

Netherlands

Lung Cancer Factsheet: Insights & Key Developments

Key Insights on Lung Cancer Care
and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Lung Cancer Screening

Lung cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

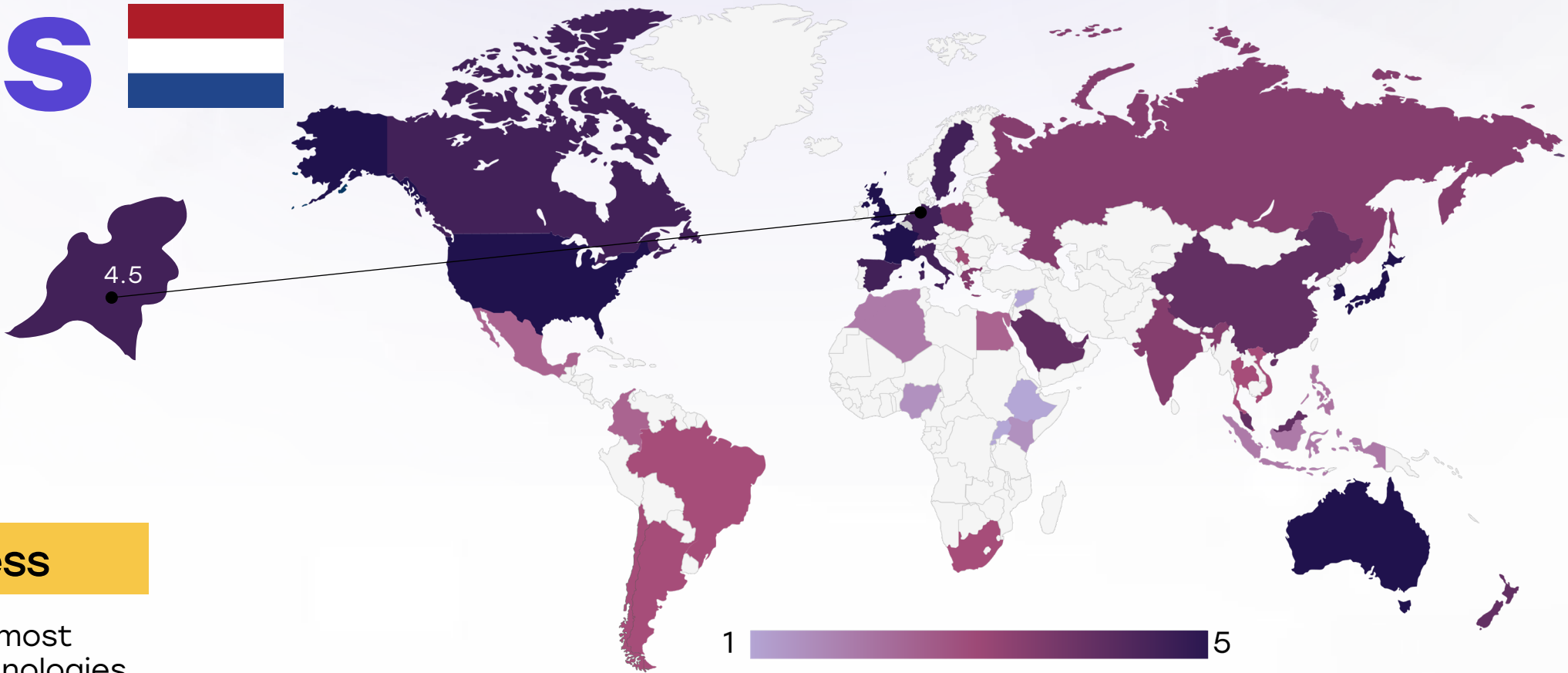
This factsheet provides a comprehensive overview of key pillars shaping lung cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Annual new cases: ~13,000
- Annual deaths: ~10,000
- Incidence rate: ~75 per 100,000 population
- Mortality rate: ~58 per 100,000 population
- 5-year survival rate: ~19%
- 10-year survival rate: ~10%
- Most affected age group: 65–79 years
- Gender distribution: Increasing incidence in females; ~45% of cases in women
- Common histological type: Adenocarcinoma is most common
- Smoking prevalence: ~20% of adults; strong link to lung cancer incidence
- Stage at diagnosis: ~55% diagnosed at Stage IV
- Lung cancer as cause of death: Among top 3 cancer-related deaths

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Infrastructure



Strengths

- The Netherlands has a centralized and efficient cancer care system, with 13 comprehensive cancer centers and numerous regional hospitals participating in the **Dutch Oncology Cooperative Group (DCCG)**. Advanced diagnostic technologies such as PET-CT and digital pathology are widely available.

