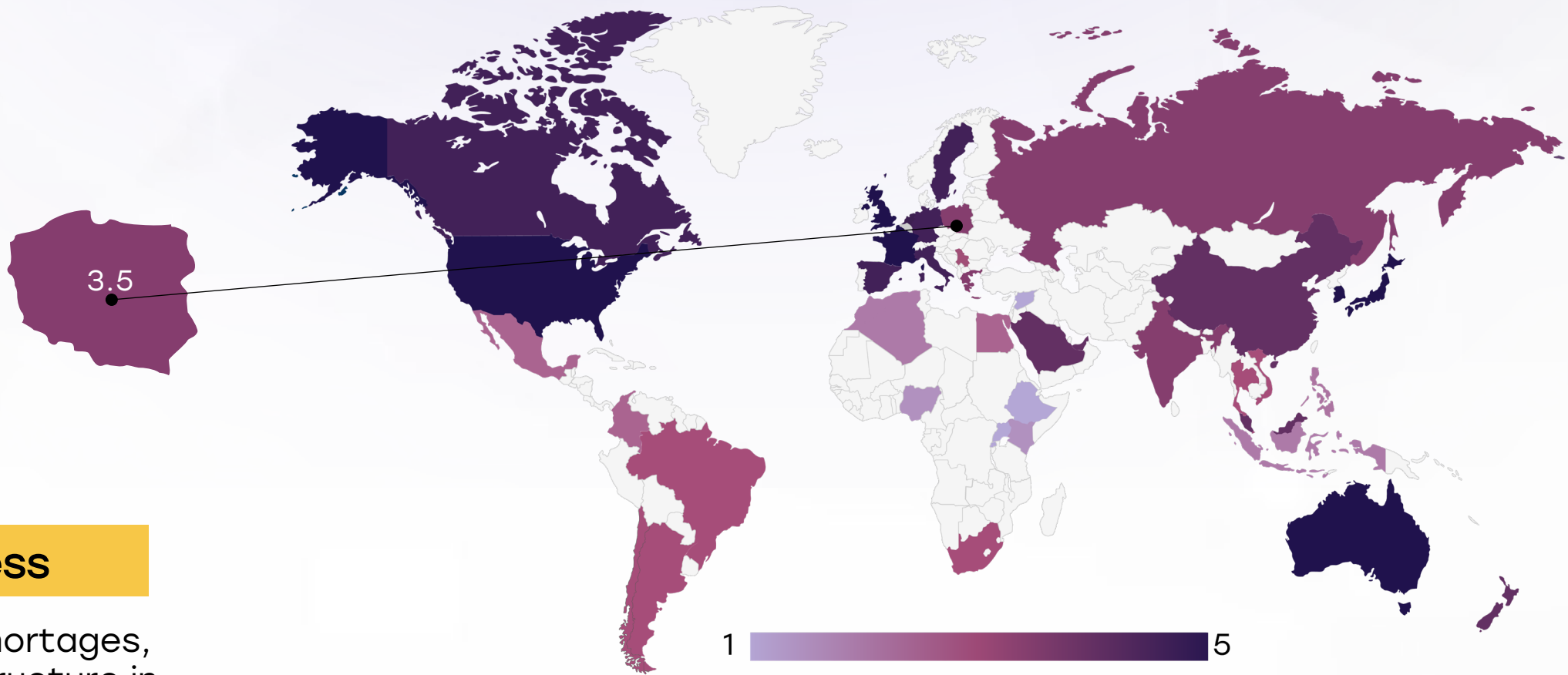
- Lung cancer incidence: ~22,000–23,000 new cases annually
- Incidence rate: ~57 per 100,000 population
- Lung cancer deaths: ~24,000 deaths annually
- Leading cause of cancer death in Poland
- 5-year survival rate: ~15–18% overall
- More common in men, but rising incidence in women
- Most common type: Non-small cell lung cancer (NSCLC), especially adenocarcinoma
- Smoking prevalence (adults): ~28% men, ~19% women
- National screening program launched using low-dose CT for high-risk groups
- Average age at diagnosis: ~65 years
- Majority diagnosed at late stages (Stage III or IV)



# Poland



## Infrastructure



### Strengths

### Weakness

- Poland has a well-distributed network of oncology centers, including the Maria Skłodowska-Curie National Research Institute of Oncology in Warsaw and regional centers in Kraków, Poznań, and Gdańsk, offering advanced diagnostics and radiotherapy services.

