Lung cancer care in Mexico

How effective policy can transform outcomes

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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.

Mexico's population is approximately 130.7 million.[6]

In 2022, there were more than 10,500 people living with lung cancer who had received a diagnosis in the previous five years.[7]

The incidence of lung cancer is 7.3 and 3.8 per 100,000 for men and women, respectively.* Every week, approximately 90 men and 49 women receive the news that they have lung cancer.[6,8,9] However, clinicians believe that these rates are vastly under-reported due to poor data keeping, misdiagnoses, and people's hesitancy to see a clinician due to social stigma surrounding the disease.[10]

Lung cancer is the fifth leading cause of cancer-related death in Mexico, and the mortality rate is 5.1 per 100,000.[9,11]* Every week, approximately 85 men and 46 women die from the disease.[6,8]

Lung cancer incidence and mortality are expected to increase by approximately 131% and 133%, respectively, by 2050.[12,13]*

*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.

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

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Mexico's policy and care landscape

National cancer control plan (NCCP)		The most recent NCCP was for 2021–24, and a new one has yet to be published (as of late 2025).[14] The influence of the NCCP on policy and clinical practice is minimal due to a lack of funding.[15]
Lung cancer mentioned in NCCP		The NCCP does outline the importance of detecting the most common cancers—including lung cancer—early, but lung cancer is not specifically mentioned in the strategies for change.[14]
National cancer registry		There have been various efforts to implement population-based cancer registries, but they have either been halted due to the fragmented nature of the country's health system and the difficulty of data-sharing among institutions, or are still in the development stage.[16 17] The lack of accurate data collection means that stated rates of lung cancer incidence and mortality are lower than the real-world numbers.[17]
Defined care pathway and/or guidelines for lung cancer		Clinical practice guidelines are available for the management of advanced-stage non-small cell lung cancer; but neither a full care pathway for lung cancer management nor guidance for other stages and types of lung cancer is available.[18 19]

Strategies for prioritizing lung cancer in Mexico

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.[20] Enacting policies that mitigate these risks is vital to reducing the incidence of lung cancer.

In 2021, approximately 34% of lung cancer deaths in Mexico were due to tobacco exposure; 14% were due to occupational exposures; 11% were due to air pollution; and 5% were due to radon exposure.[21] *

Up to 45% of lung cancer diagnoses in Mexico are in people who have never smoked.[22]

Exposure to environmental pollution and solid cooking fuels, especially wood smoke, is a risk factor for lung cancer.[23] This disproportionally affects women due to the culturally gendered nature of cooking in Mexico, resulting in almost half of lung cancer cases in women being associated with wood smoke exposure, and higher rates of diagnosis in women who have never smoked (67%).[24] This exposure also results in women receiving diagnoses at a younger age, on average.[19]

There is also a high rate of genetic mutations, which increase the risk of developing lung cancer: 30–35% of people diagnosed with lung cancer have a mutation in the epidermal growth factor receptor (EGFR) gene; and many of these people have never smoked.[10 17]

*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		In 2004, Mexico was the first country in the Americas to ratify the World Health Organization's Framework Convention on Tobacco Control, but it was not enshrined in law until 2023.[25 26] The new laws ban the advertisement, promotion, and sponsorship of tobacco products.[25 26] Smoke-free environments in locations including plazas, parks, schools, public transportation, stadiums, workplaces, and beaches have also been introduced.[25 26] Tobacco cessation services, including nicotine replacement therapy and counseling, are available free of charge.[27] Implementation is ongoing, but between 2015 and 2023 there was a 23% increase in the number of people accessing cessation advice from health care providers; a decrease in exposure to second-hand smoke; and an 11–13% reduction in the number of people who see tobacco advertising (this is lower than the target).[27 28] Taxes on tobacco have risen to 69%, but the affordability of cigarettes has not changed, indicating that the taxation rate is not high enough to influence consumption.[27 29]
E-cigarettes/ vaping		The sale of e-cigarettes is technically banned, but over 1% of the population uses them, and that number is growing.[30 31] Many of the e-cigarettes purchased on the black market are unregulated and contain unknown compounds and chemicals.[30 31]
Occupational exposure		The Mexican government recognizes lung cancer as a possible outcome of exposure to cancer-causing compounds in the workplace,[32] and there are a number of policies in place to reduce exposure and ensure worker health and safety.[33]
Air pollution		The National Air Quality Strategy 2017–30 provides approaches and interventions to control, mitigate, and prevent the emission of pollutants. The policy recognizes the link between exposure to air pollution and lung cancer.[34]
Educational or public awareness campaigns		National Lung Cancer Day (April 5) was established in 2018 as a way to increase awareness of the disease and its risk factors—and of the opportunities that earlier detection and treatment present.[35]