Weakness

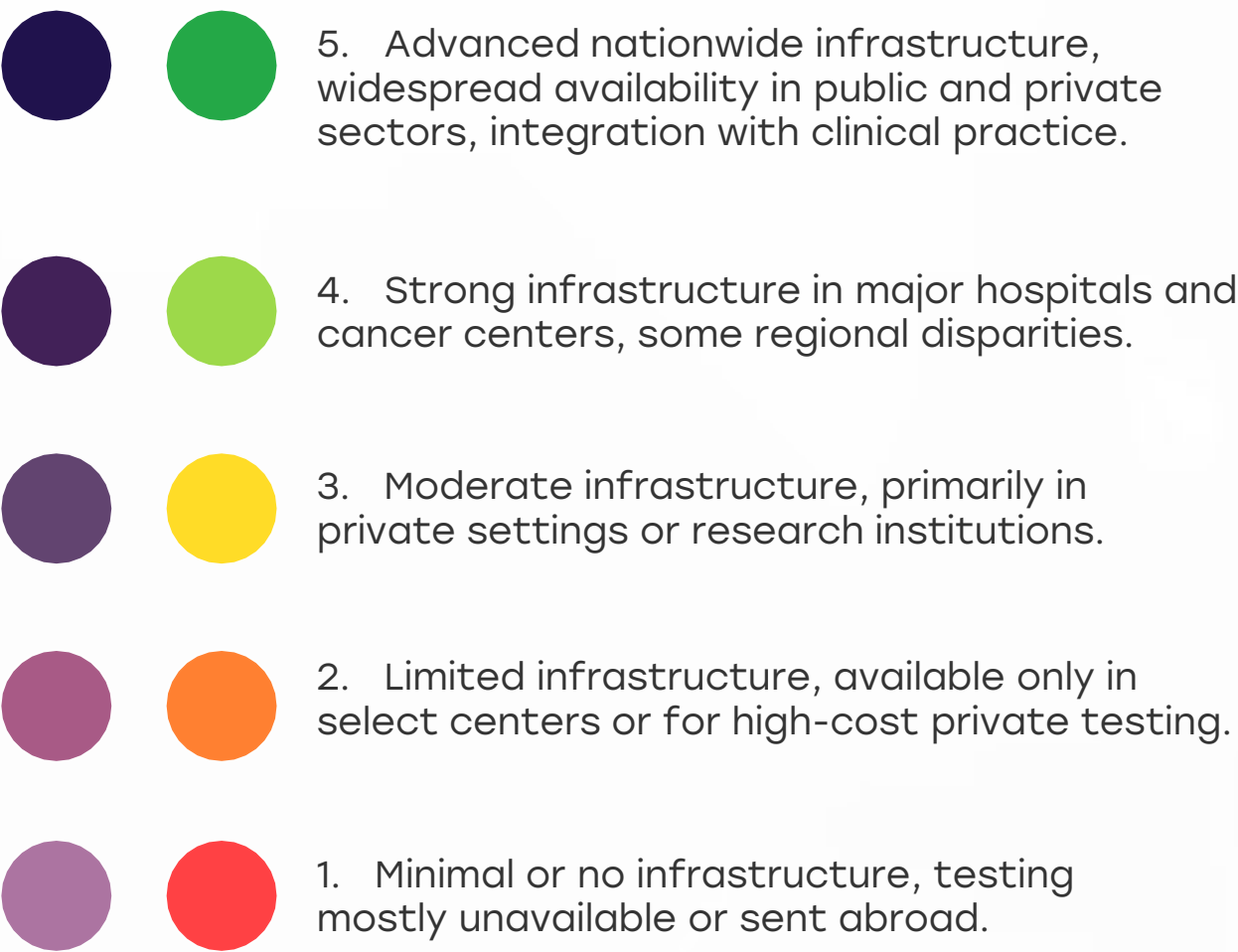
- Access to the most advanced technologies (e.g., robotic surgery, high-end NGS panels) may still be limited to academic centers.

Opportunity

- Expansion of regional oncology networks (e.g., Oncomid) is improving integration and access to specialized care across the country.

