



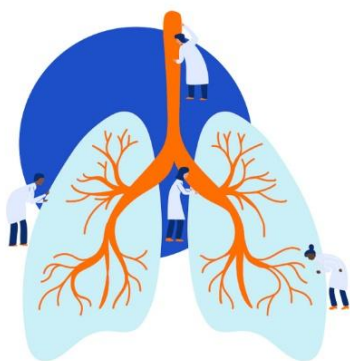
BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Lung Cancer Care in New Zealand

EXECUTIVE SUMMARY

New Zealand's lung cancer care system is publicly funded and offers universal access in principle, yet persistent gaps in infrastructure, research investment, and early detection efforts undermine patient outcomes. While awareness and care delivery are improving, the country continues to face challenges in service availability, particularly in rural and Māori communities.

Yes, lung cancer care is covered—but does it reach patients on time and with the same quality everywhere? This policy brief highlights key disparities and outlines priority actions to strengthen early diagnosis, treatment access, and equity in lung cancer care across New Zealand.



INTRODUCTION

Mid-Level Maturity with Structural Limitations

With a **Lung Cancer Maturity Level of 4**, New Zealand ranks below countries like Australia, the UK, and Canada, reflecting moderate system strength but evident constraints. The country relies on a few major cancer centers—**Auckland City Hospital, Wellington Regional Hospital, and Christchurch Hospital**—to deliver oncology services, leaving large rural regions under-served.

Lung cancer remains the **leading cause of cancer death in New Zealand**, with over **1,800 deaths annually**. Māori communities bear a disproportionate burden, with lung cancer incidence and mortality rates more than twice as high as those of non-Māori populations.

Despite public funding through **Te Whatu Ora (Health New Zealand)**, bottlenecks in diagnosis and treatment often result in delayed care. **Five-year survival for lung cancer in New Zealand is only 20%**, significantly lower than for breast or prostate cancer, reflecting systemic shortcomings in early detection and care accessibility.





LUNG CANCER IN NEW ZEALAND

Current Landscape and Systemic Gaps

Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	Chest X-rays are standard; LDCT screening limited to pilot programs.	Yes, detection occurs—but national LDCT screening is not yet implemented..	Launch a publicly funded, nationwide LDCT lung cancer screening program targeting high-risk groups, especially Māori.
Biomarker & Molecular Testing	Basic biomarker testing (e.g., EGFR, ALK) is available in urban hospitals.	Yes, testing exists—but access is limited outside major centers.	Expand funding for molecular diagnostics and enable regional pathology networks through telehealth and mobile labs.
Treatment Access	Public funding covers standard therapies; delays common for targeted options.	Yes, care is funded—but long wait times limit timely access to advanced treatment.	Increase oncology staffing and fast-track access to new therapies through streamlined Medsafe and PHARMAC approvals.
Clinical Guidelines	Guidelines exist but implementation varies by DHB (District Health Board).	Yes, there are guidelines—but inconsistent adoption reduces their impact.	Standardize national clinical practice pathways across all regions with accountability measures and digital tools.
Palliative & Survivorship Care	Services exist, but rural and Indigenous communities have limited access.	Yes, palliative care is offered—but regional and cultural disparities persist.	Develop culturally tailored palliative care programs with Māori leadership and expand home-based services in rural areas.
Research & Innovation	Lung cancer receives a small share of the Health Research Council's budget.	Yes, research is supported—but few lung cancer-specific trials are available.	Increase lung cancer-specific funding and attract global clinical trials through public-private partnerships.

CONCLUSION & Call to Action

New Zealand is at a critical juncture in its lung cancer response. The building blocks—public healthcare, committed clinicians, and early pilot programs—are in place. Yet, disparities in detection, treatment delays, and rural access barriers continue to limit survival and equity, particularly for Māori and Pacific communities.

To match its maturity level with actual outcomes, New Zealand must commit to expanding screening, decentralizing testing, and closing the equity gap in cancer outcomes. This will not only improve survival but also restore trust in a truly equitable, nationwide cancer care system.



KEY POLICY PRIORITIES

1 Launch a national LDCT lung cancer screening program with high-risk population outreach.

2 Invest in rural oncology infrastructure and digital diagnostics, ensuring equitable access to tests and therapies.

3 Accelerate approval and reimbursement for newer treatments through more agile PHARMAC pathways.

4 Enhance Māori health equity through co-designed programs in diagnosis, treatment, and survivorship.

5 Boost targeted research funding, increasing New Zealand's participation in global lung cancer innovation.

New Zealand can lead with compassion and science—if care delivery becomes as consistent as its commitment to equity.

