



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Lung Cancer Care in Mexico

EXECUTIVE SUMMARY

Lung Cancer remains the leading cause of cancer-related deaths in Mexico, responsible for over 7,800 deaths each year. Despite the growing availability of biomarker testing and precision therapies globally—especially for non-small cell lung cancer (NSCLC)—most patients in Mexico are still diagnosed too late and treated without these advances.

Yes, progress has been made—particularly in urban tertiary centers—but what about patients under public schemes like INSABI or IMSS-Bienestar, especially those in rural regions? Too often, their care is fragmented, delayed, or incomplete. Fewer than 20% of eligible patients receive full biomarker testing, and access to EGFR inhibitors or immunotherapy remains uncertain.

This policy brief outlines key challenges and proposes concrete, scalable reforms to make lung cancer care more equitable, modern, and centered on patient needs.

INTRODUCTION

A Treatable Disease, Unevenly Treated

Lung cancer causes over 7,800 deaths annually in Mexico, yet receives limited prioritization in national cancer control efforts. While diagnostic and treatment advances are revolutionizing care globally, many Mexican patients are still diagnosed too late, treated without biomarker guidance, or excluded from new therapies.

Mexico is currently classified as **Level 2 – Emerging** in the Cancer Care Maturity Framework, meaning that foundational policies exist (such as coverage for some therapies and access to tertiary diagnostic labs), but implementation remains fragmented, inconsistent, and urban-centric. As the IMSS-Bienestar system continues to expand, there is a critical opportunity to integrate lung cancer into universal health coverage reforms and improve survival outcomes.



Mexico Ranks at Level 2 – Emerging in the Lung Cancer Care Maturity Framework



LUNG CANCER IN MEXICO

Current Landscape and Systemic Gaps

Although some infrastructure for lung cancer care is in place, major weaknesses remain across the care continuum—from screening and diagnosis to treatment, palliative care, and clinical governance. The following table outlines Mexico’s maturity level across key pillars of lung cancer care, the systemic barriers involved, and targeted policy actions to address them:

