International Cancer Patient Coalition

STRENGTHENING LUNG CANCER CARE IN POLAND

Advancing Precision and Expanding Equitable Access

EXECUTIVE SUMMARY

Poland has made significant progress in lung cancer care, with public reimbursement of targeted therapies, routine biomarker testing for EGFR and ALK, and improved diagnostic and treatment timelines under the National Oncology Strategy. The establishment of cancer centers and investments in molecular diagnostics mark Poland's commitment to precision oncology. However, challenges remain in equitable implementation, biomarker re-testing at progression, and early detection, especially in rural and underserved regions.

As an **Advanced-level system**, Poland now has the infrastructure to lead in Eastern Europe—if attention is given to consistent delivery, national screening implementation, and HER2-like pathways for less-common biomarkers.

INTRODUCTION

Lung cancer is the **leading cause of cancer-related death** in Poland, with over **22,000 new cases diagnosed annually.** Non-small cell lung cancer (NSCLC) accounts for the majority of cases, and molecular alterations such as **EGFR, ALK, ROS1, and PD-L1** are commonly tested in urban tertiary hospitals. Poland has introduced the **National Oncology Network (Krajowa Sieć Onkologiczna)** to improve coordinated care and launched the **National Oncology Strategy (2020–2030)** to address prevention, diagnostics, and treatment. Public funding covers key therapies like osimertinib, pembrolizumab, and alectinib.

Despite this progress, gaps remain. Many patients still present at advanced stages, re-biopsy rates are low, and access to testing and innovative therapies can vary by region. Poland must ensure that molecular diagnostics, targeted therapies, and screening are implemented consistently nationwide, with special attention to underserved areas.

CURRENT SITUATION

Poland provides lung cancer care through a combination of **comprehensive cancer centers (e.g., Warsaw, Kraków, Poznań)** and regional hospitals. Public insurance under the **National Health Fund (NFZ)** reimburses a wide range of targeted therapies and immunotherapies for eligible patients based on diagnostic confirmation.

Biomarker testing is routinely performed at diagnosis, though **access to re-testing upon progression is inconsistent**. The National Oncology Strategy aims to introduce **low-dose CT (LDCT) screening** on a national level following successful pilot programs. Clinical guidelines align with **ESMO and national protocols,** and real-world evidence is being incorporated into future policy reforms.

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Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Comprehensive cancer centers and pathology labs are equipped for molecular testing...	...but smaller hospitals often refer patients elsewhere, delaying diagnosis.	Create regional molecular hubs and ensure logistics support for rapid specimen transport and turnaround.
Access to Treatment	EGFR, ALK, ROS1, PD-L1-based therapies are reimbursed...	...but access to new therapies (e.g., MET, RET inhibitors) can be delayed and inconsistent.	Streamline EMA-aligned HTA timelines and expedite reimbursement of next-generation targeted agents.
Research & Innovation	Poland is participating in EU-funded lung cancer studies...	...but domestic clinical trial enrollment and infrastructure are still limited.	Expand trial site capacity in public hospitals and offer incentives for rural inclusion in lung cancer research.
Awareness & Education	Provider awareness of molecular pathways is high...	...but public awareness about early lung cancer symptoms and testing is low.	Launch public education campaigns focused on persistent cough, LDCT screening, and stigma reduction.
Survival Rates	Five-year survival for lung cancer remains below the EU average...	...due to late-stage presentation and variable therapy uptake.	Prioritize earlier diagnosis through screening and accelerate access to molecularly matched treatments.
Early Detection & Palliative Care	LDCT pilot programs have demonstrated feasibility and benefit...	...but national implementation has not yet occurred.	Roll out a national LDCT screening program for high-risk adults aged 55–74 with integrated follow-up pathways.
Biomarker	EGFR, ALK, ROS1, and PD-L1 testing is reimbursed and widely used...	...but repeat testing at relapse is not standardized, and access to rare biomarker testing is limited.	Mandate re-biopsy and biomarker re-testing in relapse protocols and expand NGS use in public labs.
Clinical Guidelines	National guidelines align with ESMO and are regularly updated...	...but implementation varies between top-tier and district-level hospitals.	Introduce nationwide audit tools and digital guideline access to support uniform application.
Reimbursement	Major therapies are reimbursed through NFZ oncology drug programs...	...but budget caps and administrative hurdles delay new drug access.	Increase budget flexibility for oncology drugs and simplify documentation processes for inclusion in drug programs.
Screening	LDCT pilots have been successful in major cities...	...but rural participation and national scale-up remain pending.	Use mobile CT units and primary care referral pathways to scale screening to underserved areas.

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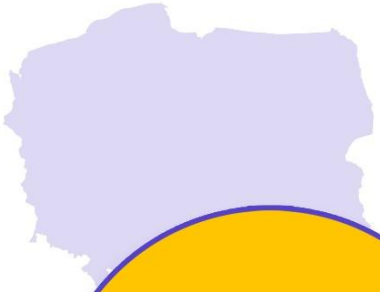
CONCLUSION

Poland has reached an **advanced stage** in lung cancer care delivery, with structured diagnostics, targeted therapy access, and national policy prioritization. The next leap forward requires embedding equity into every level of implementation—ensuring that testing, treatment, and screening are not only available but delivered consistently across all regions and demographics. With sustained investment and streamlined processes, Poland can improve survival rates and lead regional efforts in Eastern Europe toward lung cancer care excellence.



KEY POLICY MESSAGES

1. Poland has national reimbursement for key lung cancer therapies, but access to next-line agents and re-testing varies.
2. Biomarker testing is strong at baseline, but repeat molecular testing needs formal inclusion in treatment pathways.
3. LDCT screening pilots show promise—national rollout should be a strategic focus.
4. Survival gains require earlier diagnosis and consistent application of precision medicine.

CALL TO ACTION

- **Launch a national LDCT screening program** integrated into primary care and occupational health pathways.
- **Mandate biomarker re-testing at disease progression,** supported by public lab networks and NGS infrastructure.
- **Ensure equitable treatment access** across all voivodeships by tracking disparities in real-time using NFZ and registry data.
- **Accelerate reimbursement of new therapies** with proven OS benefit through HTA streamlining and expert fast-track mechanisms.
- **Expand public awareness and provider training** to support early detection and referral, especially in rural areas.