



# LUNG CANCER CARE IN BRAZIL

## Moderate Progress with Unequal Access

### EXECUTIVE SUMMARY

**Lung Cancer** is a major cause of cancer-related deaths in Brazil, with around 31,000 new cases expected in 2024. Despite progress in specialized care, such as the use of immunotherapy and molecular diagnostics, treatment access remains unequal. Urban centers like Rio de Janeiro and São Paulo benefit from advanced therapies, but rural areas face significant challenges, with limited access to diagnostic services, treatment, and palliative care.

The country's lung cancer care system is classified as "Intermediate - Developing," reflecting some progress but highlighting the need for improvements in treatment access, early detection, and palliative care. Key priorities include expanding access to molecular testing, establishing a nationwide LDCT screening program, increasing research funding, and improving palliative care services.

### INTRODUCTION

Lung cancer is a critical public health issue in Brazil, with an estimated 31,000 new cases in 2024. While specialized centers like INCA and Hospital Sírio-Libanês offer advanced treatments, disparities between the public and private healthcare systems persist.

Patients in the public system face long waiting times, which affects their access to modern therapies, resulting in poorer survival rates. Brazil's lung cancer care system is at an "Intermediate - Developing" level, showing ongoing improvements but still struggling with inequitable access to care, especially in rural areas.

### CURRENT FRAMEWORK: ACHIEVEMENTS AND GAPS

Brazil has made significant progress in lung cancer care, with centers like INCA and Hospital Sírio-Libanês leading in immunotherapy and molecular diagnostics. However, urban-rural disparities persist. Urban centers have advanced diagnostic capabilities and therapies like targeted treatments and immunotherapy, while rural regions lack such access. Clinical trials are underway, though most funding comes from international sources. Public awareness of lung cancer symptoms remains low, leading to delayed diagnoses. The absence of a nationwide LDCT screening program results in more cases being diagnosed at later, less treatable stages. While palliative care is available in urban centers, it is inconsistent in rural areas, contributing to gaps in care quality across the country.



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## Key Pillars, Barriers, and Policy Solutions

Key Area	Current Status	Challenges	Policy Recommendations
Screening & Early Detection	Some pilot screening programs in urban centers, but no national LDCT program.	Limited access to screening, leading to late-stage diagnoses.	Implement nationwide LDCT screening and expand awareness campaigns.
Treatment Access	Specialized treatment available in urban centers; public system provides basic chemotherapy.	Unequal access between private and public healthcare systems.	Improve access to advanced treatments in public healthcare settings.
Research Funding	Limited, with most funding coming from international sources.	Lack of domestic funding for lung cancer research.	Increase government investment in domestic lung cancer research.
Public Awareness	Awareness campaigns are expanding but are not widespread.	Low public awareness of lung cancer symptoms and risk factors.	Increase funding for public awareness programs, especially in rural areas.
Palliative Care	Available in urban centers but inconsistent in rural areas.	Insufficient palliative care in rural regions.	Expand palliative care services nationwide, particularly in rural areas.

### CHALLENGES BY COMPARISON: INTERNATIONAL CONTEXT

Brazil's lung cancer care is categorized as Intermediate - Developing, similar to countries like Mexico and India. While Brazil has specialized centers and pilot screening programs, challenges remain in achieving nationwide implementation of early detection programs like LDCT screening. Treatment access is significantly better in urban centers but still limited in rural areas. This is consistent with other developing countries, where early diagnosis and access to cutting-edge therapies are major hurdles. Compared to Leading - Highly Developed countries, such as the United States and Germany, Brazil's lung cancer care faces significant disparities, particularly in early detection, research funding, and public awareness.





## CONCLUSION & Call to Action

Lung cancer care in Brazil has made progress in certain areas, particularly in urban centers where advanced treatments are available. However, the country faces significant challenges in providing equitable care across the entire population, especially in rural regions. Treatment access, research funding, early detection, and palliative care are areas where Brazil can improve significantly. By implementing a nationwide LDCT screening program, increasing investment in domestic research, and expanding palliative care services, Brazil can improve survival rates and quality of life for lung cancer patients.

The country's lung cancer care system is currently at a moderate development stage, and targeted policy interventions are crucial to address the existing gaps and ensure better outcomes for all patients, regardless of their location or socioeconomic status.

To address these gaps and improve lung cancer care in Brazil, the following key policy priorities are recommended:



### KEY POLICY PRIORITIES

- 1 Expand access to molecular testing and targeted therapies:** Guarantee nationwide access to molecular testing for lung cancer biomarkers and ensure public coverage for targeted therapies such as immunotherapy.
- 2 Establish a nationwide LDCT screening program:** Implement a nationwide low-dose CT screening program for high-risk populations to detect lung cancer at earlier, more treatable stages.
- 3 Increase research funding for domestic clinical trials:** Boost domestic research funding to foster innovation and reduce reliance on international sponsors for clinical trials.
- 4 Improve public awareness campaigns:** Launch national awareness initiatives focusing on lung cancer symptoms, risk factors, and the importance of early detection, especially in underserved regions.
- 5 Enhance palliative care coverage:** Expand palliative care services, ensuring that they are available across both urban and rural areas, and standardize care quality to provide adequate pain management and end-of-life support.