- Equipment shortages, aging infrastructure in some regional hospitals, and long wait times for imaging and diagnostics remain challenges, especially outside urban areas.







### Opportunity

### Threats

- Planned healthcare modernization projects under the National Oncology Strategy (2020–2030) aim to upgrade cancer care infrastructure nationwide.

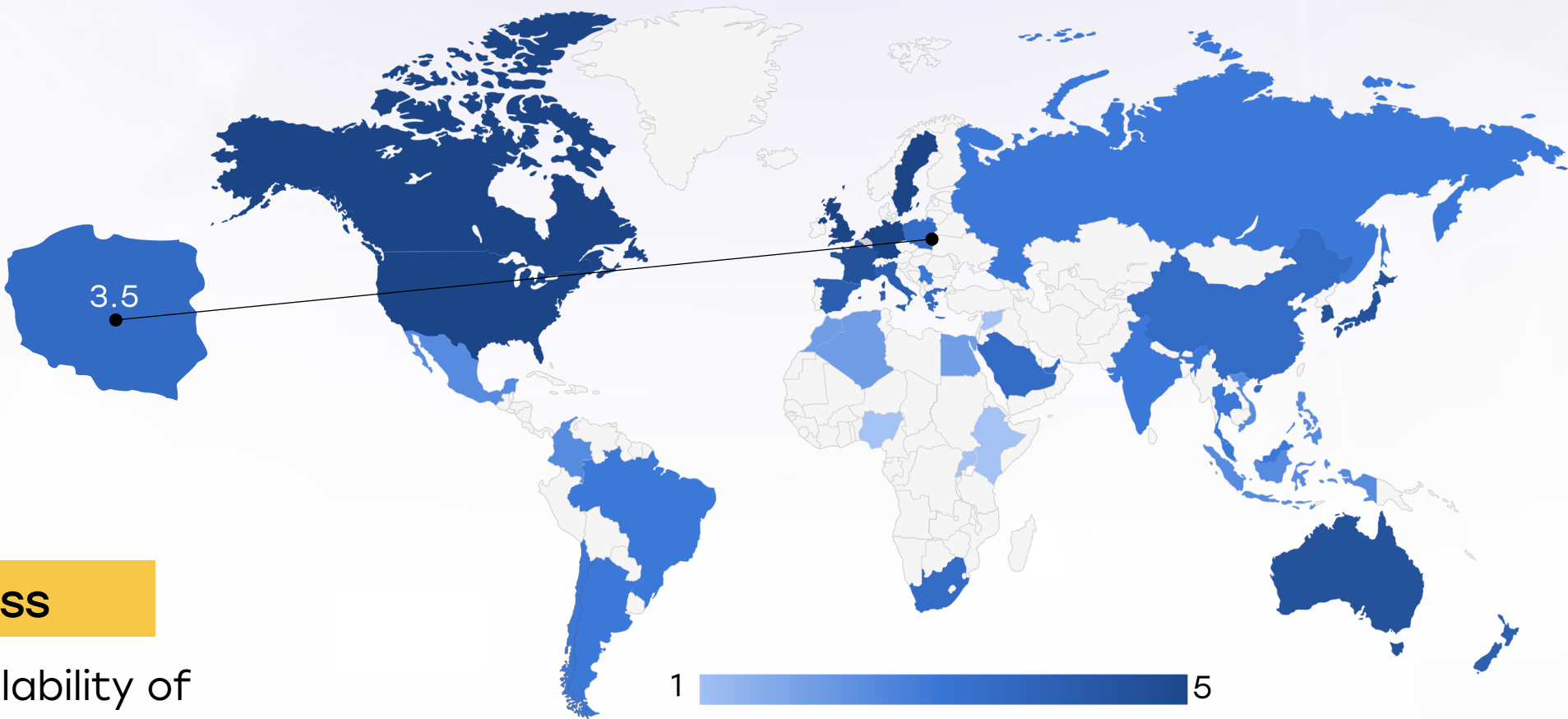
- Disparities in resource allocation between urban and rural regions risk widening the gap in timely diagnosis and treatment.

