

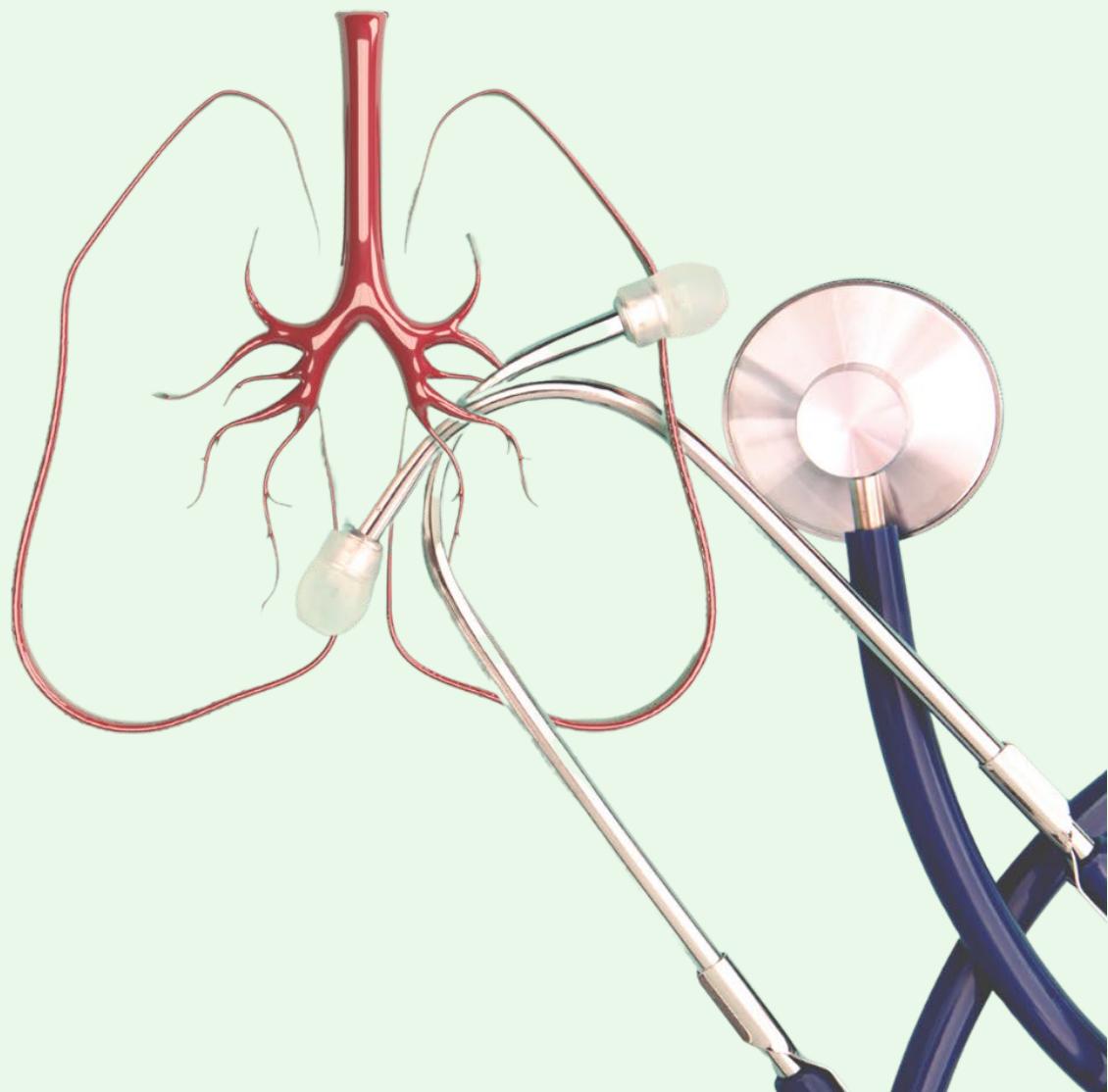


Asia-Pacific
Economic Cooperation

Improving Patient Access Across the Lung Cancer Care Continuum

APEC Health Working Group

February 2026





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Background

Lung cancer causes more deaths globally than any other type of cancer, accounting for 1.8 million deaths globally in 2022.¹ In the APEC region, lung cancer is the leading cause of cancer-related deaths in 14 of the 21 economies and is the second-leading cause of cancer-related death in three economies.² (Figure 1) In many APEC economies lung cancer is diagnosed at an advanced stage, when treatment effectiveness drops precipitously;³ five-year survival rates in the region range from 8.6% in Thailand (2010-2014) to 32.9% in Japan (2010-2014).⁴ Primary prevention, as well as personalized screening and early treatment can drastically improve survivability rates for lung cancer.

