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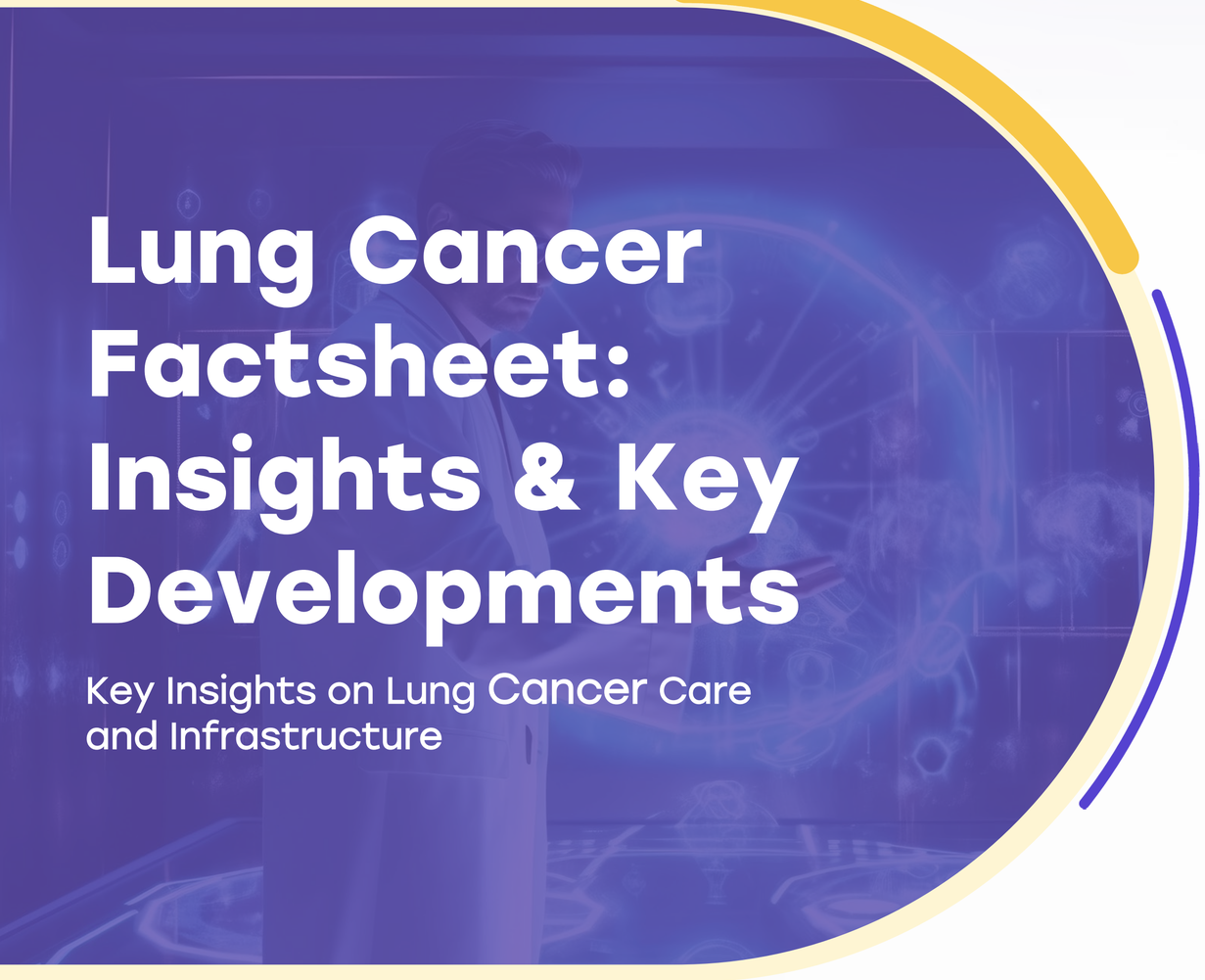
Mexico



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.

- Annual new cases: ~7,800
- Annual deaths: ~7,100
- Incidence rate: ~6.4 per 100,000
- Mortality rate: ~6.2 per 100,000
- 5-year survival rate: ~17%
- Most common type: Non-small cell lung cancer (NSCLC), especially adenocarcinoma
- Gender distribution: Men (~55%), Women (~45%)
- Most affected age group: 65 years and above
- Daily new diagnoses: ~21
- Daily deaths: ~19
- Stage at diagnosis: Majority at late stages (III/IV)
- Smoking prevalence (adults): ~17.6%
- Molecular testing availability: Limited, varies by region and institution