- 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		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

# Poland

## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Access to standard chemotherapy, radiotherapy, and surgery is available under the public system (NFZ), with newer therapies being gradually introduced.

### Weakness

- Limited availability of innovative treatments such as targeted therapy and immunotherapy in public hospitals, with delays in reimbursement and adoption.




























































































































### Opportunity

- EU funding and the Polish Medical Research Agency (ABM) are supporting clinical trials and research in personalized oncology.

### Threats

- Public awareness of lung cancer remains low; tobacco-related stigma and late health-seeking behavior contribute to late-stage diagnoses.

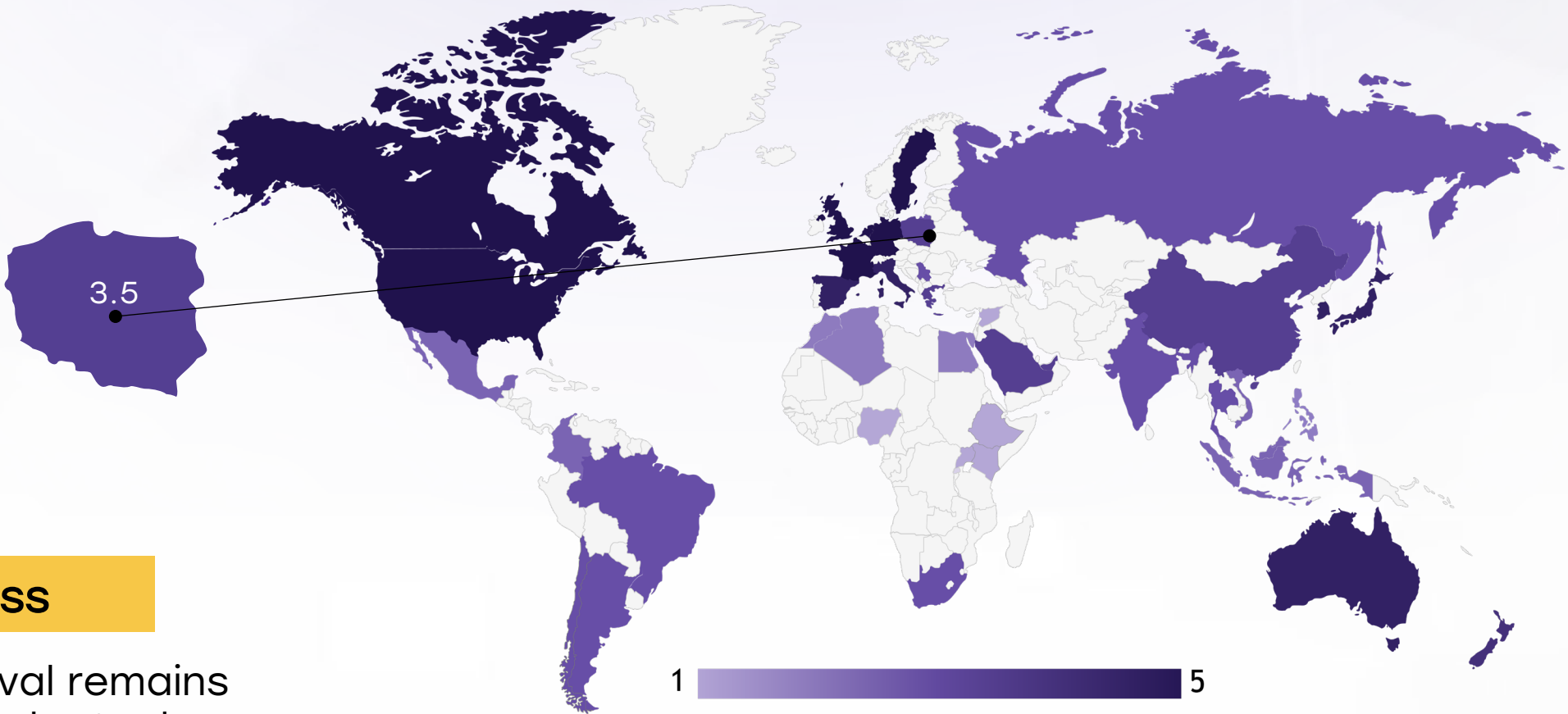
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			



# Poland

## Survival Rates, Early Detection and Palliative Care



### Strengths

- Pilot LDCT screening programs launched in recent years (e.g., in Mazovia and Silesia) have started detecting more early-stage cases.