Concerningly, while approximately 85% of global lung cancer cases are caused by tobacco smoking,⁵ lung cancer incidence in individuals who have never smoked is increasing.⁶ In 2023, lung cancer in individuals who have never smoked was estimated to be the fifth most common cause of cancer-related deaths worldwide.⁷ This is particularly the case for women, as data from Australia;⁸ Peru;⁹ the United States;¹⁰ and East Asia¹¹ show.

This rise in incidence in never-smokers can be generally attributed to interactions between genetic risks and environmental exposures. Recognizing the wider set of risk factors for lung cancer and their disparate impact on individuals that have never smoked, personalized approaches to lung cancer screening, biomarker testing, and treatment are needed to improve lung cancer patient outcomes.

During the roundtable discussion of the 2024 APEC policy dialogue “[Accelerating Progress for Lung Cancer Prevention, Diagnosis and Treatment: Learnings from APEC Collaboration on Cancer Control](#),” economies affirmed the need for cross-economy collaboration on lung cancer prevention and control, centering efforts on communities that bear the greatest burden of lung cancer. The discussion had three major themes: (1) data sharing and collaboration, (2) tobacco control and screening programs, and (3) precision medicine, immunotherapies, and innovative technologies. APEC economies that attended the policy dialogue had significant interest in leveraging the APEC platform to increase collaboration and data sharing.

Figure 1. Lung cancer in APEC economies



Introduction

This project convened a policy dialogue at the margins of the Third Senior Officials' Meeting (SOM3) Health Working Group (HWG) meetings in August 2025 to address access gaps across the lung cancer care continuum that were articulated in the 2024 APEC policy dialogue "[Accelerating Progress for Lung Cancer Prevention, Diagnosis and Treatment: Learnings from APEC Collaboration on Cancer Control](#)." Member economies shared comprehensive strategies for the prevention and control of cancer, with a focus on addressing risk factors specific to their population and models for accessing financing for prevention and control. Economies additionally sought to articulate how they can better collaborate to provide innovative diagnostics and treatments that are impactful at the individual and population level.

The objectives of the policy dialogue were to:

- ◆ Develop evidence-based strategies for addressing access gaps in the lung cancer care continuum.
- ◆ Advocate for improved early diagnosis and optimized care pathways and delivery infrastructure
- ◆ Articulate opportunities for regional collaboration towards achieving specific goals for lung cancer across APEC economies



State of Lung Cancer in APEC: How Regional Trends in Lung Cancer Burden are Catalyzing Policy Action in APEC Economies

Adrienne Mendenhall, Director, Crowell Global Advisors

Ms. Mendenhall's presentation provided an overview of lung cancer's impact across the APEC region. Lung cancer is the leading cause of cancer-related deaths in 14 APEC economies and the second most deadly in three others. Despite advancements in prevention, screening, and treatment, significant access gaps persist. One in five lung cancer patients does not survive five years after diagnosis, with most cases detected at advanced stages (III or IV) when treatment options are limited and outcomes are poor.

The presentation also examined regional risk factors, noting that in East Asia and Latin America, one in three new lung cancer cases occurs in people who have never smoked – unlike the global average, where 85% of cases are linked to tobacco smoking.

Other major risk factors discussed include air pollution, second-hand smoke, occupational hazards, certain cooking methods, and genetic predispositions. The presentation underscored that current screening guidelines remain narrowly focused on older adults with long-term smoking histories, leaving many at-risk individuals undetected.

Finally, the presentation spotlighted the efforts of global and regional organizations – including the Lung Cancer Policy Network, ASPIRE for Lung Cancer, and the Asia Pacific Coalition Against Lung Cancer (APCLC) – in addressing these challenges. Their advocacy spans the entire care continuum and supports the adoption of innovative technologies such as precision medicines, targeted therapies, and AI-driven solutions to improve outcomes for lung cancer patients.



