International Cancer Patient Coalition

ADVANCING LUNG CANCER CARE IN GERMANY

Sustaining Excellence Through Equity, Speed & Innovation

EXECUTIVE SUMMARY

Germany ranks among the global leaders in lung cancer care, backed by comprehensive universal health coverage, cutting-edge diagnostics, strong reimbursement frameworks, and an active clinical trial ecosystem. Routine biomarker testing, access to EMA-approved therapies, and high survival gains define the system.

However, regional disparities in diagnostics, delays in guideline implementation, and a lack of national low-dose CT (LDCT) screening continue to hinder early detection and equitable access. To move from excellence to uniformity, Germany must scale early detection, enhance real-world monitoring, and streamline access to new treatments across all Länder.

INTRODUCTION

Lung cancer is the **second most common cause of cancer death** in Germany, with over 57,000 new cases annually. Despite significant reductions in smoking, adenocarcinoma rates—particularly among women and non-smokers—are rising. Germany has embraced precision oncology, offering upfront testing for **EGFR, ALK, ROS1, BRAF, MET, RET, KRAS G12C, NTRK, HER2, and PD-L1**, as well as wide availability of immunotherapies and targeted agents through the **Statutory Health Insurance (SHI).**

While diagnostic infrastructure is robust, lack of a **national lung cancer screening program,** inconsistent re-testing at progression, and regional variability in access to high-quality care remain pressing issues. Germany's federated healthcare system must evolve toward a more harmonized, outcome-driven model to maintain its leadership in lung cancer care.

CURRENT FRAMEWORK/SITUATION

Germany's healthcare system provides **statutory coverage for over 90% of the population.** Cancer care is delivered through **designated Comprehensive Cancer Centers (CCCs),** academic hospitals, and specialist thoracic units. Diagnostic imaging, pathology, and molecular testing are broadly available, and **NUB reimbursement mechanisms** allow early access to high-cost therapies. National clinical guidelines developed by the **German Cancer Society (DKG) and German Respiratory Society (DGP)** align with ESMO standards.

However, care quality can vary by region due to differing hospital capacities, reimbursement implementation, and absence of a nationwide lung cancer registry with mutation-specific outcomes. Clinical trial participation is high, but access remains skewed toward urban academic centers.

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Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Germany has high-end cancer centers and diagnostic capacity nationwide...	...but rural and low-resource provinces face shortages of trained personnel and labs.	Mandate regional equity audits and support CCC networks to harmonize diagnostic and treatment pathways.
Access to Treatment	SHI covers nearly all EMA-approved lung cancer therapies...	...but reimbursement and hospital access to new drugs may vary by facility and region.	Expand hospital reimbursement schemes (e.g. NUB) and ensure early access at non-academic centers.
Research & Innovation	Germany leads in translational lung cancer research and international trials...	...but trial participation is lower in community hospitals and rural areas.	Expand decentralized trial models and incentivize community hospitals to serve as trial sites.
Awareness & Education	Public smoking awareness is strong...	...but lung cancer in non-smokers and women lacks focused awareness.	Launch national campaigns targeting under-recognized lung cancer populations, including non-smokers.
Survival Rates	Survival has improved significantly due to advanced treatment access...	...but many patients are still diagnosed at advanced stages.	Link survival improvements to real-world data on early diagnosis, stratified by biomarkers.
Early Detection & Palliative Care	LDCT pilots have shown promise...	...but there is no national screening program, and palliative care services vary by state.	Establish a national LDCT screening framework, leveraging lessons from pilot regions.
Biomarker	Germany offers comprehensive biomarker panels and reimbursed testing...	...but HER2/NTRK inclusion and relapse re-testing are not always applied.	Standardize full-panel testing (including HER2, NTRK) and mandate re-biopsy at progression.
Clinical Guidelines	National guidelines are updated regularly by DKG and DGP...	...but their real-world application is not consistently tracked or audited.	Integrate guideline adherence into hospital accreditation and registry performance indicators.
Reimbursement	Therapies are funded via SHI and early-use pathways (NUB)...	...but administrative delays in hospital-level approvals may affect timely access.	Streamline early access pathways and support rapid drug procurement protocols post-EMA approval.
Screening	LDCT screening has been trialed in select centers...	...but no national program exists, and implementation is stalled.	Fund and implement a national LDCT lung screening program with clear eligibility criteria and outreach.

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CONCLUSION

Germany is a **continental leader in lung cancer precision care**, but critical gaps remain in screening, real-world implementation, and equal access across its decentralized system. Harmonizing biomarker testing, accelerating access to innovative treatments, and launching a national screening program are essential to move from excellence in parts to excellence for all. With its strong health system foundations and policy capacity, Germany can pioneer a comprehensive, equitable, and outcomes-focused model for lung cancer care in Europe.

KEY POLICY MESSAGES

1. Germany provides comprehensive access to therapies and diagnostics, yet geographic and facility-level disparities persist.
2. Biomarker testing is robust but must be standardized for HER2, NTRK, and relapse re-testing.
3. National LDCT screening must be launched to enable earlier-stage diagnosis and improve survival.
4. Guideline compliance, registry quality, and timely therapy access should be benchmarked and audited across Länder.

CALL TO ACTION

- **Establish a national LDCT lung screening program,** beginning with high-risk and underserved populations.
- **Mandate full-panel biomarker testing and progression re-biopsy,** supported by guideline updates and quality audits.
- **Accelerate EMA-to-clinic drug access,** expanding early-use reimbursement and reducing bureaucratic delays.
- **Track biomarker-stratified survival and diagnostic timelines** through real-world registries and cross-state comparisons.
- **Ensure all certified lung cancer centers implement national guidelines,** monitored via external peer review and accreditation.