Threats

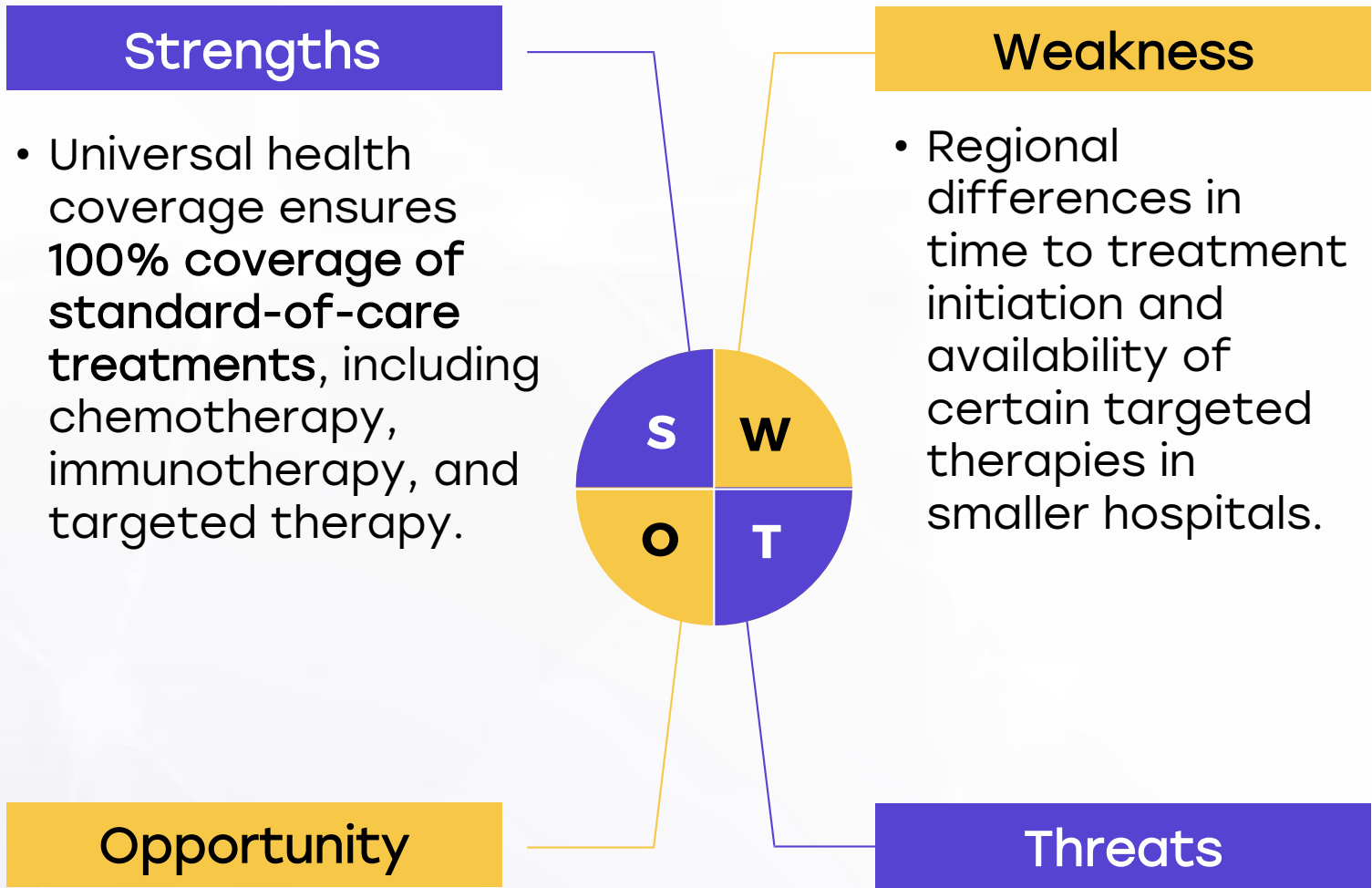
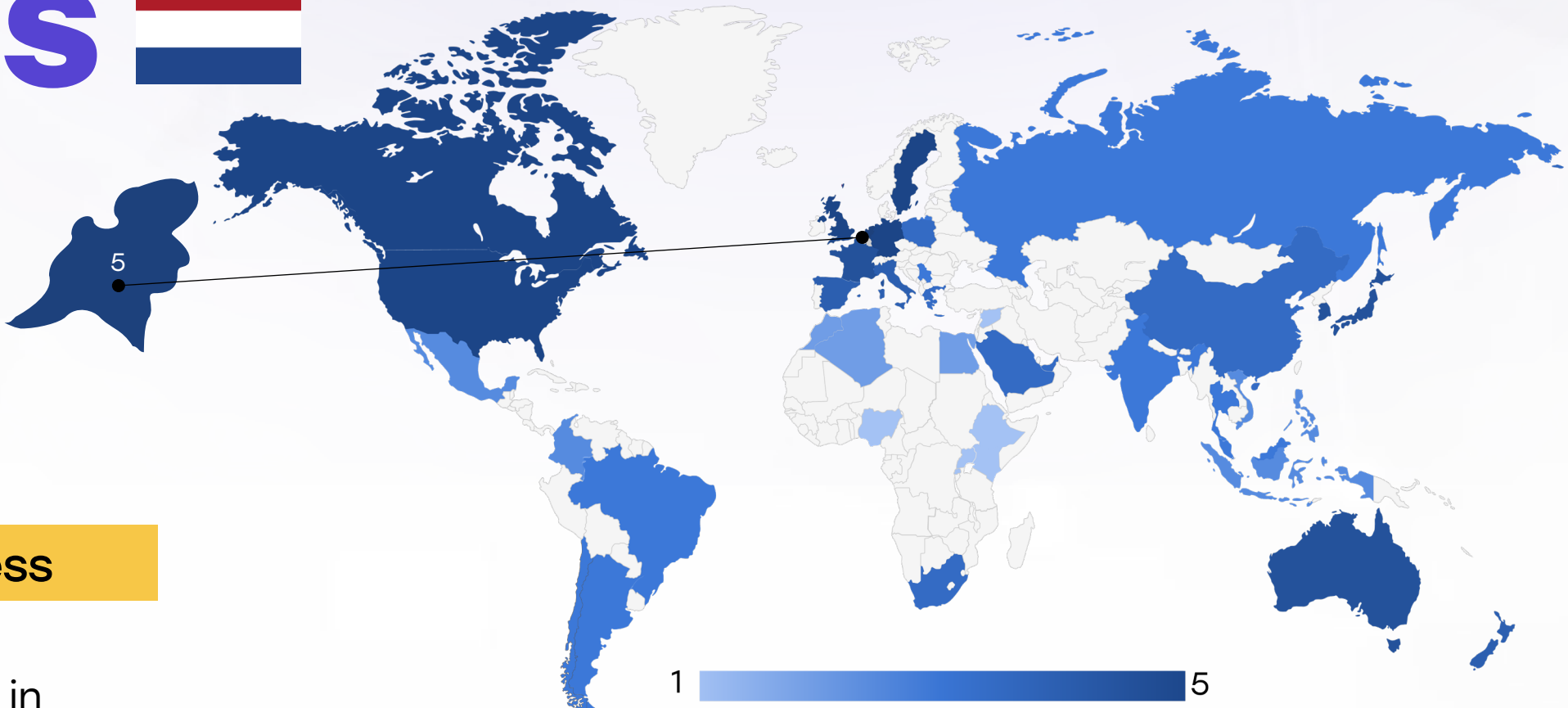
- Rising demand for complex cancer care may strain infrastructure and workforce, especially with increasing incidence in aging populations.



Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

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Treatment Access, Research
Funding and Awareness
Campaigns



- Universal health coverage ensures **100% coverage of standard-of-care treatments**, including chemotherapy, immunotherapy, and targeted therapy.

- Regional differences in time to treatment initiation and availability of certain targeted therapies in smaller hospitals.

- The Netherlands Organization for Health Research and Development (ZonMw) and the Dutch Cancer Society (KWF) allocate significant resources (~€60 million annually) for lung cancer and precision oncology trials.

- Lack of sustained research funding (less than 1% of total health budget) and few ongoing clinical trials restrict innovation and local drug development.

-
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

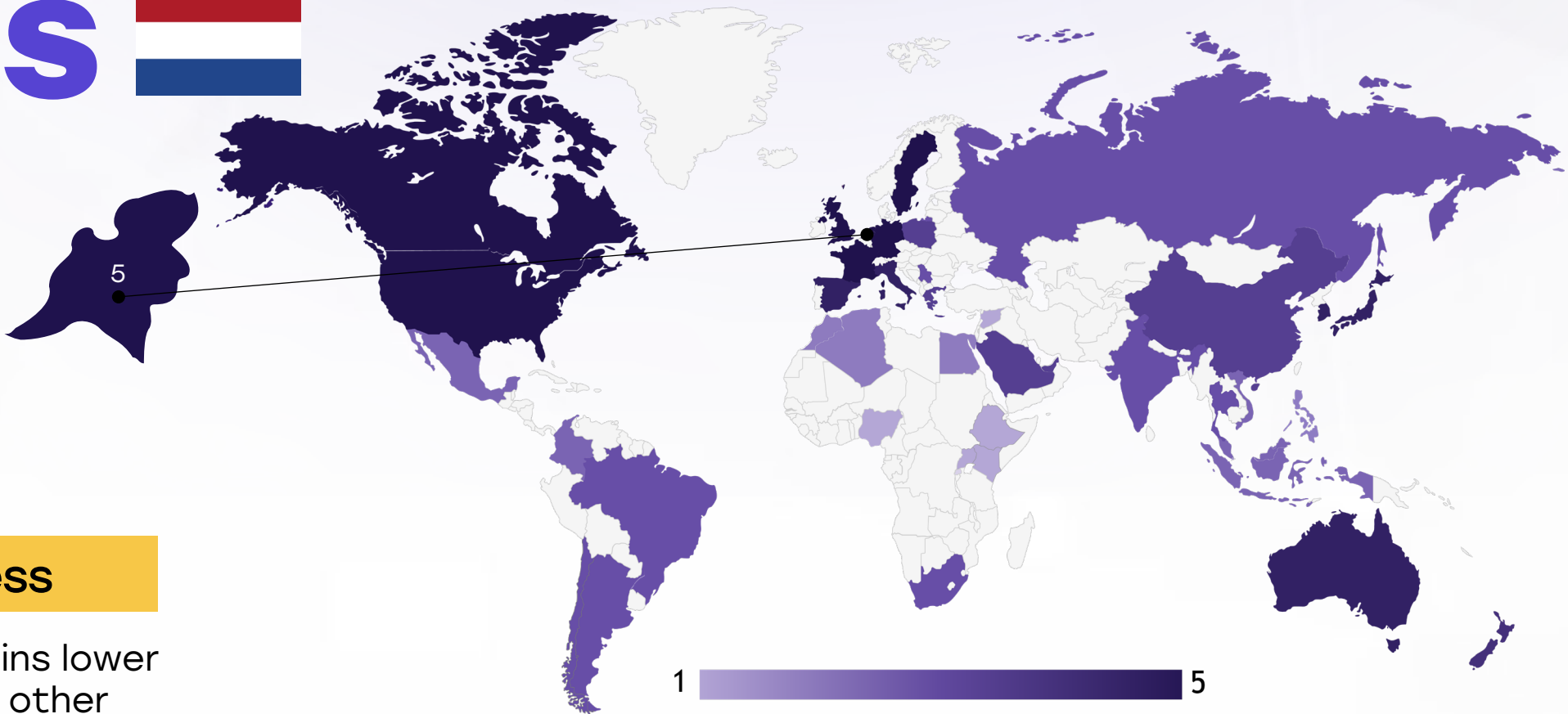
2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	<div></div>	<div></div>	<div></div>
Kenya	<div></div>	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>	<div></div>
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Rwanda	<div></div>	<div></div>	<div></div>
Uganda	<div></div>	<div></div>	<div></div>
Serbia	<div></div>	<div></div>	<div></div>
Saudi Arabia	<div></div>	<div></div>	<div></div>
UAE	<div></div>	<div></div>	<div></div>
Syria	<div></div>	<div></div>	<div></div>
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Russia	<div></div>	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>	<div></div>

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Survival Rates, Early Detection and Palliative Care



Strengths

- Lung cancer 5-year survival has improved significantly, **from 18% (2010) to 26% (2022)** due to earlier detection and improved therapies. The country also offers high-quality palliative care through multidisciplinary teams in hospitals and community-based services.