"We have the tools available to better prevent, screen, and treat lung cancer, but the access gaps for lung cancer care are numerous"

- Adrienne Mendenhall, Director, Crowell Global Advisors

Asia Pacific Lung Cancer Policy Consensus: Calling for Regional and Cross-Sectoral Collaborations in Preventing and Controlling Lung Cancer

Prof. Herbert H. Loong, MBBS, PDipMDPath (HK), MRCP (UK), FRCP Edin, FHKCP, FHKAM (Medicine), FASCO, Clinical Associate Professor, Department of Clinical Oncology, Medical Director (Oncology), Phase 1 Clinical Trial Centre, The Chinese University of Hong Kong

Dr. Loong delivered a presentation on behalf of the Asia Pacific Coalition Against Lung Cancer (APCLC), emphasizing the coalition's mission to make lung cancer care a top priority in the Asia Pacific region. The APCLC champions primary prevention, increased screening and early diagnosis, and access to quality therapeutics, including earlier interventions and innovative treatments for all individuals at risk of or affected by lung cancer.

He highlighted the collaborative development of the [Asia Pacific Lung Cancer Policy Consensus Document](#), a joint effort by the APCLC, ASPIRE for Lung Cancer, the Lung Cancer Policy Network, and the Union for International Cancer Control. The Consensus was shaped through focused sessions with 43 contributors – including clinicians, academics, advocates, and healthcare organizations – across 13 APEC member economies.



The Consensus establishes five key principles to improve lung cancer survival:

- ◆ Improve and expand prevention
- ◆ Focus on early detection
- ◆ Ensure equitable access to treatment
- ◆ Build partnerships and promote investment
- ◆ Combat stigma, recognizing it as a social determinant of public health.

Dr. Loong concluded by reaffirming APCLC's commitment to supporting APEC economies in enhancing lung cancer outcomes. He urged stakeholders to use the Consensus as a foundation for local policy action, regional collaboration, and the creation of a dedicated APEC HWG workstream focused on lung cancer.

Republic of Korea's Comprehensive Approach to Lung Cancer Care

Dr. Yeon Wook Kim, Assistant Professor (Pulmonary and Critical Care Medicine), Seoul National University Bundang Hospital

Dr. Kim outlined the Republic of Korea's comprehensive approach to lung cancer care, which began in 2015 with a government initiative to raise tobacco taxes. This reform sparked public demand for the increased revenue to be invested in public health. In response, leading academic societies – including the Korean Association for Lung Cancer and several other medical organizations – advocated for a lung cancer screening program.

With government backing, the K-LUCAS project was launched from 2017 to 2018 to assess the feasibility of large-scale lung cancer screening. Following positive results, the government officially integrated lung cancer screening into its cancer screening program in 2019, offering biannual LDCT scans to high-risk individuals.

The program saw immediate and strong engagement, with initial uptake rates above 24% and recent participation exceeding 50%. The National Health Insurance System (NHIS) fully reimburses the screening program and supports guideline-based diagnostics and advanced lung cancer treatments.



The Support for Serious Illness (SSI) program further reduces copayments and provides special insurance benefits for lung cancer patients, expanding access to advanced therapies at minimal cost.

This comprehensive support has fostered diverse, multidisciplinary treatment patterns. Since 2008, surgical resections for lung cancer have steadily increased. Although the absolute number of chemotherapy patients continues to rise, the proportion of newly diagnosed cases receiving chemotherapy is declining, reflecting a shift toward earlier detection and alternative treatments.

Dr. Kim emphasized that these combined efforts have dramatically improved lung cancer care in the Republic of Korea, particularly in accessibility, early detection, and outcomes. The proportion of patients diagnosed at earlier stages is rising, and five-year survival rates have climbed significantly – most recently reaching 50.6% for women and 28.8% for men, with an overall rate of 35.7%.

"To successfully drive good policy and convince the government and policymakers, scientific knowledge is not all that counts. The most important factor is public awareness and a unified voice."

- Dr. Yeon Wook Kim, Assistant Professor, Seoul National University Bundang Hospital

Advancements in Screening Technology for At-Risk Groups for Lung Cancer

Dr. Luis Mas Lopez, Medical Oncologist, Coordinator of Lung Cancer Group, Peru Society of Medical Oncology

