VIETNAM

International Cancer Patient Coalition

STRENGTHENING LUNG CANCER CARE IN VIETNAM

From Fragmented Access to Structured, Equitable Delivery

EXECUTIVE SUMMARY

Vietnam faces one of the highest lung cancer burdens in Southeast Asia, yet access to early diagnosis, biomarker testing, and targeted therapies remains limited and fragmented. While national insurance partially covers cancer care, out-of-pocket spending is high, especially for advanced treatments. Biomarker testing for EGFR is available in urban centers, and access to osimertinib and immunotherapy is growing. However, rural patients face long diagnostic delays, and there is no national screening program.

To transition from an Emerging-level system to a more advanced care model, Vietnam must invest in infrastructure, reduce treatment inequities, and establish early detection pathways through primary care.

INTRODUCTION

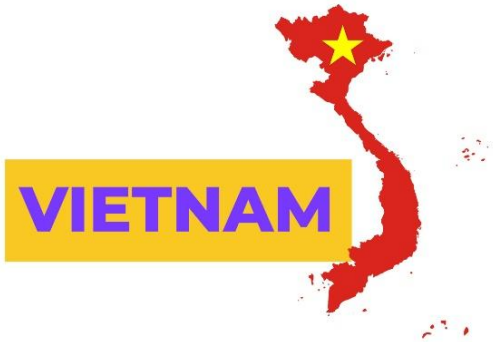
Lung cancer is the **leading cause of cancer mortality** in Vietnam, with more than **26,000 deaths and over 30,000 new cases annually**. High smoking prevalence, environmental pollution, and limited health literacy contribute to late-stage presentation. Although major cities like Hanoi and Ho Chi Minh City offer access to molecular diagnostics and therapies, patients in rural and mountainous regions are often diagnosed at late stages with limited access to precision care.

Vietnam's National Cancer Control Programme outlines cancer treatment priorities, but implementation remains uneven. National guidelines support the use of EGFR testing and certain therapies, but access is dependent on geography, insurance status, and facility type. Building an equitable, scalable model will require cross-sector investment and a coordinated, data-driven response.

CURRENT SITUATION

Vietnam's healthcare system is **publicly financed, but private out-of-pocket expenditure accounts for over 40%** of cancer care spending. Urban tertiary hospitals provide most lung cancer treatment and diagnostics, while district hospitals lack capacity and training. EGFR testing is available at select hospitals, but access to ALK, PD-L1, or NTRK testing is rare. Targeted therapies are available but often unaffordable without additional insurance coverage.

There is no national lung cancer screening program, and awareness remains low among both providers and the public. Data systems for cancer outcomes are underdeveloped, and regional disparities in infrastructure, oncology workforce, and follow-up care are significant.



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LUNG CANCER IN VIETNAM

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Urban centers offer CT, MRI, and EGFR testing...	...but rural hospitals lack diagnostic capacity and trained oncology teams.	Expand regional diagnostic hubs and implement telepathology support for underserved provinces.
Access to Treatment	Osimertinib and immunotherapy are available in urban hospitals...	...but cost and insurance limitations restrict access for most patients.	Increase reimbursement coverage for targeted therapies and establish patient navigation for rural patients.
Research & Innovation	Vietnam is included in some global trials via academic centers...	...but research infrastructure is limited and lacks national coordination.	Create partnerships between universities and international consortia to boost trial readiness.
Awareness & Education	Public awareness on smoking risks is improving...	...but lung cancer symptoms and screening knowledge are poor.	Develop public awareness campaigns targeting early symptoms and high-risk groups.
Survival Rates	Survival remains low due to late-stage diagnosis...	...and real-world outcome data is limited.	Strengthen cancer registries and link them to treatment and mutation data for survival tracking.
Early Detection & Palliative Care	No national LDCT screening exists...	...and late diagnosis is common in primary care settings.	Pilot LDCT screening for high-risk groups and train GPs to refer suspected cases early.
Biomarker	EGFR testing is available in major hospitals...	...but ALK, ROS1, PD-L1, and other markers are rarely tested.	Standardize biomarker panels and provide public lab funding for multi-marker testing.
Clinical Guidelines	Vietnam follows adapted international protocols...	...but implementation varies widely across facilities.	Introduce national audits and continuing medical education (CME) tied to lung cancer guideline adoption.
Reimbursement	Public health insurance covers partial diagnostics and some therapies...	...but many targeted agents and tests require high out-of-pocket payments.	Expand coverage of diagnostics and essential lung cancer drugs in the National Drug List.
Screening	There is no national lung cancer screening program...	...and primary care lacks structured referral systems.	Integrate risk-based screening pathways in national NCD strategy and pilot regional LDCT programs.

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CONCLUSION

Vietnam has made initial progress in lung cancer care through limited biomarker access and availability of key therapies in urban settings. However, major gaps in early diagnosis, rural care equity, and financial protection threaten outcomes. By investing in infrastructure, decentralizing diagnostics, and developing national screening and reimbursement pathways, Vietnam can lay the foundation for a more inclusive and effective lung cancer care system.

KEY POLICY MESSAGES

1. Lung cancer is Vietnam's top cancer killer, but early diagnosis remains rare due to low awareness and infrastructure gaps.
2. EGFR testing is available, but broader biomarker and re-testing protocols are needed.
3. Urban–rural disparities in access to care, financial coverage, and treatment persist.
4. Absence of LDCT screening limits early-stage detection and contributes to high mortality.

CALL TO ACTION

- **Pilot a national LDCT lung cancer screening initiative** in high-incidence regions and link with tobacco cessation efforts.
- **Expand insurance coverage** for EGFR, ALK, PD-L1 testing and frontline therapies including TKIs and ICIs.
- **Establish regional oncology centers** equipped with biomarker testing and linked to tertiary hospitals.
- **Create a national lung cancer registry** with mutation-specific outcome tracking.
- **Strengthen public education campaigns** to improve early presentation and reduce stigma.