Weakness

- Survival remains lower compared to other cancers; late presentation still occurs in certain high-risk or socioeconomically disadvantaged populations.

Opportunity

- Nationwide pilot programs for **LDCT lung cancer screening**, started in 2020, target high-risk populations with promising early-stage detection rates (~60% of screen-detected cancers at Stage I-II).

Threats

- Capacity constraints in follow-up diagnostic pathways may delay benefits of expanded screening.



5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.



4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.



3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.



2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

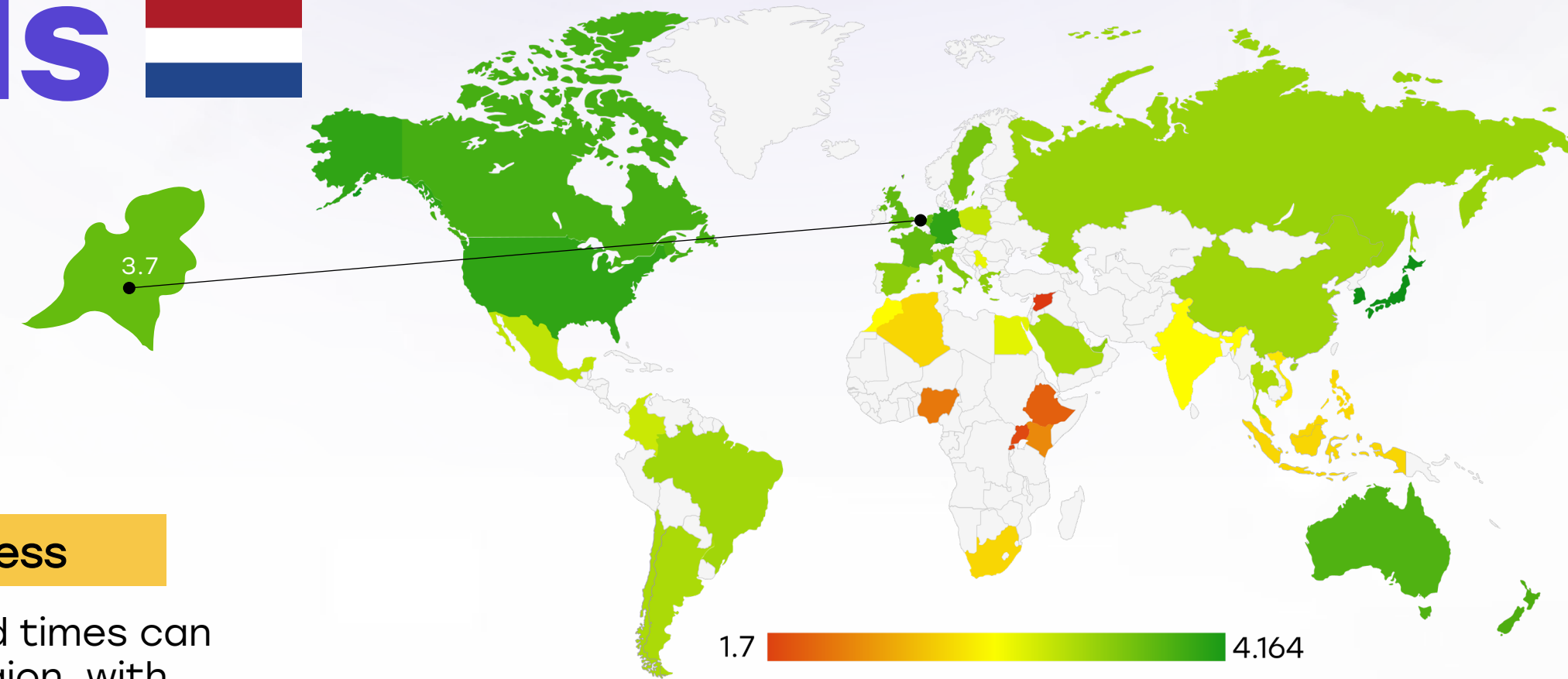


1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
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Indonesia			
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Philippines			
Russia			
Malaysia			

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Utilization of Biomarkers

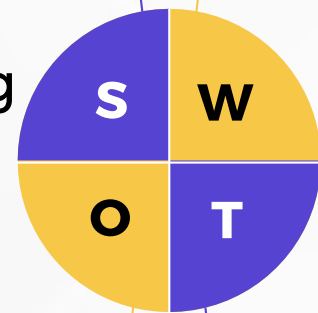


Strengths

- EGFR, ALK, ROS1, BRAF, and PD-L1 testing is routinely offered to all advanced NSCLC patients, with over 95% biomarker testing rates in specialized centers.

Weakness

- Turnaround times can vary by region, with some delays in accessing full NGS panels in smaller centers.



