



LUNG CANCER CARE IN GREECE

Bridging Gaps in Early Detection and Precision Access

EXECUTIVE SUMMARY

Greece offers universal health coverage and access to advanced therapies for lung cancer, including immunotherapy and biomarker-driven treatment regimens. Testing for key biomarkers such as EGFR, ALK, and PD-L1 is increasingly standard, and public reimbursement covers most first-line therapies. However, late diagnosis remains common, with over 70% of patients presenting at Stage III or IV. National screening programs are lacking, and disparities persist in timely molecular testing, second-line access, and regional infrastructure.

As an **Advanced-level system**, Greece can reduce mortality and further improve survival through early detection, nationwide testing standardization, and faster access to emerging therapies.

INTRODUCTION

Lung cancer is the **leading cause of cancer-related mortality in Greece**, with approximately **9,000–10,000 new cases annually**. High smoking prevalence, delayed detection, and inconsistent access to next-generation diagnostics contribute to poor outcomes. Greece has taken important steps in integrating biomarker testing (EGFR, ALK, ROS1, BRAF, PD-L1) and reimbursing therapies such as osimertinib, pembrolizumab, and other targeted agents.

Despite this, limited use of low-dose CT (LDCT) screening, gaps in re-biopsy at progression, and delays in new therapy reimbursement limit the impact of these tools. Real-world data reporting is minimal, and rural hospitals often lack consistent access to full molecular testing or clinical trials. Greece's health system now has the opportunity to evolve toward a fully integrated, equity-driven precision care model.

CURRENT FRAMEWORK/SITUATION

Greece operates under a **universal public healthcare system (EOPYY)** that reimburses key cancer diagnostics and treatments. Oncology care is centralized in public hospitals, academic centers, and some private facilities, with key cancer centers located in Athens, Thessaloniki, Patras, and Heraklion. National guidelines align with **ESMO**, and participation in European studies is growing.

However, diagnostic capacity and testing turnaround vary by region. Many hospitals send samples to third-party labs, leading to delays in treatment initiation. Multidisciplinary teams (MDTs) are present in major centers but not universally implemented. Workforce shortages in pathology and molecular oncology further complicate timely access to care.



LUNG CANCER IN GREECE

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Major cancer centers in Athens and Thessaloniki provide advanced care...	...but rural and regional facilities lack consistent access to diagnostic tools and MDTs.	Invest in regional cancer units and implement nationwide MDT standards with digital coordination.
Access to Treatment	Most first-line targeted and immunotherapies are reimbursed by EOPYY...	...but access to newer second-line therapies can be delayed due to regulatory bottlenecks.	Streamline EOPYY drug approval timelines and establish early-access pathways for EMA-approved agents.
Research & Innovation	Greece participates in EU research and EORTC trials...	...but clinical trial access is limited outside academic centers.	Incentivize trial expansion into regional hospitals and improve regulatory support for trial sites.
Awareness & Education	Public smoking awareness is growing...	...but lung cancer symptoms and screening are not widely understood.	Launch national awareness campaigns emphasizing early symptoms and eligibility for future screening.
Survival Rates	Greece has seen modest survival improvements due to therapy access...	...but late diagnosis still dominates case presentation.	Link survival improvement to earlier detection initiatives and biomarker-driven data reporting.
Early Detection & Palliative Care	LDCT screening is not available nationally...	...and referrals are often delayed in primary care settings.	Pilot LDCT screening in high-risk populations and train GPs in early lung cancer symptom pathways.
Biomarker	EGFR, ALK, and PD-L1 testing is routine in major centers...	...but NTRK, HER2, MET, and re-biopsy at progression are inconsistently implemented.	Update national guidelines to mandate full-panel testing and reflex testing at relapse.
Clinical Guidelines	Greece follows ESMO-aligned national guidelines...	...but local implementation and enforcement remain uneven.	Introduce national audits and tie funding to adherence with lung cancer pathway benchmarks.
Reimbursement	EOPYY reimburses most frontline therapies...	...but second- and third-line therapies may be delayed by 12-18 months post-EMA approval.	Create a fast-track mechanism for innovative therapies with proven OS/QALY benefit.
Screening	There is no national lung cancer screening program...	...despite high smoking prevalence and pilot evidence from other EU countries.	Launch LDCT screening pilots in major cities and scale nationally with EU-backed funding.

CONCLUSION

Greece has laid the groundwork for high-quality lung cancer care, especially through access to key therapies and testing in major urban centers. However, to achieve full equity and early intervention, the system must shift toward **proactive detection, uniform biomarker adoption, and timely drug access**. A national screening initiative, real-time registry development, and broader clinical trial inclusion can drive Greece's transformation from an advanced care provider to a regional leader in outcomes-driven lung cancer management.



KEY POLICY MESSAGES

1

Greece offers universal access to diagnostics and frontline treatments but struggles with regional and timing disparities.

2

Biomarker testing for HER2, NTRK, and re-testing at progression must be standardized.

3

The lack of a national LDCT screening program hinders early-stage diagnosis and survival improvement.

4

Faster access to second- and third-line therapies is critical to sustaining precision care gains.

CALL TO ACTION

- **Pilot and scale a national LDCT screening program** focused on high-risk populations aged 55–74.
- **Mandate reflex biomarker testing and re-biopsy** at progression through updated national clinical protocols.
- **Create a national lung cancer registry** with biomarker-disaggregated survival outcomes and therapy tracking.
- **Implement regional MDTs and fund diagnostic infrastructure** in underserved hospitals.
- **Streamline EOPYY reimbursement timelines** for EMA-approved therapies and align with EU fast-track frameworks.