### Weakness

- 5-year survival remains low at around 15% due to late-stage diagnoses and limited early screening availability nationwide.




























































































































### Opportunity

- Expansion of national screening programs could help improve early-stage detection and survival outcomes.

### Threats

- Palliative care remains underdeveloped in rural areas; only 45% of cancer patients have access to structured palliative care services.

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			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

# Poland



## Utilization of Biomarkers

### Strengths

- EGFR and ALK testing is available in large academic centers and through pathology networks in Warsaw and Kraków.

### Weakness

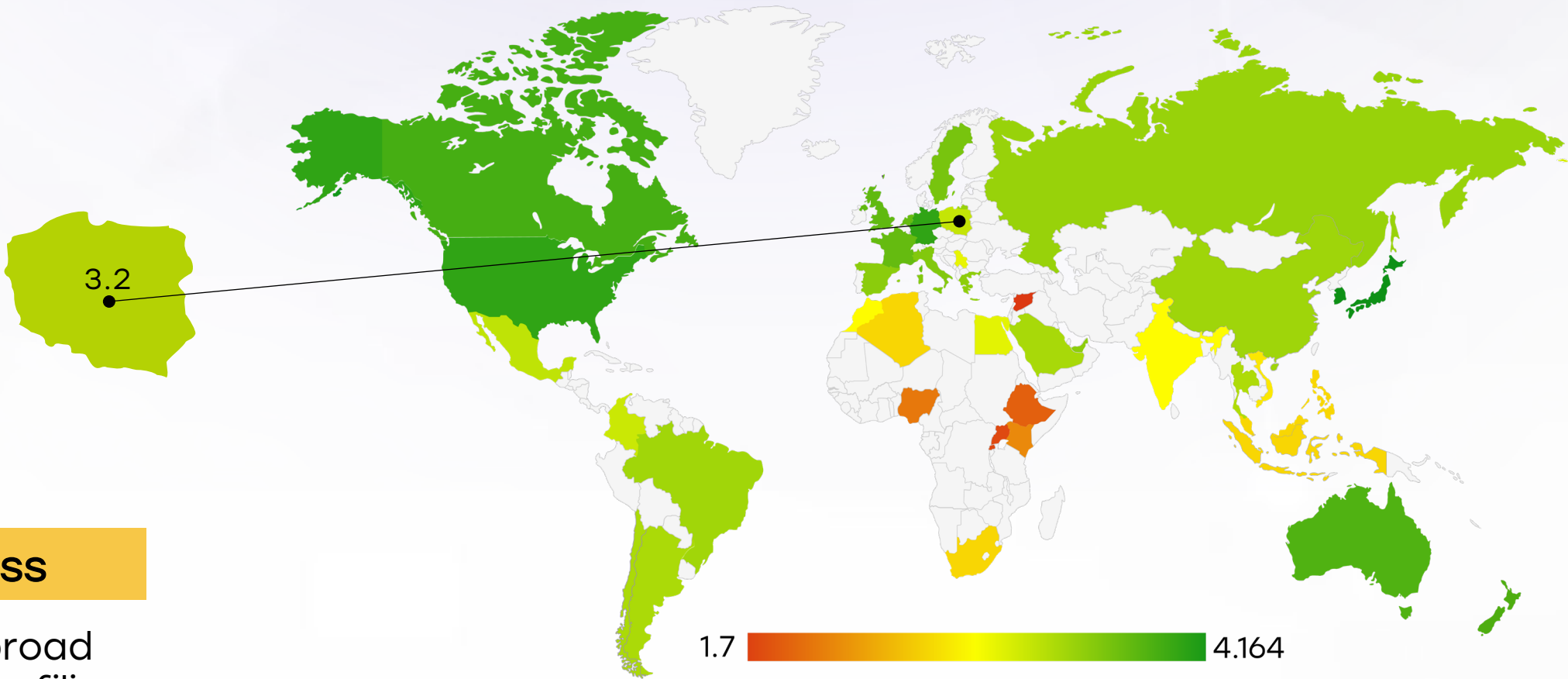
- Access to broad molecular profiling (e.g., NGS) is limited; biomarker testing is not yet uniformly covered by public insurance.

