Lung cancer care in Egypt

How effective policy can transform outcomes

The Global Policy and Partnerships Committee, The Health Policy Partnership

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Lung cancer is a global health emergency.

It is the leading cause of cancer deaths and—together with tracheal and bronchus cancer—is estimated to cost the global economy $3.9 trillion between 2020 and 2050.[1,2] There were over 2.4 million new cases in 2022, and that number is expected to grow to 4.4 million by 2050.[3] The disease has a profound impact on people and their loved ones; a diagnosis can cause intense emotional distress and have knock-on effects, including on people's ability to engage in education and work.[4,5] Urgent policy action and investment are needed to address the rising toll of the disease.

Egypt's population is over 116 million.[6]

In 2022, more than 7,600 people were diagnosed with lung cancer, which equates to 147 new diagnoses every week.[7]

That same year, more than 6,800 people died from lung cancer, which equates to more than 130 deaths per week.[8]

The number of cases is estimated to almost double by 2040.[9]

IASLC
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Lung & Thoracic Cancers Worldwide in the 21st Century

This report was developed by the International Association for the Study of Lung Cancer (IASLC) Global Policy and Partnerships Committee in collaboration with The Health Policy Partnership, an independent health policy and research consultancy. The content was informed by input from various IASLC members, who contributed their time voluntarily. The report is intended for informational and policy purposes only and should not be considered medical advice. Readers are encouraged to consult qualified health care professionals for medical guidance.

Egypt's policy and care landscape

National cancer control plan (NCCP)		Egypt has a national health strategy (2024–30) that includes cancer.[10] However, the NCCP (2016–20) is outdated.[11] The government has recognized lung cancer's impact on the country, and has started to implement national screening programs to combat it (see *Case study*).[12 13]
Lung cancer mentioned in NCCP		Although lung cancer is mentioned in the national health strategy, there are no specific targets or actions relating to it.[10]
National cancer registry		There is a national cancer registry (the National Cancer Registry Program of Egypt), but it does not appear to have been updated since 2012 and is not specific to lung cancer.[14] However, since Egypt became a member of the International Agency for Research on Cancer in May 2024, the Ministry of Health and Population has been working to revive the registry program (an initiative to improve health care quality through the collection of cancer-related data).[15-17] By September 2025, nearly 20 centers had enrolled in the program to share data at either hospital or population level.[17] The Ministry of Health and Population also launched a training program in 2025 for directors of oncology centers in preparation for the relaunch of the national cancer registry.[15]
Defined care pathway and/or guidelines for lung cancer		There are efforts to unify care pathways across the country; national guidelines for lung cancer care are being developed.[12 18]

Strategies for prioritizing lung cancer in Egypt

Risk reduction

Tobacco smoking is the biggest risk factor for lung cancer globally, but there are other risk factors of increasing concern, including family history, occupational exposure, air pollution, and radon.[19] Enacting policies that mitigate these risks is vital to reducing the incidence of lung cancer.

Tobacco use is one of the leading risk factors for developing lung cancer in Egypt, and uptake among women is increasing.[20-22] Almost 25% of adults actively use tobacco, and 50% of the population is frequently exposed to second-hand tobacco smoke in their homes; this is considerably higher than the average exposure to second-hand smoke globally (34.3%).[23 24]

Men are disproportionately affected by lung cancer due to higher rates of tobacco smoking, including water pipes.[22]

Air pollution is another significant risk factor in Egypt—especially in urban areas such as Cairo—due to industrial emissions, vehicle exhaust fumes, and dust storms from the surrounding desert.[22] Egypt is ranked the ninth worst country in the world for air quality.[22]

In 2021, it was estimated that more than 60% of lung cancer deaths were due to active tobacco use, over 30% were due to air pollution and almost 7% were due to exposure to occupational carcinogens.[25 *]

*The source combines data for trachea, bronchus, and lung cancer. However, this profile concerns lung cancer only, so, for brevity, it does not mention trachea and bronchus cancer.