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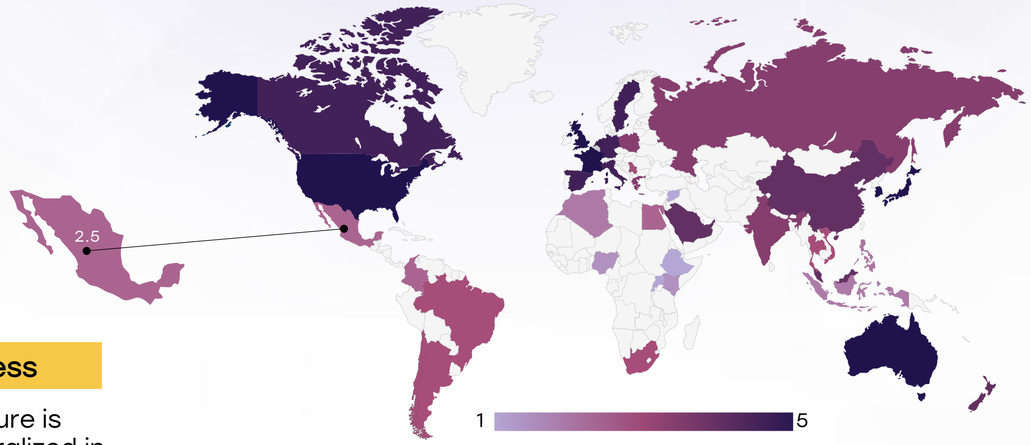
Infrastructure



Strengths

- Specialized centers such as the National Cancer Institute (INCan) and ISSSTE facilities offer advanced imaging, radiotherapy, and surgery.

Weakness

- Infrastructure is highly centralized in urban hubs like Mexico City, Guadalajara, and Monterrey; rural states lack oncology centers and diagnostic labs.

S W O T

Opportunity

- **The Plan Nacional de Infraestructura** and federal decentralization efforts aim to expand care in underserved regions, particularly through public–private partnerships.

Threats

- Underfunding and fragmentation between public systems (IMSS, ISSSTE, Seguro Popular/INSABI) limit efficient infrastructure use and referrals.

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	3	3
Kenya	2	2
Nigeria	2	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	4
Spain	4	4
Poland	4	3
Mexico	2	3
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	3
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	4
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	4
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	4	3
Malaysia	4	4

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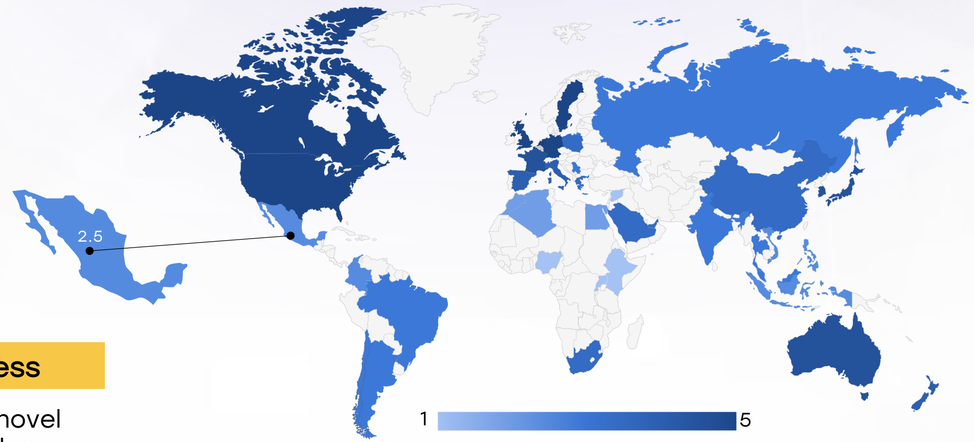
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Some treatments (surgery, basic chemo/radiotherapy) are available through public health institutions (IMSS, ISSSTE); participation in international clinical trials is increasing.

Weakness

- Access to novel therapies like immunotherapy or ALK/EGFR inhibitors is limited in public sector; long delays due to bureaucracy and drug availability.

S W O T

Opportunity

- Strategic alliances with pharma and research centers (e.g., CONACyT, TecSalud) can boost local R&D and clinical trial participation.

Threats

- Health inequities by state (e.g., Chiapas vs. Nuevo León) and minimal public awareness campaigns for lung cancer hinder timely care.