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).[36-39]

Outside of specialized oncology centers, there is limited knowledge among clinicians of the differences between endemic lung diseases—such as tuberculosis—and lung cancer, resulting in missed diagnoses.[17 40]

A cohort study by the National Cancer Institute of Mexico found that over 99% of lung cancers are diagnosed at a late stage (III and IV); only 0.6% are diagnosed at stage II.[24] The study also found that the average survival time for people with lung cancer is 23 months; that number falls to 18.5 months for people with stage IV disease.[24]

Incidental detection presents an opportunity to detect lung cancer earlier and is becoming more common via computed tomography (CT) scans e.g. before surgeries.[10]

Strategies to improve earlier detection

Clinical awareness campaigns

In November and December 2018, a pilot training program was implemented at Issemym State Cancer Center in Toluca de Lerdo. The program aimed to educate primary care clinicians about the importance of detecting lung cancer earlier; to improve communication between primary care physicians and referral hospitals; and to enable timely referral.[41]

The program trained 308 clinicians and resulted in a reduction in time from first general practice consult to referral to a cancer center (76 days to 45 days); from diagnosis to treatment (28 days to 12 days); and from first medical oncologist consult to treatment commencement (5 days to 1 day).[41]

Public awareness campaigns

In July and August 2024, Breathing with Courage—an organization for people with cancer—partnered with Cinemex to broadcast a public information film in 2,110 cinemas.[42] The film aimed to raise awareness about the importance of lung health, the need for lung cancer screening, and the role of earlier diagnosis in successful treatment.[42]

National screening program

Some pilots and small-scale screening services are available (see *Case study*), but there are no national programs.[43]

Screening is provided free of charge via the United Front for Lung Cancer, an advocacy group working to transform lung cancer care. Eligibility criteria for screening are based on age and smoking history.[44]

A lack of CT scanner availability—due to inadequate infrastructure and limited qualified personnel to interpret imaging—has been identified as a key barrier to screening implementation.[45]

Case study. DETECTO, the Early Detection of Lung Cancer Program

In 2021, the National Cancer Institute introduced the DETECTO program, which offers free low-dose computed tomography (LDCT) screening, and provides comprehensive and high-quality follow-up care at the institute.[46 47]

DETECTO is open to all residents, even non-citizens.[48] Eligible populations are aged 50–75 years and have: smoked a pack of cigarettes a day, on average, for 20+ years; been exposed to wood smoke for an average of 100 hours per year; a diagnosis of chronic obstructive pulmonary disease.[49] As of mid-2024, more than 1,260 people were screened through the program, and six early-stage lung cancers had been diagnosed.[15] DETECTO has now been expanded to eight locations in Mexico.[15 46 47]

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.[50] [51] Palliative care can be used to support people through treatment, and with pain and symptom management.[52]

Health care is available to all Mexican citizens free of charge. It is provided across a number of systems at federal and state level. The system that people have access to depends on their employment status and type.[53] Eight percent of the population uses private health insurance.[53] Out-of-pocket spending accounts for 39% of total health expenditure.[54]

The General Health Council is responsible for collating the Basic Table of Essential Medicines, which includes a list of oncological medications that are covered and provided in public hospitals.[55] Medications are listed based on safety, efficacy, cost effectiveness, and public health relevance.[15] Different medications are approved for reimbursement in different states, which can lead to inequities in treatment access and provision.[55]

