Lung cancer care in Malaysia

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.

Malaysia's population is approximately 34.1 million.[6]

In 2022, there were over 7,500 people living with lung cancer who had received a diagnosis in the previous five years.[6,7]

For every 100,000 people in Malaysia, over 15 have lung cancer.* This means that, every week, approximately 76 men and 21 women are diagnosed with lung cancer.[6,8,9]

For every 100,000 people in Malaysia, over 13 will die from lung cancer.* Every week, more than 66 men and 17 women die from the disease.[6,8,9]

By 2050, the number of people with lung cancer and the number of deaths caused by the disease are expected to grow by 140% and 148%, respectively.[10,11]*

*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

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.

Malaysia's policy and care landscape

National cancer control plan (NCCP)		Covering 2021–25, the NCCP addresses cancer prevention and control spanning primary prevention, screening, earlier detection, diagnosis, treatment, rehabilitation, palliative care, traditional and complementary medicine, and research.[12] However, the real-world impact of the NCCP remains limited due to limited enforcement of policy.[13]
Lung cancer mentioned in the NCCP		One of the NCCP's targets is to reduce the risk of premature death due to cancer, including lung cancer, by a third by 2030. Suggested activities to reach this target include increasing public awareness; expanding molecular testing services to include lung cancer; standardizing radiology reporting templates to include lung nodules; and making low-dose computed tomography (LDCT) screening available to high-risk groups.[12]
National cancer registry		The Ministry of Health has established a national cancer registry for the collection of basic data on all cancer types. However, submitting data to this registry is not mandatory for clinicians, so its use in clinical practice is limited.[14] A few professional societies have collaborated in establishing a lung cancer registry with the aim of collecting more comprehensive data from the participating centers by building research-orientated questions built into medical reports.[14]
Defined care pathway and/ or guidelines for lung cancer		With the aim of standardizing care provision in line with evidence-based recommendations, Lung Cancer Network Malaysia published clinical practice guidelines on the screening and pre-operative management of early-stage, resectable non-small-cell lung cancer in May 2025. These were endorsed by a range of Malaysian medical societies.[13 15 16] Guidelines for other lung cancer types and stages are not yet available, and specific lung cancer care pathways are not yet implemented.

Strategies for prioritizing lung cancer in Malaysia

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

In 2021, 56.0% of deaths from lung cancer in Malaysia were attributable to tobacco use; 13.0% were due to air pollution; and 9.0% were due to occupational exposures.[18 *]

Data from 2023 show that 19.0% of Malaysians use tobacco; 35.7% of men and 1.5% of women report tobacco use, compared with the global average of 32.6% and 6.5% respectively.[19 20] Just under 50% of these men and women were under the age of 18 when they started smoking.[20]

Exposure to second-hand tobacco smoke is high in Malaysia; among adults who do not actively use tobacco, 77.6% are exposed to it in restaurants, 16.9% in the workplace, and 18.6% in health care facilities.[20] Women are disproportionally affected due to higher exposure in homes and public spaces.[13]

In Malaysia, 5.8% of adults use e-cigarettes and 3.9% use both e-cigarettes and tobacco.[20]

*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		The Control of Tobacco Product Regulations 2004 is regularly updated.[13] It includes policies such as increasing the number of smoke-free public places; expanding smoking cessation programs in the workplace; introducing photographic health warnings on packaging; prohibiting tobacco product advertising; and increasing taxes and minimum pricing on tobacco products.[20] However, adherence to and enforcement of these policies remains limited.[13] There are also persistent issues with the sale and use of illicit cigarettes, which evade government control and taxation; it is estimated that one in three cigarettes is contraband.[21] Tax on tobacco accounts for 59.0% of the total retail price on average, but affordability of cigarettes has not changed so more punitive taxes are needed to affect consumption.[22] mQuit—a digital smoking cessation platform—is available to all citizens (*Case study*) as part of the Roadmap for Lung Health Initiative Malaysia 2025–30, drafted by the Ministry of Health and the National Cancer Society of Malaysia.[23 24]
E-cigarettes/ vaping		Nicotine was exempt from the 2023 Poisons Act, which led to the unregulated sale of e-cigarettes containing nicotine.[13]
Occupational exposure		In January 2025, the Ministry of Health and the Malaysian Industrial Health and Safety Administration announced that they would be launching a national lung health initiative to address workplace-related lung health risks.[25]
Air pollution		The Department of Environment measures and reports air quality, but this is not done explicitly to reduce lung cancer incidence.[13] Malaysia was 1 of 14 countries that submitted a resolution to the World Health Organization in 2025, urging it to recognize the importance of addressing diseases that affect the lungs and the impact of risk factors, such as air pollution, on the development of lung diseases.[26]
Educational or public awareness campaigns		The Cancer Matters website, launched by the National Cancer Society of Malaysia, contains information on prevention, diagnosis and treatment, and provides resources to help people navigate the cancer care pathway.[23] A national mass-media anti-smoking campaign has been run by the Ministry of Health.[27]