### Opportunity

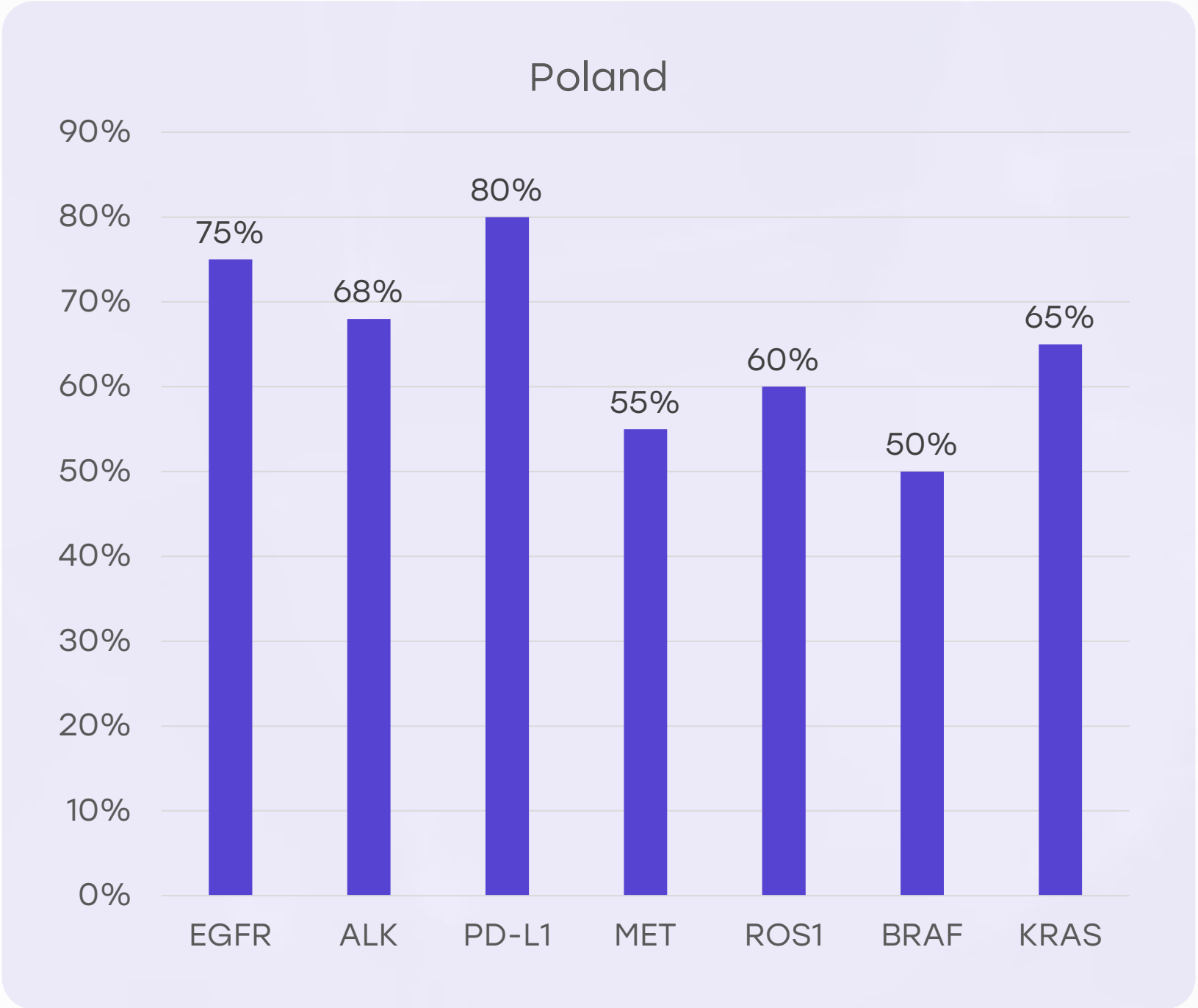
- Recent policy efforts to integrate molecular diagnostics into standard lung cancer pathways show promise.