Strategies to enhance lung cancer care

Biomarker testing and/or next-generation sequencing (NGS)	Genetic mutations for lung cancer are common in the Mexican population, so the use of biomarker testing and NGS is vital.[17] Testing for EGFR mutations is provided across health systems, but the use of NGS was only introduced widely in 2023.[10] Biomarker testing and NGS are free of charge and available to all via panels sponsored by pharmaceutical companies, but clinician training on their use is limited. At one cancer institute, up to 80% of patients had to undergo further biopsies for treatment due to inadequate sampling techniques.[17]
Oncology centers that provide specialized lung cancer care	High-quality lung cancer treatment and follow-up care are only available in three cities: Mexico City, Monterrey, and Guadalajara.[17] This means that many people need to travel long distances to receive treatment, and pay out of pocket for travel and accommodation costs while receiving treatment.[17]
Multidisciplinary care team	After receiving a lung cancer diagnosis, people are sent to oncology departments at public hospitals in major cities. In these institutions, a full multidisciplinary care team is provided, including an oncologist (medical or surgical), a pathologist, and a radiologist.[56] Tumor boards are also held to assess the person's needs.[17]
Treatments	The technology to perform video-assisted thoracic surgery is available nationwide, but there are few thoracic surgical oncologists qualified to perform it.[15] [19] Radiotherapy is available, but it is geographically limited, and newer technologies are mostly unavailable due to cost constraints.[19] Only 14 systemic drugs for lung cancer are included in the Basic Table of Essential Medicines; four of them are obsolete and only three are targeted therapies. This means that 93% of the population is unable to access effective treatments with lower toxicity, and immunotherapies are not listed.[19]
Palliative care and/or supportive services	Palliative care is available in all public health systems and is integrated into the multidisciplinary care model at oncology centers in major cities. However, people who live in rural areas, or far from major cities, have no access to localized palliative care.[15] [17] [55] Palliative care provision at the National Cancer Institute includes comprehensive inpatient and outpatient services, including pain management, psychosocial support, nutritional counseling, and end-of-life care.[15]

"At the National Cancer Institute, we have palliative care and a huge network for supporting our patients. But, unfortunately, this is not the reality for the rest of Mexico."

Dr Jose Corona Cruz,
Instituto Nacional de Cancerología

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.[57]

Survivorship care for people living with lung cancer is still in its infancy in Mexico due to historically low survival rates. The importance of supportive care and enabling people to live well beyond lung cancer is just starting to be recognized.[17]

Receiving a lung cancer diagnosis can be financially catastrophic.[55] Prior to 2019, treatment for lung cancer was not covered on the Seguro Popular—the health system for people who do not have insurance through their employer—due to stigma around the disease and low political will.[17 58] While treatment is now covered for the whole population, there are still a number of associated costs that can have a considerable impact. People have to pay travel expenses and stay in accommodation while receiving treatment, and during this time they are unable to work or provide for their family.[17] It is estimated that lung cancer results in a productivity loss of 84–335 days for people who have been diagnosed with the disease and 13–30 days for caregivers.[59] The government does not provide financial assistance for these situations, so people are left to rely on charitable organizations.[17]

Breathing with Courage, a lung cancer patient organization, operates the Living Hope program to improve quality of life for people living with the disease.[60] It provides individual and group counseling as well as personalized, navigated follow-up care for people with lung cancer and their loved ones.[60] The program also offers clinical support with referrals to suitable clinical trials, and health education.[60]

Recommendations for policymakers

- **Introduce widespread public awareness campaigns** (including via social media, TV, print media, and advertisements) to increase people's familiarity with the risk factors for lung cancer, reduce stigma around the disease, and encourage health-seeking behaviors.

- **Produce additional clinical practice guidelines or lung cancer care pathways** for different lung cancer types and stages (beyond advanced-stage non-small cell lung cancer).

- **Use the Basic Table of Essential Medicines to standardize the provision of lung cancer medications** (including immunotherapies and targeted treatments) nationally, to ensure equitable access.

- **Implement enhanced education for clinicians, both in the medical school curriculum and via educational webinars and seminars,** to help them differentiate between endemic chronic lung diseases (such as chronic obstructive pulmonary disease and tuberculosis) and lung cancer, to increase detection, and improve treatment options and outcomes.

- **Decentralize elements of lung cancer care;** this would enable care—including diagnosis, palliative and supportive care, and monitoring for recurrence—to be provided locally. This could be supported through standardized telecommunications channels between public hospitals in major cities and rural centers, allowing for seamless transitions between urban and rural centers for continuity of care.

- **Increase the number and geographic distribution of oncology centers that provide specialized lung cancer care,** especially in southern regions of the country, so people do not have to travel long distances to receive care.

- **Provide financial support** to people who have to travel to receive lung cancer care (and their families or loved ones, who are also affected).

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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