Case study. mQuit service to improve tobacco cessation

In 2015, mQuit was launched to make tobacco cessation services accessible.[28] The public–private partnership provides smoking (including e-cigarette) cessation services to people over 15 years of age.[24] Initially, mQuit offered a quitline counseling system alongside a website to inform and enroll people with active tobacco use.[28] However, the majority were from low-income households and could not pay for tobacco cessation services, so the Ministry of Health is in the process of subsidizing mQuit.[24]

The service has been further digitalized to increase accessibility to people in remote areas. Once users are registered, they have access to a community adviser partner (provided by an external non-governmental organization as part of a buddy program) via email, online chat or telephone; in-person appointments are also available.[24] The service also provides users with access to tobacco cessation medications.[24]

Factors that have facilitated the implementation of the program include utilizing public–private partnerships to minimize resource demands on the public health system, increasing accessibility via online services and promoting the service through the COVID-19 contact tracing app.[24]

In the first five years of the program, 50.8% of users stopped active tobacco use—well above the global target of 20.0%.[24]

Earlier detection

Diagnosing lung cancer early is crucial to improving survival rates.

The five-year survival rate could be over 80.0% if the disease is diagnosed earlier (stage I); however, diagnosis currently occurs at a late stage (III and IV) in around 70.0% of cases, when the five-year survival rate falls to as low as 7.0–18.0% (for stage IV disease specifically).[29-32]

Between 2017 and 2021, 95.4% of men and 94.3% of women with lung cancer in Malaysia received late-stage diagnoses (III and IV).[33]

Due to late-stage diagnoses, survival rates for lung cancer in Malaysia are poor: one-year survival rates are 63.3% for stage I and 29.6% for stage IV; five-year survival rates decrease to 37.1% for stage I and 6.3% for stage IV.[12]

Strategies to improve earlier detection

Clinical awareness campaigns		The Lung Cancer Network Malaysia provides educational talks and materials—including an online patient navigation guide, a lung cancer counseling tool, and a podcast—for general practitioners and other health care professionals.[16 34]
Public awareness campaigns		A number of non-government organizations have conducted awareness campaigns via national radio and mainstream media, including an annual campaign in November for World Lung Cancer Awareness Month.[13 16]
National screening program		Across 14 sites in 2017, a national pilot was conducted for detecting lung cancer via LDCT screening in high-risk populations.[12 35] However, it was discontinued due to budget constraints, poor engagement from the target population, and a lack of public awareness.[12] The National Cancer Institute chose to continue offering LDCT screening as part of routine services.[12] The National Cancer Society of Malaysia also offers screening at a cost of approximately USD $65.[15] In May 2025, the Ministry of Health launched an AI-supported screening initiative targeting high-risk groups using chest X-ray; seven government health clinics were chosen to participate in the pilot in late 2025.[36]

"AI can enhance the diagnostic sensitivity of chest X-ray imaging to help triage individuals for more definitive LDCT screening."