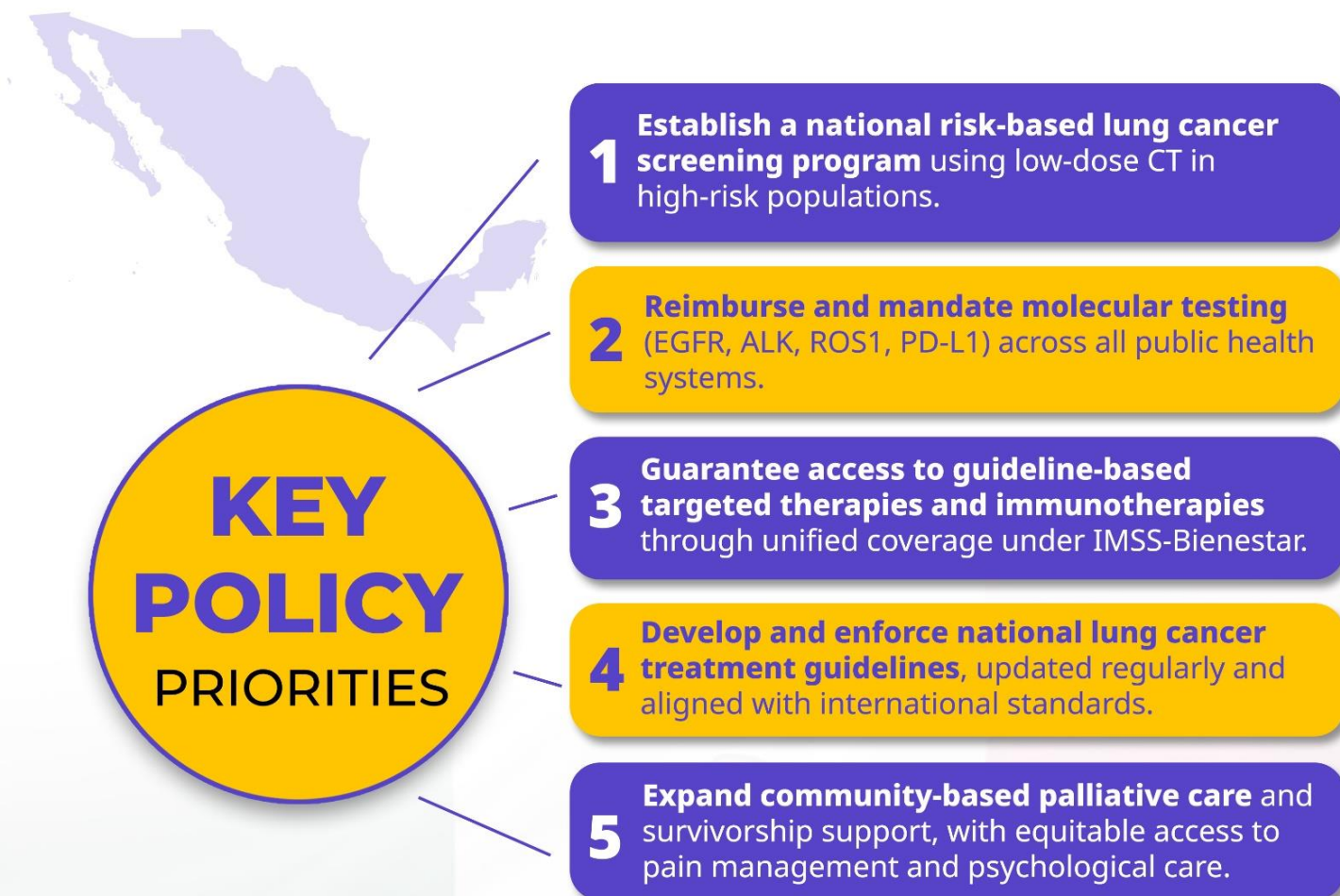
Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	No national lung cancer screening program; >70% diagnosed at Stage III or IV.	Yes, CT exists—but low awareness, weak referral protocols, and limited rural access make it ineffective.	Pilot a national LDCT screening program for high-risk populations. Build diagnostic and referral capacity.
Biomarker & Molecular Testing	Available at tertiary hospitals, not standard across public systems.	Yes, tests exist—but out-of-pocket costs and regional inequality block patient access.	Mandate and reimburse full biomarker panels (EGFR, ALK, ROS1, PD-L1). Build regional diagnostic hubs.
Treatment Access	Some EGFR inhibitors and immunotherapies listed, but access varies.	Yes, formularies include them—but patients often wait, or receive incomplete care.	Unify access under IMSS-Bienestar. Track and report drug availability regionally. Resolve procurement delays.
Clinical Guidelines	No official national lung cancer treatment guidelines.	Yes, care is delivered—but without national standards, it’s inconsistent.	Develop national guidelines, aligned with ESMO/ASCO, and enforce them through training and compliance.
Palliative & Survivorship Care	Limited, especially in low-income and rural settings.	Yes, laws allow palliative care—but regulation and funding gaps prevent access.	Expand home-based palliative care, simplify opioid access, and include survivorship in care pathways.



CONCLUSION & Call to Action

Lung cancer care in Mexico is at a crossroads. Yes, molecular testing, targeted therapies, and screening technologies exist—but do they reach those who need them most? For thousands of patients each year, the answer is still no.

This is not just a technical challenge—it's a matter of political will, funding priorities, and health system coordination. Mexico has the capacity to move from emerging to advancing in cancer care, but doing so requires bold, system-wide action.



Mexico has the tools. It has the policy levers. What is needed now is political will, inter-institutional coordination, and investment in equitable implementation. Lung cancer can no longer be sidelined—this is a moment to lead, and to save lives.