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	3	3	4
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	5
China	4	3	4
Thailand	3	3	3
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	4	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	4
Spain	5	4	4
Poland	4	3	4
Mexico	2	2	3
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	2	3
United States	5	5	5
Canada	5	5	5
Australia	5	4	5
New Zealand	4	4	4
Greece	4	3	4
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	3	4
UAE	4	3	4
Syria	1	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	2	2	3
Russia	4	3	3
Malaysia	4	3	3

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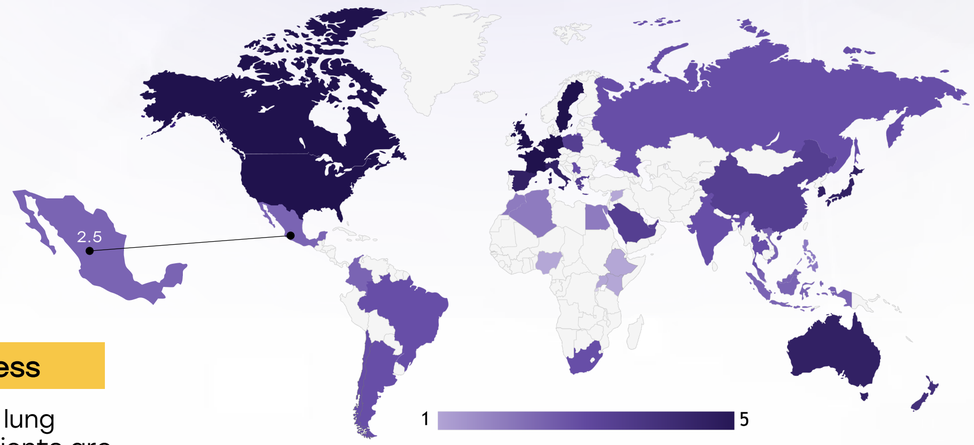
Survival Rates, Early Detection and Palliative Care



Strengths

- Palliative care services are being integrated into more oncology units, particularly in the Mexico City metro area.

Weakness

- 70–80% of lung cancer patients are diagnosed at advanced stages, with 5-year survival among the lowest in the OECD (~12–15%).

S W O T

Opportunity

- Recent inclusion of palliative care in national health law (2021 reform) could accelerate scaling.

Threats

- Stigma, late presentation, and symptom overlap with tuberculosis (highly prevalent in some states) delay diagnosis.

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	3	3	3
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	5
China	3	3	4
Thailand	3	3	3
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	5
Spain	5	4	5
Poland	3	3	4
Mexico	2	3	2
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	3	2
United States	5	5	5
Canada	5	5	5
Australia	5	4	5
New Zealand	4	4	4
Greece	3	3	4
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	3	4
UAE	4	3	4
Syria	1	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	2	2	3
Russia	4	3	3
Malaysia	3	2	3

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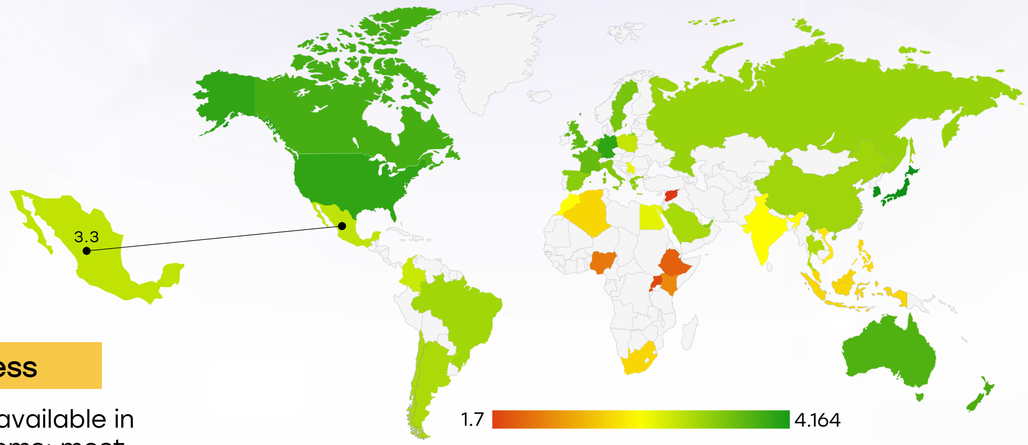
Utilization of Biomarkers



Strengths

- Biomarker testing (EGFR, ALK, PD-L1) is performed in top-tier centers (INCan, ABC Medical Center) and some private labs.

Weakness

- Not widely available in public systems; most patients must pay out-of-pocket or wait weeks for results from centralized labs.

S W O T

Opportunity

- Partnerships with molecular diagnostic companies (e.g., Roche, Qiagen) can lower costs and decentralize testing.

Threats

- Lack of regulatory mandates for biomarker testing in standard lung cancer pathways contributes to underuse.