### Threats

- Regional disparities in testing capacity and logistical delays (e.g., up to 3–4 weeks for test results) may limit timely treatment decisions.



- 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.
- 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
- 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.
- 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.
- 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.

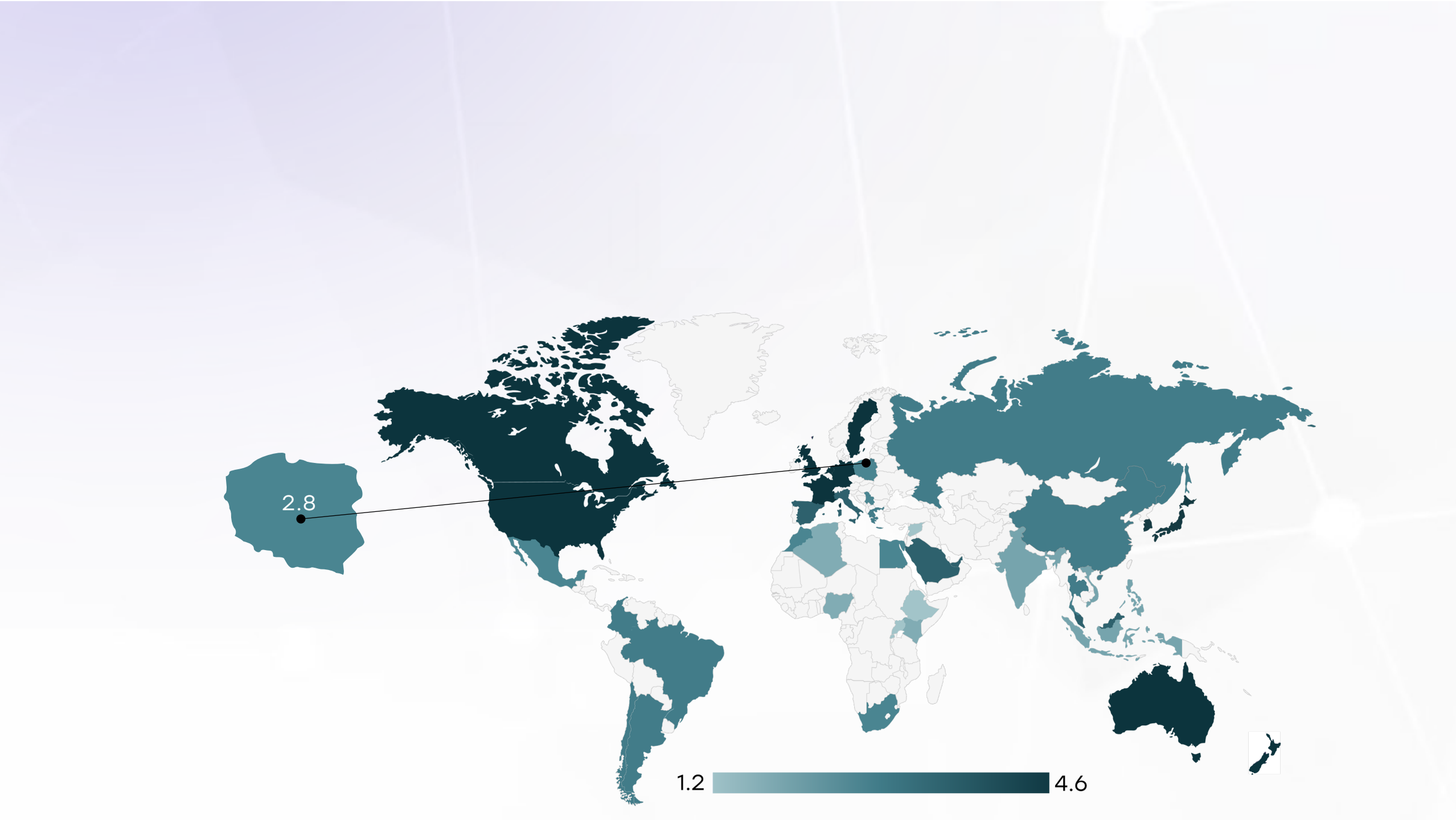
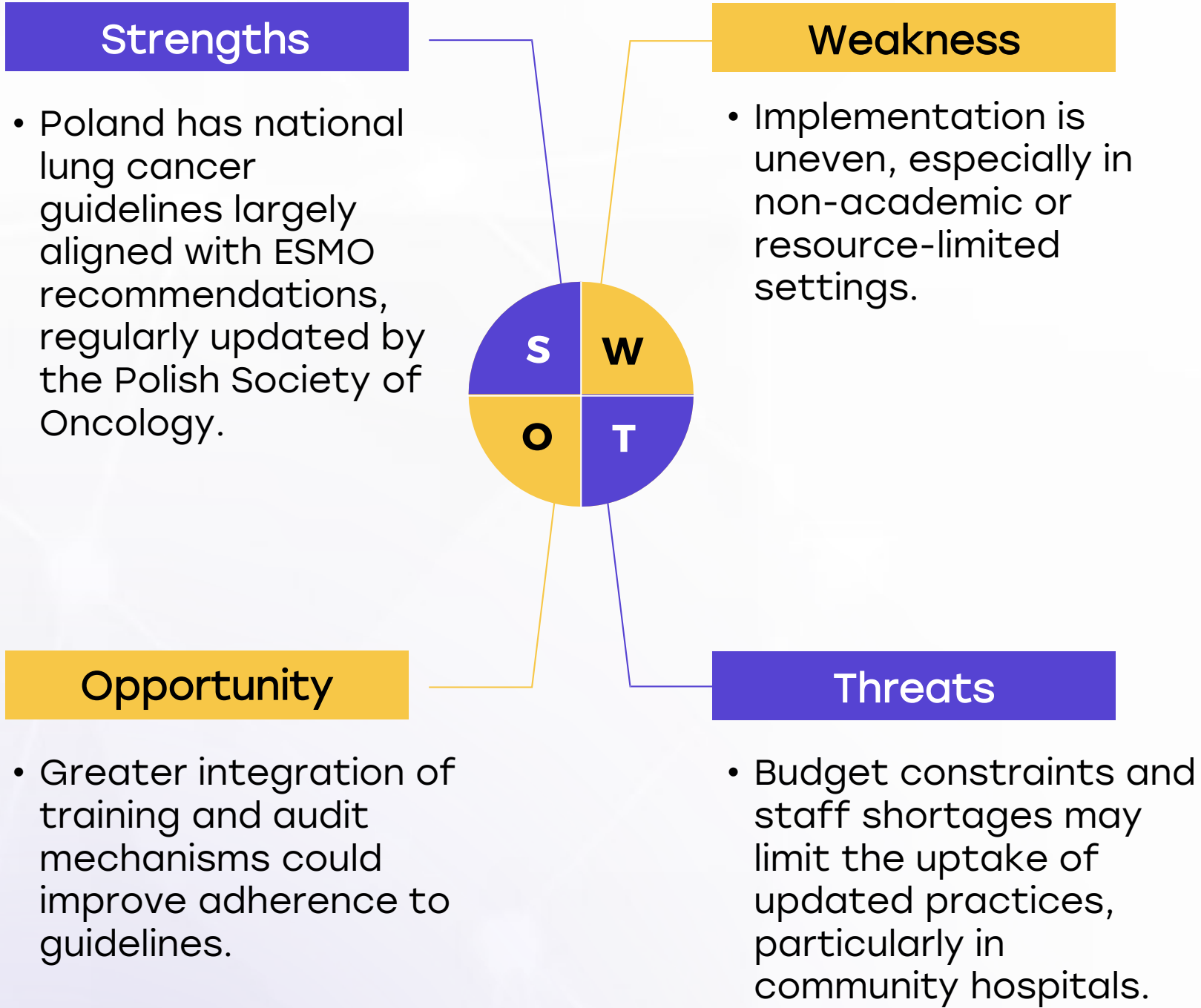




