



# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Lung Cancer Care in Australia

### EXECUTIVE SUMMARY

**Australia** has one of the most advanced healthcare systems globally, offering robust infrastructure for lung cancer care. Specialized centers, universal healthcare coverage under Medicare, and integrated palliative care services contribute to its well-developed system.

However, challenges remain—particularly in research funding, equitable access to advanced therapies, and national-scale early detection programs.

Yes, the system is strong—but are we investing enough in innovation and ensuring that no patient, regardless of postcode, is left behind?

This policy brief outlines Australia's lung cancer care strengths and identifies targeted, scalable actions to close persistent gaps in access, affordability, and innovation.



### INTRODUCTION

#### Advanced Maturity, Yet Gaps Persist

With a Lung Cancer Maturity Level of 5, Australia is among the global frontrunners in providing structured and equitable cancer care. This places it alongside countries like Canada, the UK, and Germany. The country boasts specialized cancer hospitals—such as **Peter MacCallum Cancer Centre** in Melbourne, **Chris O'Brien Lifehouse** in Sydney, and **Royal Brisbane and Women's Hospital**—that deliver cutting-edge treatments.

**5-year survival rates for lung cancer in Australia have increased from 17% in 2009 to 23% in 2023**, driven by early detection efforts and improved access to therapies. However, **lung cancer remains the leading cause of cancer death**, responsible for over **8,600 deaths in 2022**.

While national programs like Cancer Australia's Lung Cancer Framework have brought structure and accountability, several key gaps persist:

- **Out-of-pocket costs** for immunotherapies exceed **AUD 2,500 annually** for some patients despite Medicare coverage.
- **Indigenous Australians are 1.9 times more likely to die from lung cancer** than non-Indigenous Australians.
- **Low-Dose CT (LDCT) screening** remains at pilot-stage implementation, with full national rollout pending.

These figures indicate that while Australia has a high-functioning system, equity, affordability, and innovation must be further prioritized.



# LUNG CANCER IN AUSTRALIA

## Current Landscape and Systemic Gaps

Key Area	Current Status	Barrier	Policy Action
Early Detection & Screening	LDCT pilot programs active in several states (e.g., QLD, VIC).	Yes, detection efforts exist—but no national LDCT screening rollout despite strong pilot results.	Fund and implement nationwide LDCT screening, especially targeting high-risk groups including smokers and Indigenous populations.
Biomarker & Molecular Testing	Medicare covers tests like EGFR and ALK for NSCLC; access highest in metro centers.	Yes, testing exists—but is harder to access in rural areas and for rare mutations.	Expand access to next-generation sequencing (NGS) via regional labs and tele-oncology support.
Treatment Access	Medicare provides baseline coverage; newer therapies require PBS listing.	Yes, Medicare covers standards—but co-payments for advanced therapies are unaffordable for some.	Accelerate PBS inclusion for all essential lung cancer therapies. Introduce caps on co-payments for high-need cancer drugs.
Clinical Guidelines	National guidelines provided by Cancer Australia and endorsed by Lung Foundation.	Yes, guidelines exist—but real-world implementation varies by region and hospital.	Link hospital funding to guideline adherence and performance metrics. Launch digital guideline integration tools for clinicians.
Palliative & Survivorship Care	Integrated in cancer care pathways; rural gaps remain.	Yes, services are embedded—but limited culturally tailored care for Indigenous patients.	Expand Indigenous-led palliative care programs and rural telehealth survivorship models.
Research & Innovation	NHMRC funds competitive trials; lung cancer receives less than 5% of total funding.	Yes, research is supported—but it is underfunded relative to disease burden.	Expand Indigenous-led palliative care programs and rural telehealth survivorship models.





**AUSTRALIA**

## CONCLUSION & Call to Action

Australia stands at a pivotal point: it has the clinical infrastructure and policy backbone to deliver equitable lung cancer care, yet gaps in affordability, rural access, and innovation continue to cost lives and quality of care.

A proactive approach—expanding early detection, subsidizing advanced therapies, and increasing research investment—can protect lives and ensure that Australia's high maturity level translates to equitable outcomes for every population group.



### KEY POLICY PRIORITIES

- 1 Implement national LDCT screening** for high-risk populations with targeted outreach to rural and Indigenous communities.
- 2 Expand Medicare and PBS coverage** for biomarker testing and newer therapies to reduce financial toxicity for patients.
- 3 Boost research funding** for lung cancer, increasing the share of NHMRC grants aligned with disease burden
- 4 Strengthen rural and Indigenous palliative care services**, including culturally safe models of care.
- 5 Digitize and standardize clinical guideline implementation** across states to reduce care variability.

Australia has the system, the talent, and the tools. What's needed now is investment, inclusivity, and implementation.