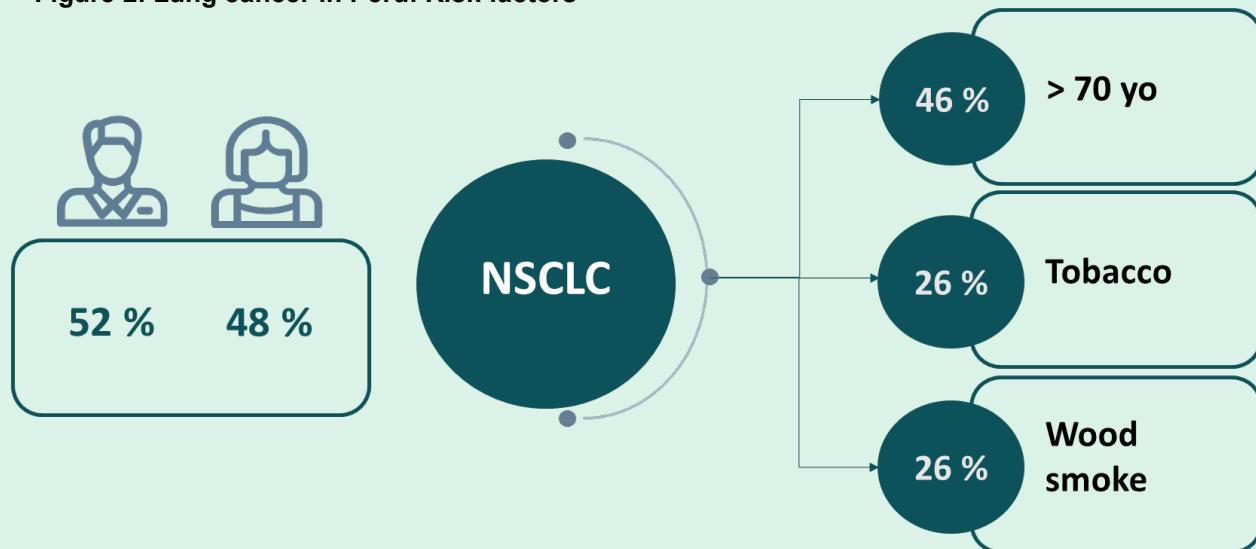
Dr. Mas highlighted lung cancer as the second leading cause of cancer-related deaths in Peru, with a rising incidence among women. While 26% of cases are linked to tobacco and wood smoke exposure, nearly half (46%) have no clearly identified factor. Lung cancer in young Peruvians is frequently overlooked, yet 59.1% of these cases occur in women, and only 14.4% of young lung cancer patients have a history of smoking.

Currently, public sector health facilities do not have a structured lung cancer screening program, mainly due to the limited availability of CT scanners nationwide. In this context, screening is carried out opportunistically in certain private health facilities, targeting individuals aged 55 to 74 years with a history of smoking of 30 or more pack-years.

Dr. Mas noted that the pattern of lung cancer incidence in Peru reflects a broader trend across Latin America, where the proportion of non-smoker lung cancer patients is higher than in other regions, mirroring rates seen in Asia.

He called for deeper investigation into risk factors beyond smoking to strengthen screening and early detection, especially among non-smoking populations. Dr. Mas' presentation underscored the urgent need for tailored strategies to address the evolving landscape of lung cancer incidence in the APEC region.

Figure 2. Lung cancer in Peru: Risk factors



Source: Ruiz, R., Galvez-Nino, M. & Mas, L. (2020). Lung Cancer in Peru. *Journal of Thoracic Oncology*, 15(6), 891-898.

Facilitating Innovations and Sustainable Funding in Lung Cancer Treatment

Ms. Pei-Shan Huang, Senior Executive Officer, National Health Insurance Administration, Ministry of Health and Welfare, Chinese Taipei

Ms. Huang outlined Chinese Taipei's ambitious goal to reduce cancer mortality by one-third by 2030, driven by a focus on early detection, expanded genetic testing, and precision medicine. Central to this strategy is the establishment of a NTD 10 billion Cancer Drug Fund to increase access to innovative therapies.

The National Health Insurance Administration (NHIA) has accelerated funding for precision medicine, including reimbursement for NGS genetic tests covering 19 cancer types since May 2024. A parallel review mechanism, developed in collaboration with the Food and Drug Administration (TFDA), and alignment with NCCN treatment guidelines and global regulatory standards is also prioritized. NHIA has also expanded reimbursement for robot-assisted surgeries – covering two procedures for lung cancer – and strengthened its health technology assessment (HTA) capacity by launching a dedicated HTA office in January 2024. Conditional reimbursement is now available for new cancer drugs and indications with demonstrated therapeutic potential, and a real-world data repository is being built to support precision medicine development.