National policies/strategies for risk reduction

Tobacco control		Egypt ratified the World Health Organization's Framework Convention on Tobacco Control in 2005.[26] Since then, legislation has been put in place for tobacco control. The aim of these policies is to decrease the prevalence of tobacco use by 1% in adults and 2% among young people every year.[26] Policies include designating smoke-free public spaces (including workplaces, health care facilities and educational institutions). However, compliance with these measures is mixed.[26] Graphic health warnings are required on all cigarette and smokeless tobacco packaging. There are also bans on direct tobacco advertising.[27] Since 2016, Egypt has raised tobacco taxes to at least 75% of the price of the best-selling brand of cigarettes.[27 28] Since the introduction of screening programs for lung cancer (see *Case study*), smoking cessation support has become available in primary health settings, and there is the possibility of referral for more specialist support to stop smoking.[17]
E-cigarettes/ vaping		There are national laws to regulate e-cigarettes (both with and without nicotine), including a ban on their use in indoor public spaces, a requirement for health warnings on packaging, and a minimum age of sale (18 years).[27]
Occupational exposure		Since 2004, the Ministerial Council has implemented a ban on the import of asbestos.[22]
Air pollution		The government is implementing the Greater Cairo Air Pollution Management and Climate Change Project (financed by the World Bank), but it has not been developed especially to reduce lung cancer cases.[29] The project aims to reduce air pollution produced by solid waste and vehicle emissions from public transportation; measures include developing and upgrading waste management infrastructure, and providing an electric bus fleet.[29]
Educational or public awareness campaigns		Experts from the Presidential Initiative for the Screening and Early Detection of Cancer have traveled to areas where people work in high-risk occupations (including metalworking) to explain the importance of using personal protective equipment to reduce the risk of lung cancer.[20] There have also been efforts from the Ministry of Social Solidarity to raise awareness of the effects of tobacco smoking, to support smoking cessation.[12]

Earlier detection

Diagnosing lung cancer early is crucial to improving survival rates.

The five-year survival rate could be over 80% if the disease is diagnosed earlier (stage I); however, diagnosis currently occurs at a late stage (III and IV) in around 70% of cases, when the five-year survival rate falls to as low as 7–18% (for stage IV disease specifically).[30-33]

Awareness of lung cancer symptoms is low among the public and clinicians.[20] A survey of the general public found that more than half (56%) of respondents could not name any symptoms.[34]

One issue impacting earlier detection is people not participating in screening once invited, and not attending follow-up appointments.[20]

People residing in remote areas, away from Centers of Excellence, often experience delays in diagnosis and referral for treatment.[12]

Strategies to improve earlier detection

Clinical awareness campaigns		Experts from the Presidential Initiative for the Screening and Early Detection of Cancer have traveled around Egypt to educate health care professionals on the symptoms of lung cancer and the importance of detecting the disease early.[20]
Public awareness campaigns		Experts from the Presidential Initiative for the Screening and Early Detection of Cancer have conducted numerous public awareness campaigns on the importance of earlier detection in many sectors, including private companies, the government, banks, and public events.[35]
National screening program		The Presidential Initiative for Early Cancer Detection and Treatment (including lung, prostate, colon, and cervical cancer) was introduced in 2023 under the slogan "100 Million Healthy Lives." The awareness campaign targeted the general public to improve the earlier detection of cancer, including lung cancer.[13] Citizens are encouraged to visit clinics and complete a questionnaire to identify which cancers they should be screened for (free of charge).[13 36] The *case study* outlines how screening is being deployed specifically for lung cancer. In addition to the national screening program, artificial intelligence is being used with chest X-rays to help detect nodules in Egyptian Ministry of Health and university hospitals.[17]

Case study. Lung cancer screening in Egypt

In 2023, as part of the Presidential Initiative for the Early Detection of Cancer, low-dose computed tomography screening became available for people at high risk of lung cancer.[22] Within the first ten days of its introduction, 2,100 people were screened.[22]

