UNITED STATES

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Lung Cancer Care** in United States

EXECUTIVE SUMMARY

Lung Cancer remains one of the top causes of cancer mortality in the United States, but years of targeted investments have transformed how it is diagnosed, treated, and managed. With access to cutting-edge technologies, robust research funding, and expansive awareness campaigns, the U.S. leads globally in many aspects of lung cancer care. Yet, despite this progress, deep inequities persist.

A patient's ZIP code, insurance status, or income level still determines how early their cancer is detected, what treatments they receive, and how likely they are to survive.

Yes, the infrastructure is world-class—especially at institutions like MD Anderson, Sloan Kettering, and Mayo Clinic—but what about patients on Medicaid or those in rural Appalachia, the Deep South, or Native American reservations? For too many, care remains fragmented, delayed, or financially out of reach. This policy brief outlines the strengths of the U.S. lung cancer system, the disparities that undermine its potential, and the reforms needed to ensure excellence is accessible to all.

INTRODUCTION

A Global Leader, But Not for Everyone

The United States is ranked at **Level 5 – Leading** in the Lung Cancer Care Maturity Framework, reflecting strong infrastructure, policy, and innovation.

The National Cancer Institute (NCI), Centers for Medicare & Medicaid Services (CMS), and national screening programs have all contributed to improved early detection and survival rates. Yet, systemic inequities remain, particularly in access to biomarker testing, targeted therapies, and palliative care across public insurance schemes and underserved communities.

In this context, the U.S. lung cancer strategy must go beyond innovation and focus on **equity, access, and sustainability**—making sure every patient, regardless of background, benefits from the country's scientific and clinical leadership.

United States Ranks at Level 5 – Leading in the Lung Cancer Care Maturity Framework

UNITED STATES

International Cancer Patient Coalition

LUNG CANCER IN THE UNITED STATES

Current Landscape and Persistent Gaps

While the U.S. lung cancer ecosystem is among the strongest globally, key disparities across payer systems and demographics hinder progress toward universal, equitable care. The table below outlines current maturity across pillars, systemic barriers, and actionable reforms:

Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	National LDCT screening programs exist and are covered by Medicare.	Yes, screening exists—but uptake is low (~6%), especially among low-income, uninsured, and rural populations.	Expand mobile screening units, mandate insurance coverage for high-risk groups, and invest in community outreach in underserved areas.
Biomarker & Molecular Testing	Broadly available, supported by NCI funding and precision medicine initiatives.	Yes, testing is available—but not consistently covered by Medicaid or applied equally across racial and ethnic groups.	Standardize reimbursement for full biomarker panels across all payers; implement equity audits in major cancer centers.
Treatment Access	EGFR inhibitors, ALK/ROS1 inhibitors, and immunotherapies are FDA-approved and widely available.	Yes, therapies exist—but access is tied to insurance coverage and often delayed for public or uninsured patients.	Cap out-of-pocket costs for oncology drugs under Medicaid; streamline formulary approvals and expand access to patient assistance programs.
Clinical Guidelines	NCCN and ASCO guidelines are widely followed and regularly updated.	Yes, high-quality guidelines exist—but implementation varies by institution and region.	Require quality reporting tied to adherence to evidence-based lung cancer guidelines for all cancer centers receiving federal funds.
Palliative & Survivorship Care	Advanced palliative and hospice services exist and are covered by Medicare and many private insurers.	Yes, services exist—but rural and low-income patients often lack access to opioid-based pain management or home care.	Incentivize home-based palliative programs; expand telehealth palliative consults; remove unnecessary opioid prescribing restrictions.
Awareness & Prevention	Strong anti-smoking campaigns and lung health awareness initiatives by CDC and NGOs.	Yes, campaigns exist—but they're less effective in populations with low health literacy and persistent tobacco use.	Target awareness initiatives to high-burden communities (e.g., veterans, Native populations) using culturally adapted messaging and local media.

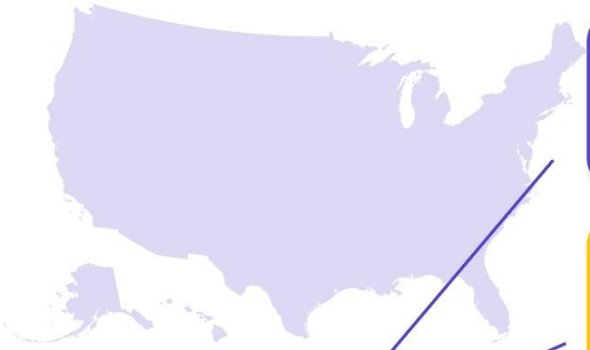
UNITED STATES

International Cancer Patient Coalition

CONCLUSION & Policy Imperative

The United States is a global leader in lung cancer innovation—but that leadership will remain incomplete until excellence in care is matched by equity in access. Molecular testing, early detection, and cutting-edge therapies should not be privileges of the privately insured—they must be foundational components of every patient's care journey, no matter their background.

This is not a question of scientific capacity—it's one of system design and social justice. The U.S. can maintain its leading status while also becoming the most equitable provider of lung cancer care in the world. But that requires decisive investment in access, coverage reform, and community-based delivery.



KEY POLICY PRIORITIES

1. **Close the Screening Gap:** Expand LDCT screening to reach rural, uninsured, and minority populations through community health centers and mobile clinics.
2. **Mandate Equity in Testing:** Ensure full biomarker panel reimbursement across all payers and require reporting on disparities in testing and treatment.
3. **Make Therapies Affordable:** Cap out-of-pocket costs and eliminate delays for publicly insured patients needing targeted therapies or immunotherapy.
4. **Tie Funding to Guideline Adherence:** Link federal cancer funding to compliance with evidence-based lung cancer guidelines.
5. **Expand Palliative Reach:** Fund home-based, culturally competent palliative care, and ensure opioid availability for pain management in all 50 states.

The U.S. has the infrastructure. It has the therapies. It leads in innovation. Now, it must lead in **equity**—because where you live or how you're insured should never determine whether you survive lung cancer.