



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Lung Cancer Care in India

EXECUTIVE SUMMARY

India's Lung Cancer landscape is marked by a sharp urban-rural divide. While world-class institutions like Tata Memorial Hospital (Mumbai), AIIMS (Delhi), and Kidwai Memorial Institute of Oncology (Bangalore) provide state-of-the-art care, the majority of patients—especially in rural areas—struggle with limited access, delayed diagnosis, and unaffordable treatments.

With an overall Lung Cancer Maturity **Level of 3 – Developing**, India is making progress in some areas but faces systemic barriers in early detection, equitable treatment access, research investment, and rural palliative care.

Although national health schemes like **Ayushman Bharat** aim to reduce financial burden, **out-of-pocket spending still accounts for nearly 60% of healthcare costs**, making treatment inaccessible for many.

This policy brief outlines India's lung cancer care gaps and highlights pragmatic steps to ensure that geography and income no longer determine cancer outcomes.

INTRODUCTION

Urban Excellence, Rural Exclusion

India's fight against lung cancer is both inspiring and incomplete. Urban centers offer globally competitive diagnostics and therapies, but this excellence is not mirrored in rural districts where the majority of the population resides. Early detection is rare, often due to stigma and lack of access to CT imaging, and most patients are diagnosed at an advanced stage.

While the government has made commendable efforts—through awareness days, subsidies, and expanding palliative services—the impact remains limited unless supported by scale, structure, and sustained investment. Bridging the urban-rural gap is no longer optional; it's a moral and medical necessity.



India Ranks at Level 3 – Developing in Lung Cancer Care



LUNG CANCER IN INDIA

Current Landscape and Systemic Gaps

India's current infrastructure shows signs of strength—but major barriers persist. The table below captures the systemic issues and recommends forward-looking policy solutions.