Opportunity

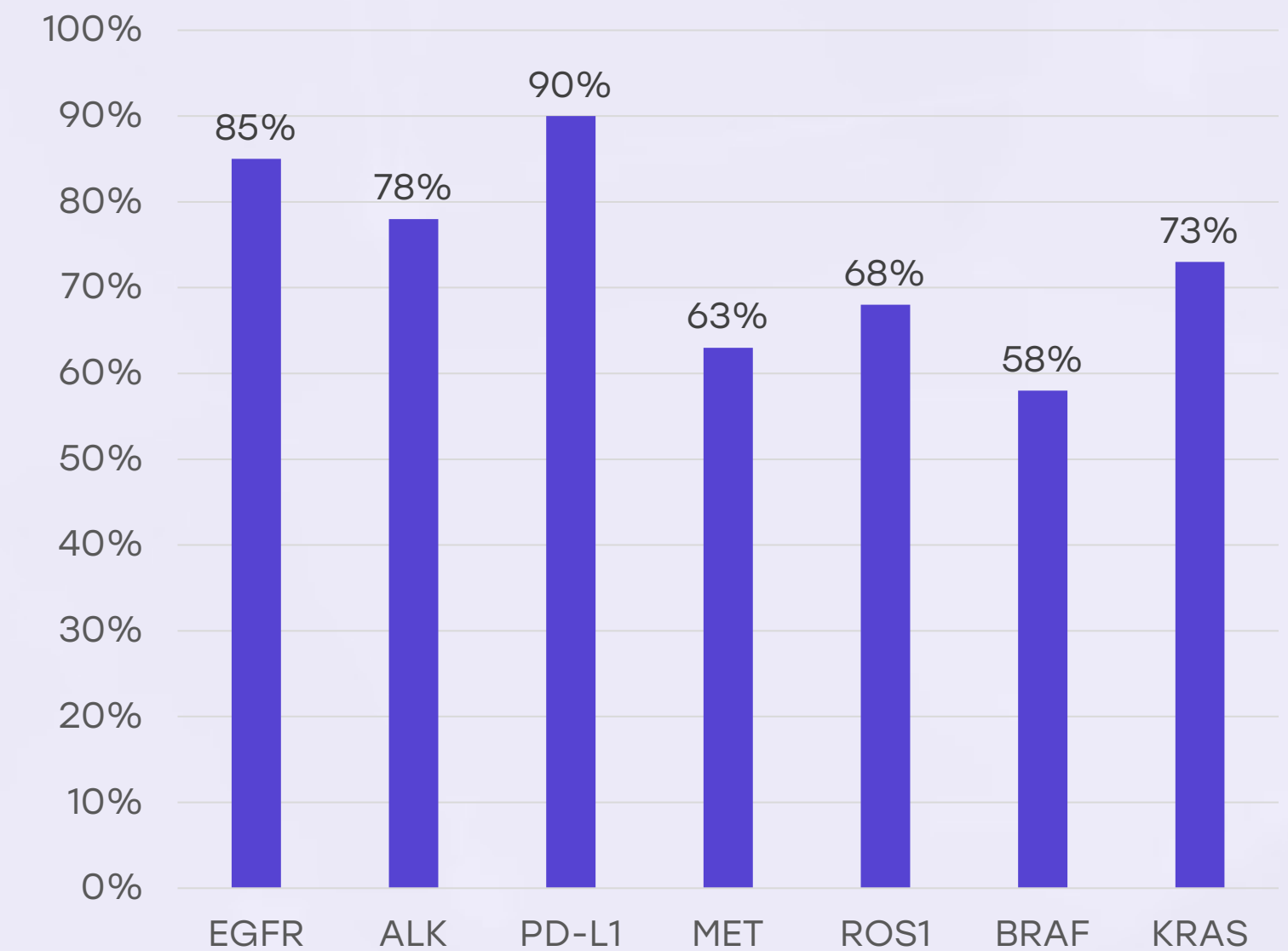
- National networks like PALGA (pathology archive) and Dutch Pathology Registry enhance interoperability and support personalized treatment pathways.

Threats

- Disparities in access to broader gene panels or liquid biopsy may grow without uniform funding across all centers.