Professor Anand Sachithanandan, Sunway Medical Centre

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]

Health system funding in Malaysia is two-tier. The government provides basic universal health care through taxation.[40] However, around half of the population supplements this with private health insurance.[41 42] Out-of-pocket spending accounts for around 38.0% of total health expenditure.[43]

Medications are reimbursed based on their inclusion in the Ministry of Health Medicines formulary. They are included on this list after reviews by the Technical Working Drug Committee and the Medicines Evaluation Committee, who assess the price, budget impact, and safety alongside an analysis of the clinical evidence base.[44] However, there are often delays in getting new therapies approved and reimbursed by the Malaysian Ministry of Health, and accessibility of generic and biosimilar medications is lacking.[45]

Strategies to enhance lung cancer care

Biomarker testing and/or next-generation sequencing		Biomarker testing is available, but it is prohibitively expensive for many, and only available in select specialized public oncology centers.[13 45]
Oncology centers that provide specialized lung cancer care		In 2022, there were 36 dedicated cancer centers: 6 were part of the public system run by the Ministry of Health, 4 were public university-affiliated institutions, and the remaining 26 were in the private sector.[46] Among these centers, there is an uneven allocation of workforce and resources, which are concentrated in urban areas and at private hospitals.[45]
Multidisciplinary care team		Multidisciplinary teams are available at larger cancer centers to provide personalized treatment management for complex, advanced-stage lung cancer.[16 34] The team usually consists of a pulmonologist, a radiologist, a nuclear medicine physician, a pathologist, an oncologist, and a thoracic surgeon.[16 34] Early-stage cases are starting to also be managed by the multidisciplinary team due to more cases requiring multi-modal therapy.[16 34]
Treatments		Radiotherapy is available in some public hospitals, but certain services can incur out-of-pocket costs. Waiting times can be eight times longer than in the private system.[47] Only one targeted therapy is available to select patients at public hospitals; all others are available only through private insurance or by paying out of pocket.[47] Immunotherapies are also generally inaccessible to the public due to their high costs.[13] Chemotherapy is a common treatment modality used in public hospitals.[47] Rates of surgical resection of lung cancer have been reported to be as low as 4.8%.[48] This is attributed to late-stage diagnoses and a limited number of cardiothoracic surgeons.[47]

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Strategies to enhance lung cancer care, *cont'd*

Palliative care and/or supportive services

Lung cancer care typically has minimal integration of supportive and holistic care.[13] In 2019, the Ministry of Health published a palliative care strategy and policy plan recognizing the growing need for action, as only 10.0% of palliative care needs were being met. Standards of palliative care provision vary greatly between hospitals, with quality determined by location; current service provision is mainly focused in large urban areas.[45 49 50] The Ministry of Health's strategy does not include specific action points for lung cancer care.[49]

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.[51]

Care for people living with lung cancer is severely underdeveloped in Malaysia;[13] services are primarily provided by non-governmental organizations located in large urban areas. The Lung Cancer Network Malaysia, the National Cancer Society Malaysia and the National Cancer Council are working to increase awareness of the need for effective care through advocacy, education, and training. These organizations also have support groups and resources for survivors; the National Cancer Council provides financial assistance to cover associated costs, including medical equipment and travel expenses.[45]

In 2020, Malaysia opened its first oncofertility center: the Advanced Reproductive Center at Hospital Canselor Tuanku Muhriz UKM, a public university hospital in Kuala Lumpur.[52 53] The center takes referrals from across the country for people diagnosed with cancer who wish to engage in fertility preservation; services include egg and sperm banking, cryopreservation, and emergency in vitro fertilization.[52 53]

Recommendations for policymakers

- **Invest in primary prevention and enforce existing tobacco policies,** such as smoke-free public places, and control the illicit cigarette market.
- **Develop and implement a targeted screening program for lung cancer that utilizes chest X-rays and AI to assess and categorize scans;** this will ensure equitable access across all regions and facilitate earlier detection while using minimal resources. The program should also include robust systems for follow-up and case management.
- **Improve access to diagnostics and therapies through strategic procurement;** better stock and supply chain management; evidence-based optimization; and the development and approval of generics and biosimilars in the Ministry of Health Medicines Formulary.
- **Use public–private partnerships to develop centers of excellence;** these will help overcome resource constraints in the public system and enable swift diagnoses and time to treatment.
- **Strengthen palliative and other care by investing in, and expanding access to, pain relief, psychosocial support, integrated patient navigation, and financial support** (that covers medical costs and health-related social costs such as transport, housing, caregiving, and employment).

"Bold public health action, from tobacco control through survivorship, will dictate Malaysia's future in lung cancer."

Professor Nirmala Bhoo-Pathy, Universiti Malaya

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 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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