Populations are sent a questionnaire (which can be accessed online, on a mobile app, via an assisted hotline, or through a primary health care worker) to determine their level of risk.[17 20] People over 45 with a history of active tobacco use of at least one pack a day for 20 years are eligible for screening.[22]

There are also initiatives to help people access screening who do not have internet access, live in remote areas, or have poor digital literacy; for instance, social workers support people to fill out forms, and mobile computed tomography (CT) scanners are deployed to reach remote communities.[20]

After the CT scan is read, a radiological multidisciplinary team holds a virtual meeting to streamline the referral process for suspicious findings.[20]

Care

Lung cancer care covers a range of elements, from treatment to palliative care. There are a number of chemotherapies, radiotherapies, and immunotherapies available, and the identification of specific biomarkers can be used to guide treatment choice.[37 38] Palliative care can be used to support people through treatment, and with pain and symptom management.[39]

Egypt has a national health system that provides public funding for medicines, with government subsidies for the 30% of the population who are likely to experience health disparities.[21 40 41] However, out-of-pocket spending still accounts for over 53% of health care spending.[42]

The Egyptian Authority for Unified Procurement, Medical Supply and the Management of Medical Technology is drafting a health technology assessment process for cost-effective procurement of medicines.[43 44]

There are different hospitals in Egypt: public hospitals, providing services for people without insurance; public insurance hospitals, offering enhanced services through the national health insurance program; and private hospitals, providing more advanced and specialized treatments.[22 21]

However, there are geographical inequities in access to public hospitals, particularly for rural communities.[20 22]

Strategies to enhance lung cancer care

Biomarker testing and/or next-generation sequencing		A government-funded central laboratory in Egypt provides comprehensive biomarker testing,though gaps remain due to lack of widespread infrastructure.[12 35] Some biomarker tests are sponsored by pharmaceutical companies in public insurance hospitals.[22]
Oncology centers that provide specialized lung cancer care		Egypt has a network of chest hospitals and clinics, with some centers specializing in lung cancer.[20 22]
Multidisciplinary care team		Medical oncologists, radiation oncologists, pathologists, and other specialists are scarce in public hospitals.[22] Whereas private hospitals offer broader specialty access and multidisciplinary tumor boards.[22]
Treatments		Public hospitals offer government-funded standard chemotherapy, radiation therapy, and some innovative medications.[22] However, underfunding, improper service distribution, and workforce shortages mean that essential services are not always available.[17] Public insurance hospitals offer slightly enhanced services, including first-generation targeted therapies, though access to newer treatments like advanced immunotherapies remains limited.[22] Private hospitals more closely align with international standards of care, offering third-generation therapies.[22] However, coverage gaps may restrict access to the latest treatments.[20] Clinical trials are available in select centers as an additional treatment option.[35]
Palliative care and/or supportive services		Comprehensive supportive care, including rehabilitation and psychological support, is government-funded only in select university hospitals.[35] Palliative care is not fully integrated into public lung cancer services.[12] However, private hospitals offer enhanced palliative care and psychosocial support.[22] Charities, such as Global Cancer Care Egypt–UK, also provide support by delivering palliative care, establishing new centers in underserved areas, and training providers.[45]

"Some of the insurance companies put caps on treatments that may not cover the whole chemotherapy or radiotherapy treatment course."

Dr Ahmed Magdy Rabea,
Medical Oncology,
National Cancer Institute, Cairo University

"Expanding early and equitable access to palliative care is essential for improving quality of life."

Professor Ola Khorshid,
Department Chair, Medical Oncology,
National Cancer Institute, Cairo University

Living well beyond cancer

Living well beyond lung cancer is becoming a more pressing issue as more people are living longer after diagnosis. Living well beyond lung cancer focuses on ensuring a good quality of life and providing holistic care.[46]

Employed people who are navigating lung cancer diagnosis and treatment may need to have significant periods off work, and the cost of private care can contribute to financial insecurity.[20]

The Good Samaritan Society in the city of Mansoura was established to provide supportive care for people with chronic and disabling illnesses, including cancer (but not lung cancer specifically). In addition to providing palliative care services, it aims to provide spiritual and social support.[47]

Recommendations for policymakers

- **Enforce policies on tobacco control,** such as ensuring the widespread implementation of smoke-free public spaces and increasing excise taxes on tobacco.