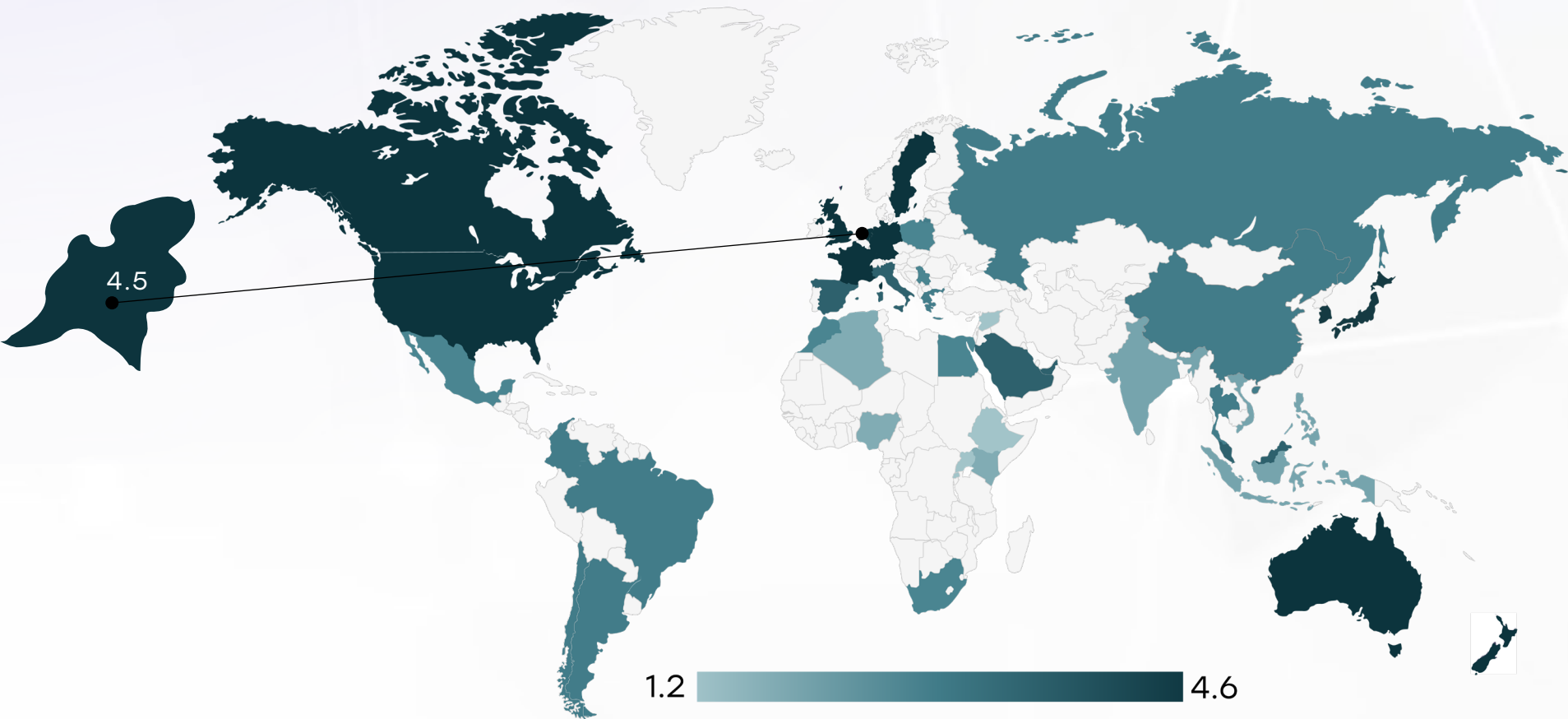
1. Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.
2. Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.
3. Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.
4. Biomarker testing is commonly used, but access may be limited in certain regions or patient groups. Some disparities exist in coverage or affordability, but it is still a crucial part of cancer diagnostics.
5. Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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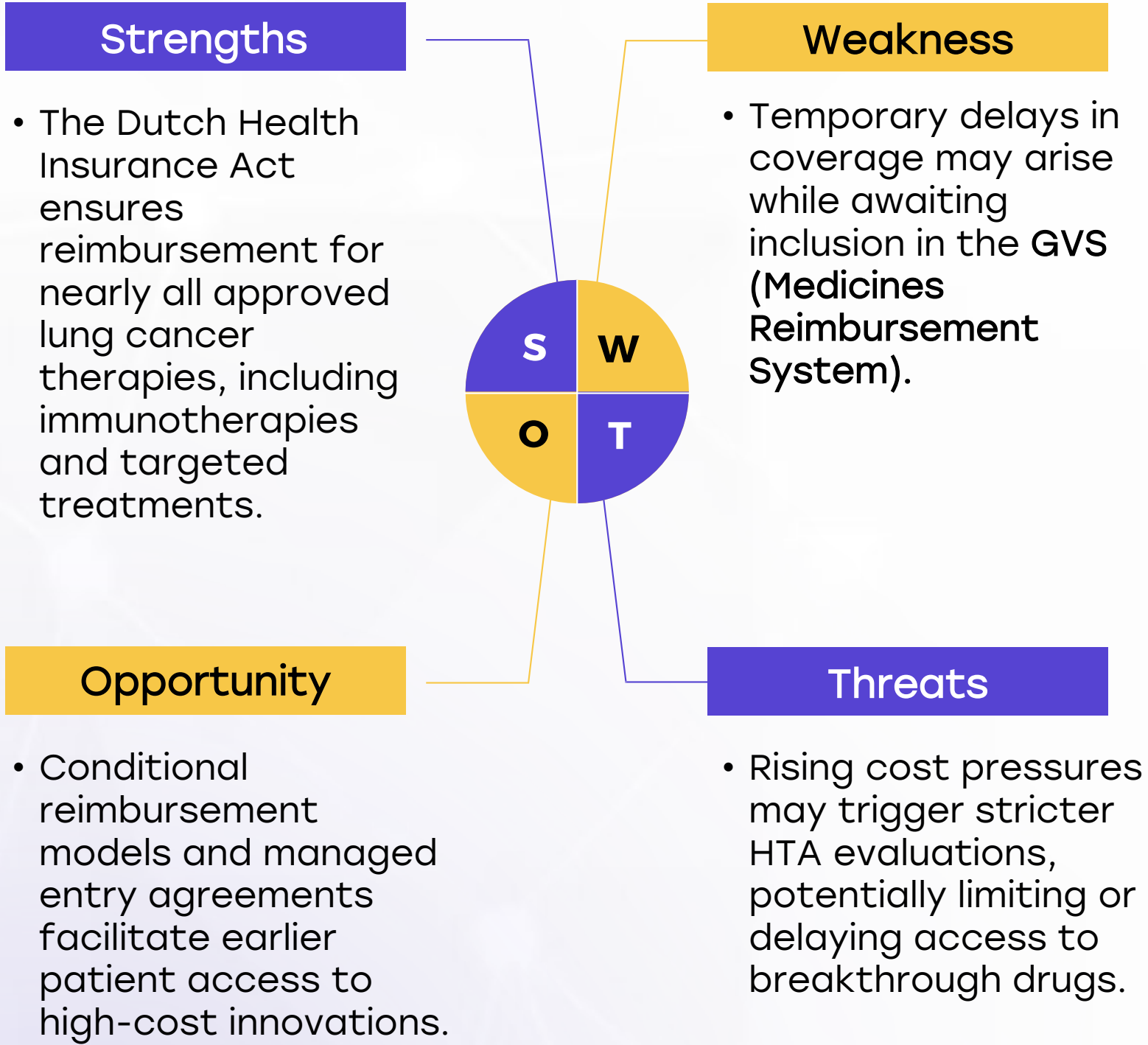
Clinical Guidelines
























































