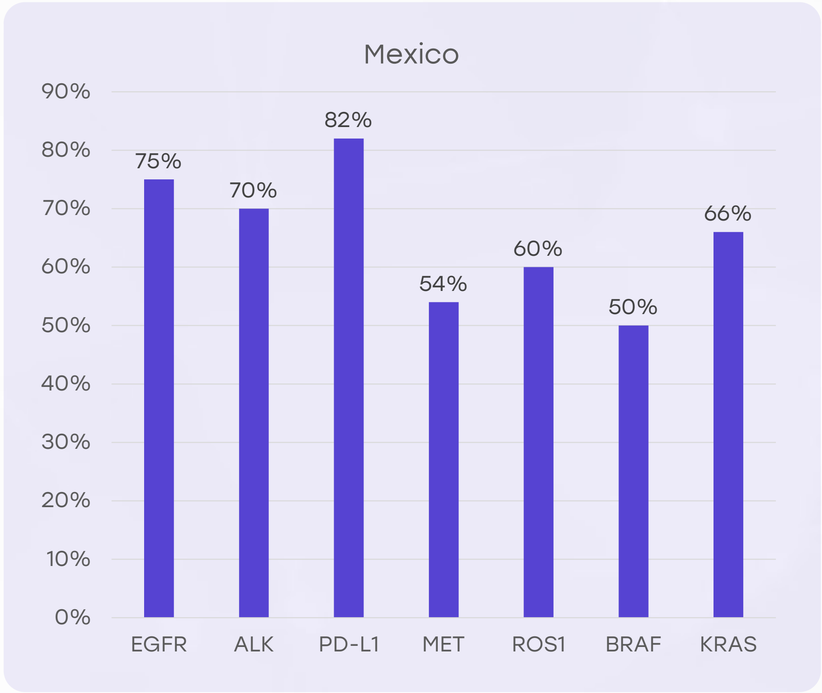
5. Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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.



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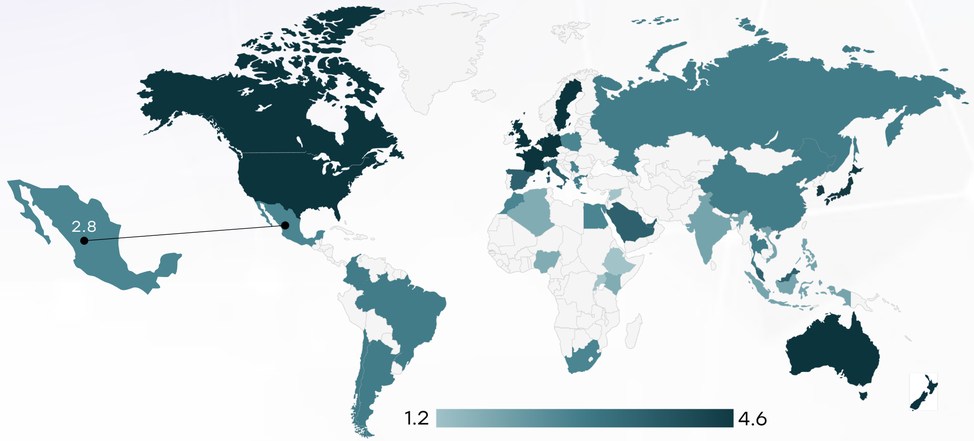
Clinical Guidelines



Strengths

- National guidelines (Guía de Práctica Clínica - GPC) are available for non-small cell lung cancer and are aligned with international evidence.

Weakness

- Implementation and awareness among general practitioners and non-oncology clinicians remain limited, especially outside large hospitals.

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Opportunity

- Digital training for primary care physicians and updated dissemination via national cancer registry or INSABI networks.

Threats

- Guidelines are not binding or routinely audited, resulting in variable care quality and clinical inertia.

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

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Reimbursement

Strengths

- INSABI covers basic cancer treatment for uninsured populations; private insurers cover a range of therapies in mid-/high-tier plans.

Weakness

- Major limitations in reimbursement for targeted therapies and immunotherapies; long delays in approval of innovative drugs (average 3 years post-FDA).

S W O T

Opportunity

- Centralized purchasing reform and negotiated pricing could improve access to innovative treatments.

Threats

- Frequent policy changes (e.g., transition from Seguro Popular to INSABI) create instability in reimbursement frameworks and trust.

● 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	●	●

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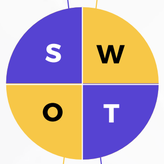
Lung Cancer Screening

Strengths

- Pilot LDCT programs exist in academic settings, and Mexico is one of the few Latin American countries with interest in expanding screening.

Weakness

- No national screening program; LDCT is expensive and mostly restricted to private settings.



Opportunity

- Mexico's national tobacco control efforts and digital health surveillance could provide a framework for targeted screening of smokers.

Threats

- Smoking prevalence remains high (~15% in adults), and screening is not part of routine check-ups in most clinics, reducing early-stage detection.

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