# Poland



## Clinical Guidelines



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

# Poland



## Reimbursement



### Strengths

- The National Health Fund (NFZ) covers basic lung cancer treatments and is beginning to expand reimbursement for targeted therapies.

### Weakness

- High-cost therapies (e.g., osimertinib, nivolumab) face delays in reimbursement approval and are often first accessible through compassionate use or private care.

### Opportunity

- Inclusion of more biomarker-driven treatments in reimbursement lists could enhance personalized care.

### Threats

- Budgetary limitations and high drug prices could delay access to the newest therapies for the public healthcare population.



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.

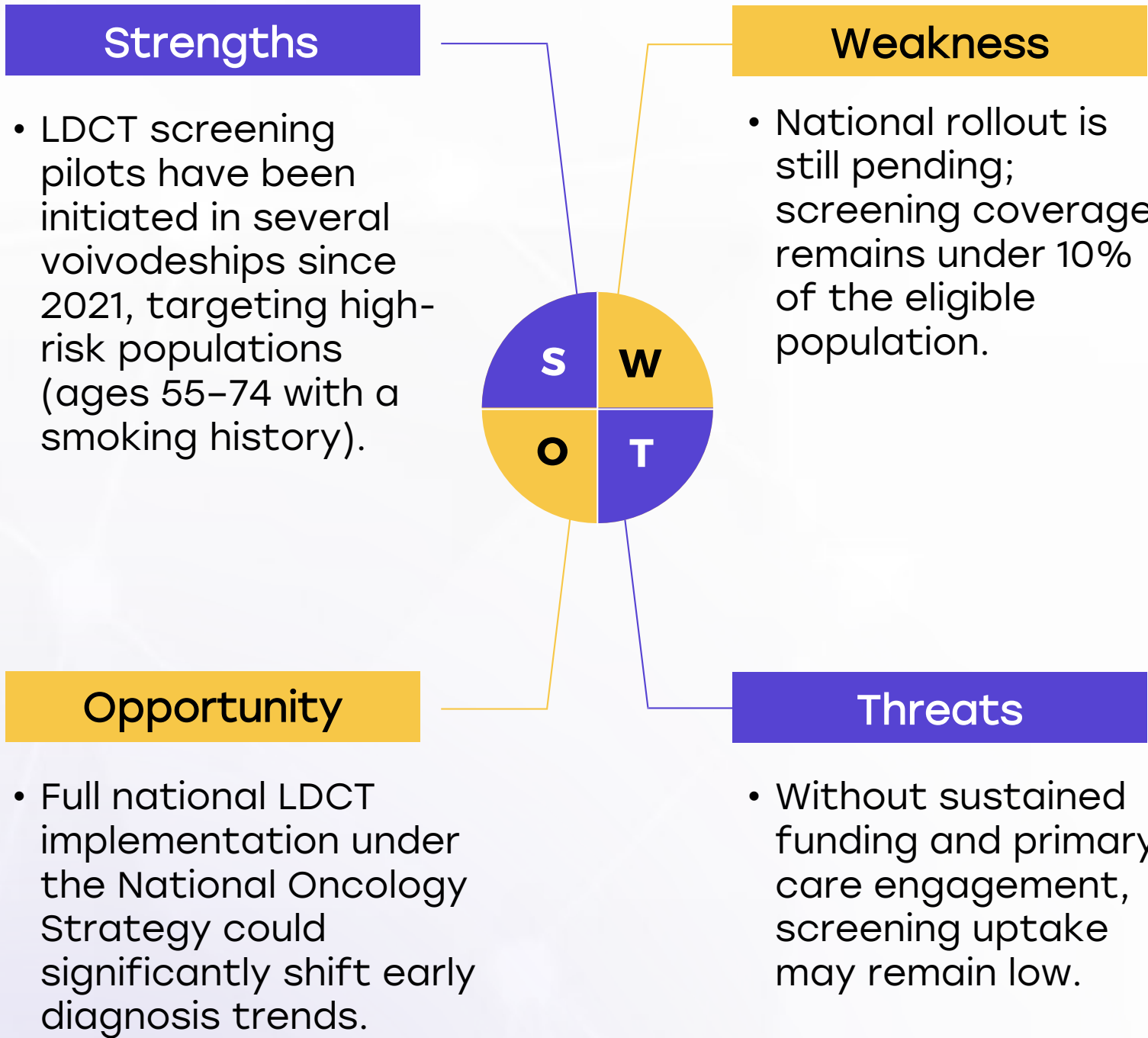
Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India		
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		



# Poland



## 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
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