Chinese Taipei's Cancer Drug Fund is being implemented in phases. In 2023, a conditional listing mechanism was introduced for treatments with urgent clinical need but uncertain efficacy and safety. In 2024, a dedicated NTD 2.43 billion budget within the health insurance global budget was allocated for cancer drugs, and in 2025, the Cancer Drug Fund shifted to a separate public budget, allocated outside the insurance system. In February 2025, NHIA announced draft operational principles for the Cancer Drug Fund that include accelerating access to new medications, addressing financial risks, enhancing transparency by publishing data online, protecting patient rights through participatory processes, and ensuring decisions are informed by real-world data usage and outcomes.

Ms. Huang concluded by emphasizing that early detection through expanded low-dose CT screening enables timely diagnosis and treatment, integrating genetic testing with reimbursed targeted therapies improves care precision, publicly funded drug programs ensure equitable access, provisional coverage with real-world data accelerates promising therapies, and transparent, participatory policies strengthen patient-centered continuity of care.



Improving Patient Access Across the Lung Cancer Care Continuum

Dr. Danai Monorom, Deputy Director, Health System Development Economic Cancer Institute, Department of Medical Services, Ministry of Public Health, Thailand

Dr. Monorom highlighted that lung cancer remains one of Thailand's five most common cancers, with a five-year survival rate below 20%. Encouragingly, the incidence rate has begun to slow, reflecting the impact of ongoing prevention and control measures.

In 2021, Thailand introduced the Cancer Anywhere policy. Previously, patients diagnosed at district hospitals faced restrictive referral requirements to access specialized treatment.

The new policy eliminated these barriers through three key reforms:

- ◆ An electronic reimbursement system
- ◆ The appointment of cancer nurse coordinators in every hospital to ensure continuity of care
- ◆ The removal of referral requirements – allowing patients to receive treatment anywhere once diagnosed.

These changes have led to an increase in patients receiving treatment and a reduction in mortality rates.

Thailand's broader cancer control strategy includes robust prevention efforts, such as the Tobacco Products Cancer Control Act and policies addressing occupational and environmental pollution. In June 2024, the Ministry of Public Health launched a pilot program for lung cancer screening with low-dose CT in eight northern provinces. In July 2025, the Economic Health Security Office approved AI-assisted chest X-rays as a new health benefit.

Despite these advances, reimbursement for molecular testing in non-small cell lung cancer (NCSLC) still varies across insurance schemes. Dr. Monorom concluded by stressing that true equity in lung cancer care requires equal access not only to treatment, but also to advanced diagnostics and innovative therapies.



Roundtable Discussion

During the roundtable discussion, participants shared approaches towards improving lung cancer prevention and control programs, with the aim of increasing survival rates in the region. The discussion had three important themes: (1) importance of early detection and screening, (2) value of collaboration and data sharing to drive progress, and (3) need for comprehensive policies that expand access and equity.

Importance of Early Detection and Screening

The Philippines shared how they are still developing lung cancer screening programs, and Peru highlighted the difficulty of getting CT scans in certain rural areas.

Dr. Herbert Loong raised the use of AI as an effective way to lower barriers to lung cancer screening. He shared how using AI can help empower regions that might not have clinical access but at least have digital access.

Value of Collaboration and Data Sharing to Drive Progress

The Philippines shared how the Consensus Document can help guide economies that are still in the process of developing their own guidelines. Dr. Loong agreed, highlighting how the Consensus Document can serve as a reference document and the focal point for starting conversations between the different stakeholders that are involved in lung cancer care.

Dr. Loong additionally discussed how the lack of local data is often a challenge for garnering political support for lung cancer policies. He discussed increasing data sharing between APEC economies to draw connections and build greater evidence on the economic value of lung cancer care to motivate governments to fund lung cancer efforts.

“APEC can serve as a platform for having regular dialogues and focus groups where we have representatives from economies share learnings to upscale efforts and ultimately empower patient advocacy.”

- **Dr. Herbert Loong, Asia Pacific Coalition Against Lung Cancer**

Need for Comprehensive Approaches that Expand Access and Equity

The Republic of Korea emphasized the importance of raising accessibility to diagnostics and treatment, particularly through securing more public budget for lung cancer care.

Chinese Taipei shared their approach to expanding access, which includes covering screening in public health centers and clinics, and how this has encouraged more people in communities to do screenings. Through better coverage for patients, Chinese Taipei is hoping to expand access to primary prevention and treatment.

“Let us not forget the importance of evidence-based strategies for prevention that we can develop together and our commitment to closing access gaps throughout the lung cancer care continuum. This means advocating for improved early diagnosis, optimizing care pathways, and fostering collaboration that will achieve measurable and impactful outcomes.”