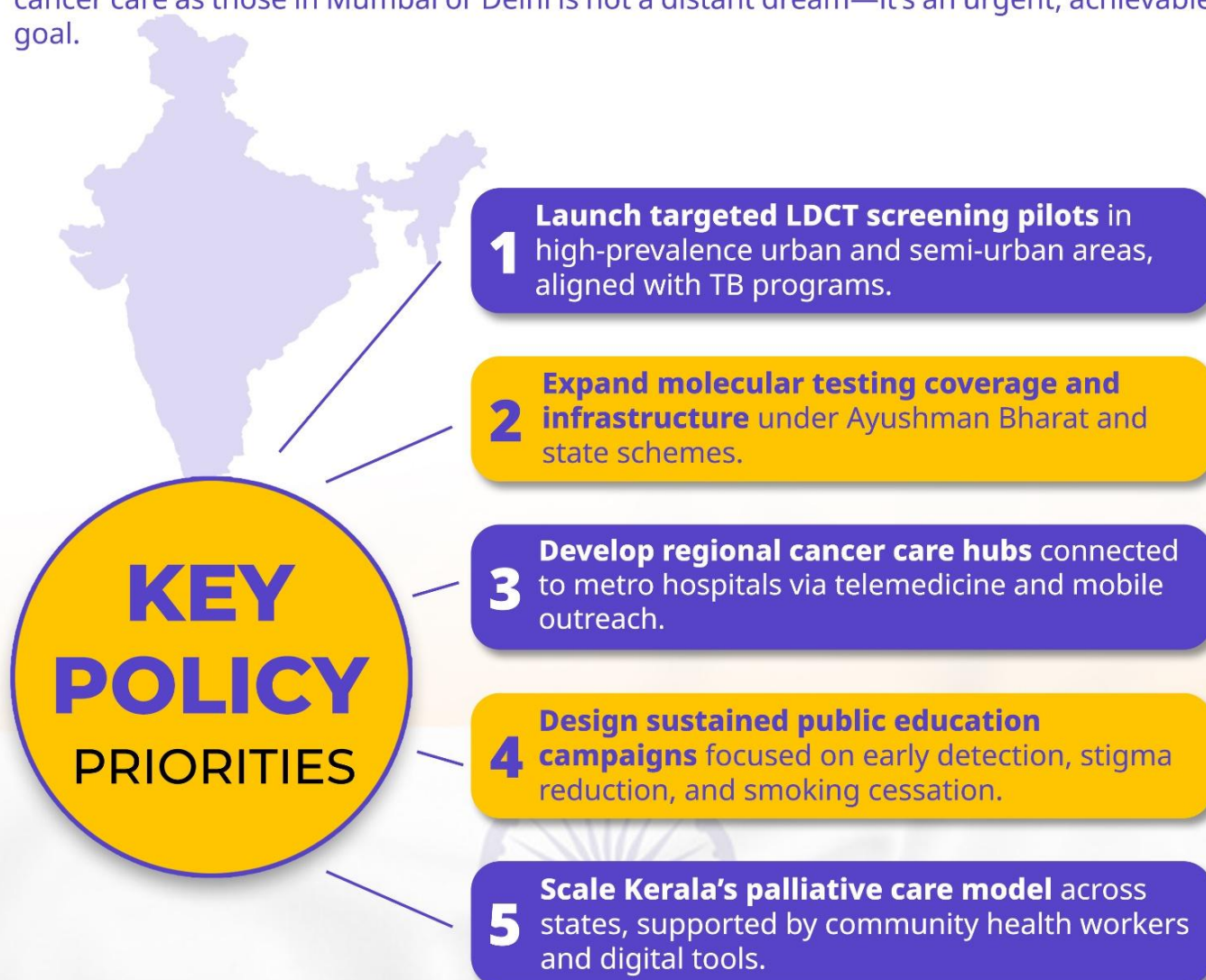
Pillar	Current Status	Barrier	Policy Action
Early Detection & Screening	No national lung cancer screening; CT scans limited to metros.	Yes, CT tech exists—but not widely available or used for screening.	Launch regional LDCT screening pilots in high-burden states; train primary care workers on symptom recognition and referrals.
Biomarker Testing & Precision Diagnosis	Limited to top-tier hospitals; not routine in Tier 2/3 cities.	Yes, tech exists—but availability and cost block equitable use.	Expand molecular testing networks through public labs; include biomarker testing in national reimbursement programs.
Treatment Access	Available in metros; rural and poor patients face high out-of-pocket costs.	Yes, treatments exist—but affordability and infrastructure gaps persist.	Scale up Ayushman Bharat coverage for newer targeted therapies; decentralize treatment access through state cancer units.
Research & Innovation	Underfunded, with few lung-specific trials.	Yes, research bodies exist—but lung cancer lacks prioritization.	Allocate dedicated ICMR and DST funding for lung cancer studies; incentivize global clinical trial partnerships in India.
Public Awareness & Prevention	Awareness rising, but stigma and fatalism persist.	Yes, campaigns exist—but not sustained or inclusive of rural areas.	Run year-round campaigns using local languages and influencers; integrate with anti-tobacco and TB outreach.
Palliative & End-of-Life Care	Strong in Kerala, limited elsewhere.	Yes, models exist—but few trained personnel or rural services.	Expand Kerala model nationwide; invest in tele-palliative care and train ASHAs/ANMs for basic palliative support.



CONCLUSION & Call to Action

India stands at a promising inflection point. Its healthcare leadership in urban centers must now translate into **equitable, nationwide access** to lung cancer care. The country already has the tools and infrastructure to make meaningful progress—it now needs strong policy coordination, funding prioritization, and regional customization.

Ensuring that patients in small towns or rural villages receive the same quality of lung cancer care as those in Mumbai or Delhi is not a distant dream—it's an urgent, achievable goal.



India has proven it can lead in global health innovation. The next step is ensuring that innovation reaches **every district, every village, and every patient**—so that no one faces lung cancer alone or too late.