



# LUNG CANCER IN SYRIA

## Rebuilding Capacity and Ensuring Humanitarian Access to Essential Cancer Services

### EXECUTIVE SUMMARY

**Syria** faces a dire lung cancer burden, compounded by ongoing conflict, displacement, and collapse of healthcare infrastructure. Reliable national data is scarce, but lung cancer is among the top cancer-related causes of death, especially in males. Access to diagnostics like CT scans, histopathology, and molecular testing is extremely limited outside Damascus. Targeted therapies and immunotherapies are virtually inaccessible through the public system. With thousands of preventable deaths likely occurring each year, Syria remains at a **Critical-level** of system maturity.

Humanitarian efforts, international support, and national coordination are urgently needed to re-establish basic lung cancer diagnosis, treatment, and palliative services.

### INTRODUCTION

Lung cancer incidence in Syria is rising, driven by high tobacco use (including cigarettes and waterpipes), air pollution, and limited public health awareness. However, more than a decade of conflict has severely degraded the healthcare system, with over **50% of hospitals nonfunctional** and large numbers of medical personnel displaced. There is **no national screening or registry program**, and most patients are diagnosed at a late stage, often without tissue confirmation.

Private clinics offer limited diagnostics and therapies in urban centers, but affordability and access are major barriers. As Syria begins rebuilding parts of its health system, addressing non-communicable diseases like cancer—including lung cancer—must become a parallel priority alongside emergency health services.

### CURRENT FRAMEWORK/SITUATION

Syria's public health system previously offered free healthcare, but funding cuts, economic sanctions, and infrastructure collapse have left only a fraction of cancer care operational. CT scanners and biopsy equipment are concentrated in Damascus and a few other cities, while radiotherapy services are only intermittently available. EGFR or ALK testing is not routinely performed.

There is no formal clinical guideline adherence or treatment standardization. Palliative care is almost nonexistent, and opioid access is restricted. Most cancer patients must travel long distances or seek care abroad, often unaffordable or unavailable. Health NGOs and UN agencies provide some support, but a large portion of lung cancer cases go undiagnosed and untreated.





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## Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Some public hospitals in Damascus retain oncology units...	...but most cancer facilities are damaged, under-resourced, or closed.	Rehabilitate key cancer centers with international aid and support mobile diagnostic units in underserved areas.
Access to Treatment	Basic chemotherapy is available in select hospitals...	...but targeted and immunotherapies are not accessible or affordable.	Secure humanitarian supply chains for essential lung cancer drugs through WHO and NGOs.
Research & Innovation	Cancer research is nonexistent in the current context...	...and data on incidence or survival is lacking.	Establish basic cancer registries in major hospitals and collaborate with international academic partners.
Awareness & Education	Public knowledge of lung cancer risks and symptoms is minimal...	...and no national campaigns are in place.	Launch community outreach programs using radio, SMS, and religious/community leaders to improve awareness.
Survival Rates	No national survival data is available...	...but anecdotal evidence suggests extremely high late-stage mortality.	Prioritize early diagnosis and basic palliative access to improve patient outcomes.
Early Detection & Palliative Care	No LDCT screening or structured referral exists...	...and palliative care is extremely limited or absent.	Train primary healthcare workers in symptom - based referral and introduce palliative care kits in community clinics.
Biomarker	No routine EGFR, ALK, or PD-L1 testing is performed...	...due to lack of equipment, trained staff, and reagents.	Create a basic biomarker testing pilot in Damascus with international laboratory support.
Clinical Guidelines	No standardized treatment guidelines are enforced...	...and oncologists rely on individual experience or outdated protocols.	Adapt WHO Essential Medicines-based guidelines for lung cancer suitable for low-resource settings.
Reimbursement	Public system is non-functional in many regions...	...and private care is unaffordable for most.	Provide financial subsidies and access-to-treatment programs through humanitarian agencies.
Screening	There is no lung cancer screening of any kind...	...and delayed care-seeking is common.	Introduce opportunistic symptom-based screening and clinical triage in primary care settings.



## CONCLUSION

Syria's lung cancer care system is in **critical need of rebuilding and reorganization**, with urgent focus on basic diagnostics, workforce training, and access to essential medications. While restoring full-scale cancer care will take years, **short-term life-saving interventions**—such as palliative services, symptom awareness, and humanitarian drug access—can make immediate impact. With global support, Syria can re-establish a pathway toward cancer care equity and dignity for patients facing lung cancer under crisis conditions.



### KEY POLICY MESSAGES

- 1** Syria's lung cancer burden is growing, but system collapse has left most patients undiagnosed and untreated.
- 2** Infrastructure for diagnostics, testing, and treatment must be rebuilt with international and regional support.
- 3** Immediate priorities include essential drug supply, mobile diagnostics, and palliative care access.
- 4** A minimal lung cancer registry and basic treatment guidelines are necessary to re-initiate national planning.

## CALL TO ACTION

- **Rehabilitate functional cancer centers** and equip them with CT, biopsy, and pathology services.
- **Establish humanitarian corridors** for lung cancer medication access and secure cold chain storage.
- **Train general practitioners and nurses** in early symptom recognition and palliative care.
- **Collaborate with international health partners** to develop Syria-specific lung cancer care protocols.
- **Launch a pilot cancer registry** in Damascus and Aleppo as a foundation for national monitoring.