- Dr. Victor Campos, Director General, Office of International Technical Cooperation, Ministry of Health, Peru

Conclusion

Through this policy dialogue, APEC economies reaffirmed their commitment to improving lung cancer outcomes in the region and leveraging the APEC platform to collaboratively craft more effective policies.

A key takeaway from the discussion was the need for more evidence on the economic value of prevention and treatment to drive policymaking and further investment. Participants agreed that cooperation among APEC economies can help increase the lung cancer evidence base and promote better understanding of what policies can improve lung cancer outcomes.

By building an enduring lung cancer initiative within APEC, economies can begin to set clear guidelines and goals for expanding patient access across the lung cancer care continuum, improving survival rates and advancing well-being and economic growth in the region.

Appendix

Program

Time	Agenda Item
10:30 am – 10:32 am	Welcome Remarks <ul style="list-style-type: none">• Dr. Victor Melt Campos, Director General, Office of International Technical Cooperation, Ministry of Health, Peru
10:32 am – 10:42 am <i>5 minutes for each presentation</i>	Presentations <p>“State of Lung Cancer in APEC: How regional trends in the lung cancer burden are catalyzing policy action in APEC economies”</p> <ul style="list-style-type: none">• Ms. Adrienne Mendenhall, Director, Crowell Global Advisors <p>“Lung Cancer Policy Consensus for the Asia-Pacific Region”</p> <ul style="list-style-type: none">• Dr. Herbert Loong, MBBS(HK), PDipMDPath(HK), MRCP(UK), FRCP Edin, FHKCP, FHKAM(Medicine), FASCO, Associate Professor (Clinical) – Department of Clinical Oncology, Chinese University of Hong Kong
10:42 am – 11:02 am <i>5 minutes for each presentation</i>	Presentations by Economies <p>Invited speakers will share best practices of enacting policies and programs aimed at supporting prevention, diagnosis, and treatment of lung cancer through centrally coordinated plans, sustainable funding mechanisms, robust surveillance protocols, and public education, underpinned by strong political leadership.</p> <p><i>Presentations:</i></p> <p>Republic of Korea: “Korea’s Comprehensive Approach to Lung Cancer Care: How Korea is Financing Prevention, Detection, and Treatment”</p> <ul style="list-style-type: none">• Dr. Yeon Wook Kim, Assistant Professor (Pulmonary and Critical Care Medicine), Seoul National University Bundang Hospital <p>Peru: “Advancements in Screening Technology for At-Risk Groups for Lung Cancer”</p> <ul style="list-style-type: none">• Dr. Luis Mas Lopez, Medical Oncologist, Coordinator for Lung Cancer Group, Peru Society of Medical Oncology

Time	Agenda Item
10:42 am – 11:02 am	<p>Chinese Taipei: “Facilitating Innovations and Sustainable Funding in Lung Cancer Treatment”</p> <ul style="list-style-type: none"> • Ms. Pei-Shan Huang, Senior Executive Officer, National Health Insurance Administration, Ministry of Health and Welfare <p>Thailand: “Expansion of Lung Cancer Prevention and Referral Pathways for Suspected Lung Cancer Cases”</p> <ul style="list-style-type: none"> • Dr. Danai Monorom, Deputy Director, National Cancer Institute, Department of Medical Services, Ministry of Public Health
11:02 am – 12:00 pm	<p>Discussion</p> <p>Discussants to review and reflect on earlier presentations and their implications for addressing access gaps in the lung cancer care continuum. Topics that may be raised include:</p> <ul style="list-style-type: none"> • How are economies increasing access to advanced diagnostics and personalized treatment to improve lung cancer survivorship? • What actions are APEC economies taking to support patients who have never smoked but face other risk factors for lung cancer? • What are challenges that APEC economies face in financing and implementing lung cancer prevention and control policies? • What is the role of APEC in advancing regional collaboration on lung cancer prevention and control? What actions can APEC economies take to collaborate on lung cancer prevention, diagnosis, and treatment? • How can APEC economies align their lung cancer prevention and control policies and programs with efforts being undertaken within the Asia-Pacific and Latin American region at-large? • How are APEC economies addressing the need to reduce exposure to modifiable risk factors for lung cancer among smokers and never smokers? <p>Moderator: Ms. Adrienne Mendenhall, Director, Crowell Global Advisors</p>

Participation

Number of economies that participated	7
Total number of participants	28
Female	18 (64%)
Male	10 (36%)

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