- **Expand support for smoking cessation,** including ensuring widespread reimbursement for nicotine replacement therapies and providing a national helpline for stopping smoking (which has been implemented for substance abuse). These services should be covered through the public health system to facilitate equitable access.[12]

- **Enforce safety protocols in workplaces where employees are at risk of exposure to carcinogens** (e.g. asbestos, silica dust, diesel fumes, and welding fumes), including providing respirators and protective clothing.

- **Implement nationwide public awareness campaigns for the symptoms of lung cancer and risk factors for its development.** This could include TV advertisements, posters, and social media campaigns.

- **Expand access to immunotherapy and targeted lung cancer treatments,** in line with national guidelines (which are in development), to close disparities in access between the private and public sectors. This can be done by providing subsidies for these medicines, reviewing reimbursement policies, and supporting local manufacture for supply.

- **Enhance the provision of comprehensive lung cancer services in publicly funded hospitals;** this should include investment in the recruitment and retention of staff to provide comprehensive services, including palliative care and psychosocial support, and the provision of support programs for people living beyond lung cancer through follow-up plans and financial counseling.

Appendix. Methodology

This profile was developed using a structured literature review (using peer-reviewed and grey literature from 2018 to 2025) guided by a key topics list and corresponding search terms. The data presented in each profile were dependent on what was available in the published literature.

The profiles were supplemented with expert interviews in each country. The interviews were 30–60 minutes and were facilitated by a discussion guide that aimed to discover the key challenges for lung cancer risk reduction, earlier detection, and care in each country while also revealing any best-practice initiatives in place to reduce the impact of the disease. Opportunities were also given to respondents to provide written responses to questions rather than participating in an interview, to facilitate participation.

This country profile underwent two rounds of review from the members of the IASLC Global Policy and Partnerships Committee and the experts who contributed to the country profile via interview.

More information can be found in the supplementary material.

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Contributors

Professor Ola Khorshid, Department Chair, Medical Oncology, National Cancer Institute, Cairo University, Egypt

Dr Ahmed Magdy Rabea, Medical Oncology, National Cancer Institute, Cairo University, Egypt

IASLC Global Policy and Partnerships Committee

Professor Alfredo Addeom, University Hospital Geneva, Switzerland
Dr Pedro Aguiar Jr, Grupo Oncoclínicas, Brazil
Alana Shea Boyd, GO2 for Lung Cancer, US
Professor Andreas Charalambous, Cyprus University of Technology, Cyprus
Nikolina Dodlek, Cyprus University of Technology, Cyprus
Martin Babatunde Babasanmi Edun, Institute of Human Virology, Nigeria
Dr Yasushi Goto, National Cancer Center Japan
Professor Fred Hirsch, Icahn School of Medicine at Mount Sinai, US
Dr Samuel Kareff, Lynn Cancer Institute, Baptist Health South Florida, US
Lillian Leigh, Cancer Institute New South Wales, Australia
Dr Gilberto de Lima Lopes Junior, Sylvester Comprehensive Cancer Center at the University of Miami, US
Katie Maher, International Association for the Study of Lung Cancer, US
Dr Rohan Patel, University Hospitals Seidman Cancer Center, Case Western Reserve University, US
Professor CS Pramesh, Tata Memorial Hospital, India
Assistant Professor Melody Qu, London Health Sciences Centre, Canada
Associate Professor Nicole Rankin, The University of Melbourne, Australia
Dr Ambreen Sayani, Women's College Hospital, University of Toronto, Canada
Professor Benjamin Solomon, Peter MacCallum Cancer Centre, Australia
Assistant Professor Rajat Thawani, OHSU Knight Cancer Institute, US
Dr Ilit Turgeman, Dana-Farber Cancer Institute, US

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