	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	○	✗	✗	✗	✗
Feasibility of Integration	○	✗	✗	✗	✗
Adoption of International Guidelines	○	✗	✗	✗	✗
Engagement with Updates	✗	○	✗	✗	✗
ESMO Guidelines Implementation	○	✗	✗	✗	✗

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Reimbursement

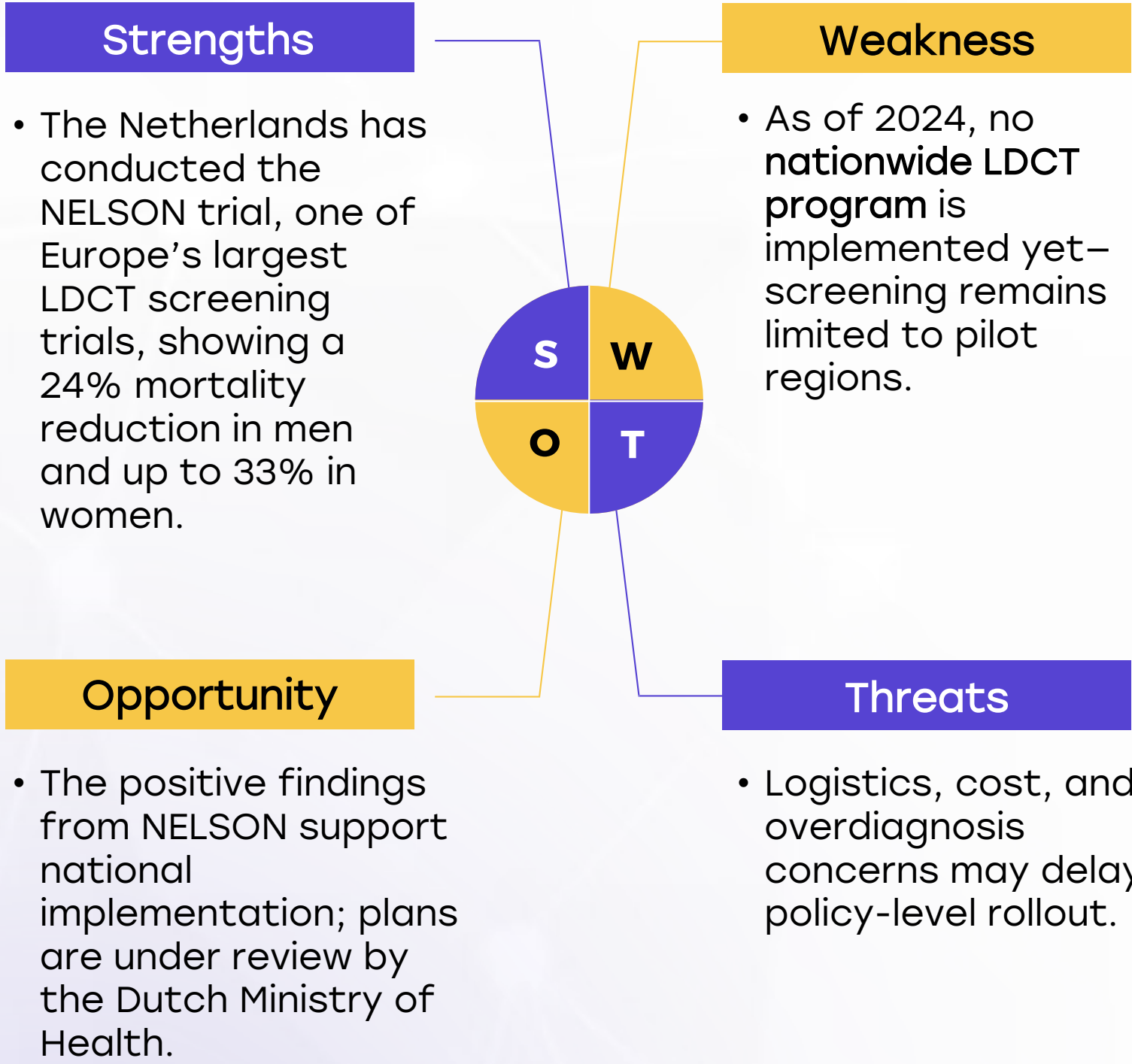


-  A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
-  A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.
-  No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India		
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
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UAE		
Syria		
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Vietnam		
Philippines		
Russia		
Malaysia		

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Lung Cancer Screening



Country	Lung Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict

Country	Lung Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities