ADVOCACY TOOLKIT

TRANSFORMING LUNG CANCER CARE

How effective policy can improve outcomes

IASLC
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

CONQUERING LUNG AND OTHER THORACIC CANCERS WORLDWIDE IN THE 21ST CENTURY

Introduction

This policy toolkit provides key messages and dissemination materials to support members of the International Association for the Study of Lung Cancer (IASLC) and other advocates to undertake advocacy and engagement with policymakers.

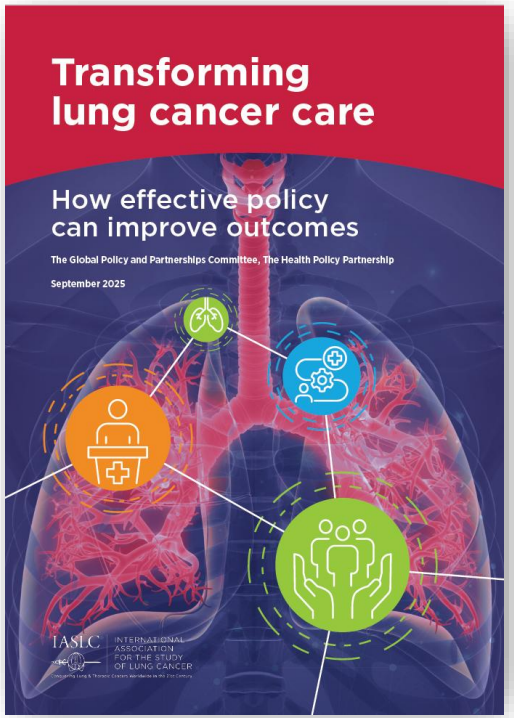
We hope that the toolkit will encourage the implementation of policies that improve outcomes for people with lung cancer worldwide.

It has been developed by the IASLC Global Policy and Partnerships Committee to complement the report *Transforming lung cancer care: how effective policy can improve outcomes*. Country profiles are also available through the link.

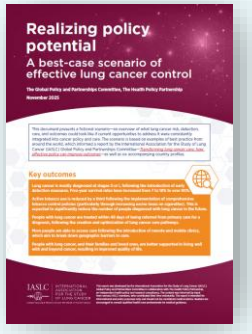
CONTENTS

- How can I advocate for change?
- Factsheets to support policy engagement
- Calls to action for governments and policymakers
- Communications materials to disseminate the report *Transforming lung cancer care: how effective policy can improve outcomes*

Transforming lung cancer care: how effective policy can improve outcomes



Country profiles and a “best-case scenario” for lung cancer policy are also available.



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How can I advocate for change?

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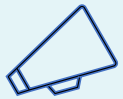
Health care professionals and advocates can drive change in several ways

We encourage you to use the recommendations in this toolkit to engage policymakers.

Identify local, regional or national policymakers who can help you. Send them a letter (*slide 8*) to highlight the impact of lung cancer and provide them with recommendations for mitigating it.

Host an advocacy event (*slides 9–11*).



Raise awareness of the impact of lung cancer on people and society, using:

- the factsheets (*slides 12–16*)
- communication materials (*slides 37–39*); share the report on social media, along with data and case studies to highlight the impact of lung cancer and solutions to mitigate it.

Health care professionals and advocates can drive change in several ways *cont.*

Join a national or local advocacy group, coalition or patient organization (particularly an umbrella organization) to host joint activities or share resources.

- Together, groups can conduct lung cancer awareness campaigns such as webinars, develop a coordinated social media presence and host in-person events.

If you are a member of a patient group, engage with the private sector (pharmaceutical companies); ask for their support to publicize the impact of lung cancer and opportunities for change.

Be aware of calls for public consultation for lung cancer therapies/legislation through government websites and health technology assessment bodies—and contribute where you can.

Develop an action plan for your country's context

When communicating with policy- and decision-makers, it is helpful to have a clear action plan.
The table below can be adapted based on the findings in Calls to action for governments and policymakers.

	What do you want to achieve?
Identify the problem	Understand the scale of the problem, map any equity considerations and begin initial stakeholder outreach to understand what needs to change in your country
Tasks	Present feasible, targeted and measurable policy recommendations for national governments
Supporting evidence	Gather evidence to make the case for action
Resources required	Provide an overview of the resources needed to achieve these tasks
Timeline	Indicate whether these are short- or long-term tasks
Key performance indicators	Provide metrics that could be used to track implementation success

Send policymakers a letter providing calls to action

Dear [Policymaker],

Lung cancer in [your country] is a growing issue; [include country statistics from IARC on the number of people diagnosed with the disease and dying because of it]. In [your country], [biggest risk factor for lung cancer deaths in your country as identified by the IHME] is the leading cause of deaths from lung cancer. We need to take action now to reduce its impact.

We can do this by:

- reducing exposure to risk factors by [tailor the recommendations made on slides 19–24 to the infrastructure and capacity of your country];
- increasing earlier detection by [tailor the recommendations made on slides 25–27 to the infrastructure and capacity of your country];
- providing comprehensive care by [tailor the recommendations made on slides 28–31 to the infrastructure and capacity of your country]; and
- supporting people to live well beyond lung cancer by [tailor the recommendations made on slides 32–35 to the infrastructure and capacity of your country].

Please join me in taking urgent action to change lung cancer outcomes in [your country]. [Option to add an invitation to an advocacy event.]

Adapt this letter to your country's priorities.

Host an advocacy event to raise awareness of the challenges faced by people with lung cancer

The following materials can be used to guide the development and hosting of an advocacy-focused event.

Overview

- The event has been designed to explore the recommendations for policy action from the report *Transforming lung cancer care: how effective policy can improve outcomes* and highlight best-practice examples.
- A panel discussion and Q&A will enable participants to gain in-depth insights from relevant stakeholders, and to give the audience an opportunity to further explore the report's themes.

Participants

- We suggest inviting a range of stakeholders; but policymakers, health care managers and governing bodies should be prioritized.

Draft invitation to advocacy event

Subject: Join us to transform lung cancer care

Dear [Name],

We warmly invite you to join us for an advocacy event about transforming lung cancer care. We will be discussing how effective policy intervention is urgently needed to improve lung cancer outcomes.

Lung cancer remains the leading cause of cancer death, and the number of people affected continues to rise rapidly. However, with the right policy intervention, its impact could be mitigated.

At the event, we will present the report *Transforming lung cancer care: how effective policy can improve outcomes*—the first from the International Association for the Study of Lung Cancer's (IASLC's) Global Policy and Partnerships Committee.

The event, hosted by [Host name and job role], will feature insightful presentations of the report's policy recommendations. A diverse range of stakeholders will share their experiences, and a Q&A will provide attendees with an opportunity to share their own perspectives and help shape actionable next steps to drive change.

We hope you, or a representative from your organization, can join us.
Please confirm your attendance by completing the RSVP [insert RSVP link].

Your presence will help drive the policy and practice changes required to deliver more equitable and person-centered lung cancer care.

Sample advocacy event agenda

Start	Session	Speaker
10 minutes	**Introduction: it is time for change** A brief overview of the status of lung cancer (either worldwide or nationally, depending on the scope of the event) and the purpose of the event	Host
15 minutes	**Shortfalls in lung cancer care** Focusing globally or nationally, challenges around risk reduction, early detection, care, and living beyond lung cancer (exact themes can be chosen based on specific national challenges)	Representative from the IASLC Global Policy and Partnerships Committee
10 minutes	**Experiences of lung cancer care** A patient representative speaks to the challenges they personally experienced and the policy changes they would like to see	Patient representative
10 minutes	**Taking action against lung cancer** A brief country example demonstrating how lung cancer policy/initiative has been implemented in practice to improve diagnosis/care	Country representative
30 minutes	**Panel discussion** *To include a range of health care professionals, patient advocates, people with experience of lung cancer, and carers* › Exploration of policy opportunities to improve the lung cancer landscape › Personal examples of best practice for risk reduction, diagnosis, prevention and living beyond lung cancer	Panelists
30 minutes	**Q&A**	Panelists
5 minutes	**Conclusion and call to action**	Representative from the IASLC Global Policy and Partnerships Committee

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Factsheets to support policy engagement

The global situation for lung cancer

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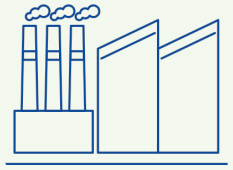
FACTSHEET 1

National governments should develop and adhere to policies that reduce exposure to risk factors for lung cancer

- Tobacco use is the primary cause of lung cancer in 60–80% of cases[1 2]

60–80%

- 180 countries have ratified the World Health Organization's (WHO's) Framework Convention on Tobacco Control (FCTC), but only **79 have implemented policies on smoke-free environments**[3 4]



7–17%

- Exposure to outdoor and indoor air pollution is associated with a **7–17% increased risk** of developing lung cancer[5 6]

- Only **3% of cities** in low- and middle-income countries meet WHO air quality standards[7]

3%

- Occupational exposure (including radon, silica dust and asbestos) are associated with increased risk of lung cancer—**and 10% of lung, tracheal and bronchial cancer deaths** are associated with asbestos exposure[8 9]

1. World Health Organization. 2026. https://www.who.int/news-room/fact-sheets/detail/lung-cancer
2. International Association for the Study of Lung Cancer. 2015. *IASLC 2015 Statement on Tobacco Control and Smoking Cessation*
3. World Health Organization. 2025. *WHO report on the global tobacco epidemic*, 2025
4. World Health Organization. https://www.who.int/europe/teams/tobacco/who-framework-convention-on-tobacco-control-(who-fctc)
5. Berg CD, Schiller JH, Boffetta P, *et al.* 2023. *J Thorac Oncol* 18(10): 1277-89
6. Bruce N, Dherani M, Liu R, *et al.* 2015. *Thorax* 70(5): 433-41
7. Nicolaou L, Checkley W. 2021. *J Allergy Clin Immunol*148(1): 64-66
8. Olsson A, Kromhout H. 2021. *Mol Oncol* 15(3): 753-63
9. Jani CT, Kareff SA, Morgenstern-Kaplan D, *et al.* 2025. *eClinicalMedicine 79*

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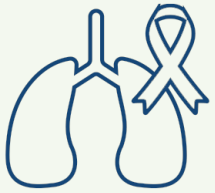
FACTSHEET 2

Investment from governments in detecting lung cancer earlier would improve outcomes and survival



~70%

- Around 70% of lung cancers are diagnosed at an advanced stage (III and IV)[1 2]

- A stage IV, a lung cancer diagnosis has a five-year survival rate as low as **7–18%**; a late diagnosis can reduce the number of treatment options[3 4]

- A stage I diagnosis can have **a five-year survival rate of over 80%**[3]

- Detecting lung cancer early is included in **only 37 in 142 national cancer control plans** in the world (May 2026 data)[5]

- Low-dose computed tomography (LDCT) screening programs can identify a significant proportion of cases early (**over 80% at stage I**), but they are not widely implemented globally[5 6]

80%
stage I

- Investment from governments to promote earlier detection would significantly improve outcomes and survival for people with lung cancer

1. Sands J, Tammemägi MC, Couraud S, *et al.* 2021. *J Thorac Oncol* 16(1): 37-53
2. Baum P, Cardoso R, Lenzi J, *et al.* 2024. *Eur J Cancer* 209: 114233
3. Rami-Porta R, Nishimura KK, Giroux DJ, *et al.* 2024. *J Thorac Oncol* 19(7): 1007-27
4. American Cancer Society. 2024. https://www.cancer.org/cancer/types/lung-cancer/treating-non-small-cell/by-stage.html
5. Lung Cancer Policy Network. 2026. www.lungcancerpolicynetwork.com/interactive-map/
6. Henschke CI, Yip R, Shaham D, *et al.* 2023. *Radiology* 309(2): e231988

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FACTSHEET 3

Inequities in access to care need to be addressed to protect quality of life and improve disease outcomes

- National care pathways for lung cancer are rare, despite the fact that they can improve efficiencies[1]

- Comprehensive cancer care, including palliative care and psychosocial support, is vital to ensure quality of life[2 3]

- In many countries, lung cancer centers are scarce, and lung cancer specialists or facilities are distributed unequally[4]

70%

In Europe, 70% of lung cancer experts report disparities in access to care in their country[5]

- High medication prices and a lack of reimbursement mean lung cancer treatment can be prohibitively expensive[6]

- Biomarker testing* is vital to optimize lung cancer treatment, **but only 26% of health care professionals** report it being fully reimbursed[7 8]

26%

*The analysis of which mutations of cancer a person has; it is a prerequisite for choosing the most suitable treatment.

1. Lung Cancer Policy Network. 2023. *Care pathways for lung cancer: building a foundation for optimal care*
2. Vijayvergia N, Shah PC, Denlinger CS. 2015. *J Natl Compr Canc Netw* 13(9): 1151-61
3. McLouth LE, Borger T, Bursac V, *et al.* 2023. *Support Care Cancer* 31(3): 190
4. The Global Policy and Partnerships Committee, Habashi L, Medhurst E, et al. 2025. *Transforming lung cancer care: how effective policy can improve outcomes*
5. Lung Cancer Europe. 2021. *LuCE position paper: disparities and challenges in access to lung cancer diagnostics and treatment across Europe*
6. Barrios C, de Lima Lopes G, Yusof MM, *et al*. 2023. *Nat Rev Clin Oncol* 20(1): 7-15
7. UK Lung Cancer Coalition. 2025. *Faster testing, better outcomes: genomic testing in lung cancer*
8. Smeltzer MP, King JC, Connolly C, *et al.* 2025. *J Thorac Oncol:* 10.1016/j.jtho.2025.07.114

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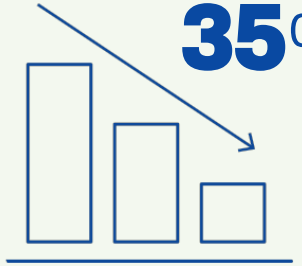
FACTSHEET 4

More support is needed for people living with and beyond lung cancer (and their carers) to enhance their quality of life

- Cancer treatment affects fertility and induces menopause in a third of women[1]

- Employment rates drop in people with lung cancer and their carers; **35% of US-based carers report having to stop working** to care for a loved one[2-4]



- Rates of returning to work after finishing treatment are lower for people with lung cancer than for people with other cancers, even though **87% of people with cancer report wanting to continue working after a diagnosis**[5 6]

- People with lung cancer experience prejudice and intolerance in the workplace when trying to return to work[6 7]

57%

Globally, 57% of people with lung cancer **experience severe negative financial consequences** due to the disease[8]

1. Maggie's. 2023. https://www.maggies.org/about-us/news/shock-of-early-crash-menopause-caused-by-cancer-treatment/
2. Kim YA, Yun YH, Chang YJ, *et al.* 2014. *Ann Surg* 259(3): 569-75
3. Boulanger M, Mitchell C, Zhong J, *et al.* 2022. *Front Oncol* 12: 1004102
4. Bradley CJ, Kitchen S, Owsley KM. 2023. *J Clin Oncol* 41(16): 2939-48
5. Yang ZY, Lai CH, Ho CL, *et al.* 2021. *Int J Environ Res Public Health* 19(1):
6. Smerald G, Coaker R, Bloom E, *et al.* https://www.macmillan.org.uk/_images/working-through-cancer_tcm9-341781.pdf
7. Maimela C. 2019. *De Jure Law J* 52(1) 1-26
8. Wang S, Wang J, Kang H, *et al.* 2024. *Eur J Oncol* Nurs 68: 102489

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Calls to action for governments and policymakers

These outline the core policy recommendations and the rationale behind them

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Calls to action

- This section references policy recommendations from the report *Transforming lung cancer care: how effective policy can improve outcomes*.
- Action plans for each policy ask should be tailored to your country context and available resources.

Theme		Policy asks (click links to slides)
	**Risk factors** for lung cancer *(slides 19–24)*	Improve tobacco control Build family history into "red flag" indicators Control water pollution Reduce exposure to workplace carcinogens Reduce outdoor air pollution Reduce indoor air pollution
	**Detecting** lung cancer *(slides 25–27)*	Introduce awareness campaigns Implement a targeted screening program Use rapid referral pathways
	**Caring** for people with lung cancer *(slides 28–31)*	Introduce lung cancer care pathways Reduce disparities in care Invest in digital technologies Ensure access to comprehensive care
	**Living well beyond** lung cancer *(slides 32–35)*	Provide fertility counseling Implement enhanced financial support Enhance employment support Implement "right to be forgotten" policies

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Call to action: governments should improve tobacco control and support people to stop smoking

Key policy asks	• Implement recommendations from the WHO FCTC—particularly those on increasing excise taxes, which are among the most effective measures to curb smoking rates[1-3] • Provide better support for people who wish to stop smoking, and provide equitable access to smoking cessation services[2]
Supporting evidence	• 180 countries have ratified the WHO FCTC. However, only 79 have implemented policies on smoke-free environments[1 4] • Only 4–7% of people successfully stop smoking without support[5]
Resources required	• Smoking cessation clinics with trained health care professionals to meet demand
Indicative timeline	• Implementation for mid to long term (12+ months)
Key performance indicators	• Proportion of the population actively using tobacco, including self-reported cessation rate • Availability of smoking cessation services and referral rate to such services

See pages 11 and 12 of the global report

1. World Health Organization. https://www.who.int/europe/teams/tobacco/who-framework-convention-on-tobacco-control-(who-fctc)
2. International Association for the Study of Lung Cancer. 2015. *IASLC 2015 Statement on Tobacco Control and Smoking Cessation*
3. Jha P, Peto R. 2014. *NEJM* 370(1): 60-68
4. World Health Organization. 2025. WHO report on the global tobacco epidemic, 2025
5. American Lung Association. https://www.lung.org/quit-smoking/i-want-to-quit/what-to-expect

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Call to action: governments should build family history into “red flag” indicators for lung cancer in primary care

Key policy asks	• Implement family history as a “red flag” indicator in primary care to trigger further investigations when there is suspected lung cancer • Include family history of lung cancer in screening eligibility criteria where appropriate*
Supporting evidence	• A family history of lung cancer, especially in an immediate relative, is associated with an increased risk of developing the disease[1] • In the UK, high genetic risk is associated with a 50% higher risk of developing lung cancer[2]
Resources required	• IT infrastructure to integrate decision-support tools into primary care systems
Indicative timeline	• Possibility to implement in short term (3–6 months)
Key performance indicators	• The proportion of people who undergo/are referred for lung cancer screening who have a family history of lung cancer

See page 16 of the global report
*See National Lung Cancer Screening Program in Taiwan on page 20 of the global report

1. American Cancer Society. https://www.cancer.org/cancer/types/lung-cancer/causes-risks-prevention/risk-factors.html
2. Huang Y, Zhu M, Ji M, *et al.* 2021. *Am J Respir Crit Care Med 204(7)*: 817-25

Call to action: governments should commit to setting and adhering to regulatory standards for water pollution

Key policy asks	• Set and adhere to regulations to mitigate pollution from contaminants in water; follow regulations such as the Clean Water Act (US) and the Water Framework Directive (European Union)[1] [2]
Supporting evidence	• Contaminants in drinking water—including heavy metals (such as arsenic) and nitrates—can have adverse health effects[3] • Exposure to higher arsenic concentrations in drinking water is associated with an 11–32% increased risk of lung cancer[4] • Globally, there is still widespread exposure to arsenic in drinking water[4]
Resources required	• Infrastructure to monitor water quality • Provision of regulatory frameworks and compliance protocols for industries
Indicative timeline	• Implementation for mid to long term (12+ months)
Key performance indicators	• A reduction in contaminants in drinking water

See page 13 of the global report

1. European Commission. https://environment.ec.europa.eu/topics/water/water-framework-directive_en
2. United States Environmental Protection Agency. https://www.epa.gov/laws-regulations/summary-clean-water-act
3. Garcia D, Matthews T. 2024. *ACS ES&T Water* 4(8): 3340-47
4. Issanov A, Adewusi B, Saint-Jacques N, *et al.* 2024. *Toxicol Appl Pharmacol* 483: 116808

Call to action: governments should assess exposure to workplace carcinogens and introduce corresponding safety precautions

Key policy asks	• Implement and enforce policies that protect people in the workplace from exposure to known carcinogens; follow guidance from the WHO on how to mitigate occupational risks, including by providing personal protective equipment[1]
Supporting evidence	• Exposure to asbestos, silica dust, diesel engine exhaust fumes and/or welding fumes is associated with an increased risk of lung cancer[2] • Radon exposure is a risk factor for lung cancer[3 4] • The government in Australia has taken concerted action against occupational exposure; in 2024, it banned the use, supply and manufacture of engineered stone to help prevent more cases of silicosis-related lung cancer[5]
Resources required	• Provision of clear legislation and standards that align with the WHO • Authorities to inspect workplaces, request samples/documentation etc.
Indicative timeline	• Possibility to implement in short term (3–6 months)
Key performance indicators	• Proportion of monitored workplaces that meet national exposure limits

See pages 15 and 16 of the global report

1. Driscoll T, Steenland K, Pruss-Ustun A, *et al.* 2004. *Occupational carcinogens: assessing the environmental burden of disease at national and local levels*
2. Olsson A, Kromhout H. 2021. *Mol Oncol* 15(3): 753-63
3. American Cancer Society. https://www.cancer.org/cancer/types/lung-cancer/causes-risks-prevention/risk-factors.html
4. Peterson E, Aker A, Kim J, *et al.* 2013. *Cancer Causes Control* 24(11): 2013-20
5. Nogrady B. 2023. *BMJ* 383: p2954

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Call to action: governments should commit to reducing outdoor air pollution and adhering to WHO air quality guidelines

Key policy asks	• Implement and enforce evidence-based policies that work to reduce the impact of outdoor air pollution; follow WHO air quality guidelines

Supporting evidence	• Exposure to outdoor air pollution is associated with a 15%-increased risk of developing lung cancer[1]
	• People living in highly polluted areas are much more likely to develop and die from lung cancer than people living elsewhere[1]
	• There are significant inequities in exposure to outdoor pollution: only 3% of cities in low- and middle-income countries meet WHO air quality standards, compared with 51% in high-income countries[2]
	• Countries have started to take action against air pollution:
	  ◦ Member states at the 78th World Health Assembly approved a road map to protect populations from adverse health effects of air pollution[3]
	  ◦ The WHO Global Conference on Air Pollution and Health resulted in member states pledging to reduce the health effects of air pollution by 50% by 2040[4]

Resources required	• Monitoring infrastructure • Data management systems to collect and process air quality data
Indicative timeline	• Implementation for mid to long term (12+ months)
Key performance indicators	• Number of regions that adhere to WHO air quality standards

See page 13 of the global report

1. Berg CD, Schiller JH, Boffetta P, *et al.* 2023. *J Thorac Oncol* 18(10): 1277-89
2. Nicolaou L, Checkley W. 2021. *J Allergy Clin Immunol*148(1): 64-66
3. World Health Organization. 2025. https://www.who.int/news/item/26-05-2025-seventy-eighth-world-health-assembly---daily-update--26-may-2025
4. World Health Organization. 2025. https://www.who.int/news/item/28-03-2025-second-who-global-conference-on-air-pollution-and-health-concludes-with-powerful-commitments-to-protect-public-health

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Call to action: governments should also take action to reduce exposure to indoor air pollution

Key policy asks	• Provide support for people to transition to cleaner fuels for heating and cooking
Supporting evidence	• Three billion people—with 90% of those living in rural areas in low- and middle-income countries—rely on solid fuels to for cooking and heating their homes; this is a major cause of indoor household air pollution[1] • Indoor air pollution is associated with a 15–17%-increased risk of developing lung cancer[2] • In 2021, household air pollution contributed to 174,000 deaths from lung cancer[3]
Resources required	• Either subsidies for cleaner fuels in the home or the direct provision of cleaner energy sources
Indicative timeline	• Possibility to implement in the short term (3–6 months)
Key performance indicators	• Proportion of households with access to clean fuels and technologies

See page 14 of the global report

1. Nicolaou L, Checkley W. 2021. *J Allergy Clin Immunol*148(1): 64-66
2. Bruce N, Dherani M, Liu R, *et al.* 2015. *Thorax* 70(5): 433-41
3. World Health Organization. 2025. https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health

Call to action: governments should implement campaigns to improve lung cancer awareness among the public and health care providers

Key policy asks	• Implement campaigns to raise awareness of lung cancer risk factors, symptoms and the importance of earlier detection to help to reduce stigma and encourage help-seeking behaviors
Supporting evidence	• 38% of respondents to a global survey could not name any symptoms of lung cancer[1] • Even among health care providers, including doctors in primary care and emergency medicine, awareness of the symptoms and risks of lung cancer is low[2 3] • Education works to improve lung cancer awareness; an in-person educational intervention in South Africa resulted in an 18% increase in overall lung cancer knowledge[4]
Resources required	• Awareness resources (campaigns, educational resources)
Indicative timeline	• Possibility to implement in the short to mid term (6–12 months)
Key performance indicators	• Proportion of people (health care providers and the general public) who report awareness of lung cancer symptoms and risk factors, and the importance of earlier detection

See pages 18 and 19 of the global report

1. Global Lung Cancer Coalition. 2024. *Global briefing: Symptom awareness, attitudes to lung cancer and views on screening–Findings from a global survey*
2. Cassim S, Chepulis L, Keenan R, *et al.* 2019. *BMC Cancer* 19(1): 25
3. The Global Policy and Partnerships Committee, Habashi L, Medhurst E, *et al.* 2025. *Transforming lung cancer care: how effective policy can improve outcomes*
4. Dlamini SB, Sartorius B, Ginindza TG. 2023. *J Public Health Afr* 14(1): 2131

Call to action: governments should implement a targeted screening program for detecting lung cancer

Key policy asks	• Implement LDCT screening programs for lung cancer, with eligibility criteria and program design co-created with their target populations[1] • Make programs as accessible as possible and provide mobile CT units where needed
Supporting evidence	• Circa 70% of lung cancers are diagnosed at a late stage, when five-year survival rates can be as low as 7%[2 3] • LDCT screening programs are a cost-effective way to diagnose lung cancer in high-risk people with no symptoms; they have been shown to diagnose 81% of lung cancers at stage I, increasing 20-year survival rates to 81%[4-6] • The use of mobile CT units in England's pilot program increased uptake by reducing travel requirements; this helped provide screening in socioeconomically deprived areas where lung cancer rates were highest. The pilot diagnosed 80–85% of lung cancers at an early stage[7]
Resources required	• Infrastructure to support the implementation of national LDCT screening programs, and mobile units to facilitate attendance • Mobilization and training of health care workforce to support implementation
Indicative timeline	• Mid to long term (12+ months)
Key performance indicators	• Proportion of people diagnosed with lung cancer through a screening program • Proportion of people diagnosed with stage I lung cancer through a screening program

See pages 19–22 of the global report

1. Sayani A, Manthorne J, Nicholson E, *et al.* 2022. *Res Involv Engagem* 8(1): 11
2. Baum P, Cardoso R, Lenzi J, *et al.* 2024. *Eur J Cancer* 209: 114233
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6. Rózsa P, Kerpel-Fronius A, Murányi MP, *et al.* 2024. *BMC Health Serv Res* 24(1): 1537
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IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Call to action: governments should implement rapid referral pathways for lung cancer diagnosis

Key policy asks	• Implement rapid referral pathways to ensure timely access to diagnostic services, with clear communication systems in place to provide continuity of care between different settings.[1] See case study 9 (*page 23*) in *Transforming lung cancer care: how effective policy can improve outcomes* to find about more about where rapid referral pathways have been implemented in the US. • Provide clear guidance and protocols on the use of rapid referral pathways to ensure they are effective[2] • Enhance rapid referral pathways through patient navigators (a person who guides someone through the health system) to ensure effective care coordination[1 3]
Supporting evidence	• People with potential symptoms of lung cancer often experience delays in receiving a diagnosis • Rapid referral pathways ensure that a person with suspected cancer receives a diagnostic work-up within a set time frame, so that treatment can commence rapidly if a diagnosis is made • The introduction of The Lung Cancer Strategist Program in Boston, US, in 2014 resulted in a reduction in time from suspicious findings to diagnostic work-up from 28 days to 3 days[3]
Resources required	• Appropriate resourcing for diagnostics (including screening and biomarker testing) and treatment initiation
Indicative timeline	• Mid term (~12 months)
Key performance indicators	• Proportion of people with lung cancer diagnosed and treated through a rapid referral pathway

1. NHS England. 2024. https://www.england.nhs.uk/long-read/implementing-a-timed-lung-cancer-diagnostic-pathway/
2. Mullin MLL, Tran A, Golemiec B, *et al.* 2020. *JCO Oncol Pract* 16(10): e1202-e08
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IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Call to action: governments should introduce care pathways for lung cancer that include time-defined targets for care

Key policy asks	• Introduce lung cancer-specific care pathways with time-defined targets to improve adherence to guideline-recommended treatment and time to treatment after diagnosis
Supporting evidence	• Care pathways are based on national guidelines and protocols, and provide health care professionals with guidance along the care continuum; but lung cancer-specific care pathways are rare[1] • Time-defined care pathways for lung cancer can increase efficiencies in care by reducing waiting times and improving treatment outcomes[1] • A lung cancer-specific care pathway has been implemented in England (the National Optimal Lung Cancer Pathway) with targets of 28 days to diagnose lung cancer from initial suspicion, and 49 days to initiate treatment after referral; introduction of the pathway has resulted in faster diagnoses and treatment initiation[2-4]
Resources required	• Governments must ensure that there is capacity in the health system—including adequate workforce, technologies, and infrastructure—to implement care pathways for lung cancer
Indicative timeline	• Mid term (~12 months)
Key performance indicators	• Proportion of people with lung cancer who meet time-defined targets for care

See pages 26 and 27 of the global report

1. Lung Cancer Policy Network. 2023. *Care pathways for lung cancer: building a foundation for optimal care*
2. RM Partners. https://rmpartners.nhs.uk/our-work/improving-diagnostic-treatment-pathways/tumour--cancer-pathways/lung-cancer/national-optimal-lung-cancer-pathway-nolcp
3. NHS England. 2024. National Optimal Lung Cancer Pathway (NOLCP) For suspected and confirmed lung cancer: Referral to treatment UPDATE 2024 Version 4.0
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IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Call to action: governments should reduce disparities in access to lung cancer care

Key policy asks	• Work with affected communities to understand and support their needs; provide remote access to services through telehealth and mobile clinics; provide reimbursement for medication and care; and increase access to and reimbursement of biomarker testing
Supporting evidence	• In many countries, lung cancer centers are scarce, and lung cancer specialists and/or facilities are distributed unequally[1,2] • In Europe, 70% of lung cancer experts report disparities in access to care in their country[2] • High medication prices and a lack of reimbursement mean lung cancer treatment can be prohibitively expensive[3] • Globally, only 26% of health care professionals report that biomarker testing is fully reimbursed[4]
Resources required	• Financial investment to support enhanced reimbursement of medications, infrastructure to support telehealth interventions, and resources to support increased biomarker testing
Indicative timeline	• Mid term (~12 months)
Key performance indicators	• Proportion of people diagnosed with lung cancer who report issues with access to care

See pages 29 and 30 of the global report

1. The Global Policy and Partnerships Committee, Habashi L, Medhurst E, *et al.* 2025. *Transforming lung cancer care: how effective policy can improve outcomes*
2. Lung Cancer Europe. 2021. *LuCE position paper: disparities and challenges in access to lung cancer diagnostics and treatment across Europe*
3. Barrios C, de Lima Lopes G, Yusof MM, *et al.* 2023. *Nat Rev Clin Oncol* 20(1): 7-15
4. Smeltzer MP, King JC, Connolly C, *et al.* 2025. *J Thorac Oncol*: 10.1016/j.jtho.2025.07.114

IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Call to action: governments should invest in the health care workforce and digital technologies to increase capacity

Key policy asks	• Invest in the overstretched health care workforce to improve retention, recruitment, and training opportunities • Investigate the use of AI and digital technologies to increase system capacity, reduce strain on the workforce, and automate processes
Supporting evidence	• Lung, tracheal and bronchial cancer cases are predicted to increase by over 78% by 2050[1] • The availability of cancer services is often constrained by a lack of sufficiently trained staff[2] • Although digital tools are being introduced to improve efficiency, 40% of European health care workers have received no digital skills training[3] • Implementing AI has been shown to improve lung cancer diagnostic capacity; it can help find warning signs of lung cancer on CT images and provide decision-support tools for general practitioners[4]
Resources required	• Health system leaders must identify where these resources should be used, and provide support and training to the workforce
Indicative timeline	• Mid to long term (12+ months)
Key performance indicators	• Proportion of the health care workforce that reports capacity challenges • Proportion of the health care workforce that reports confidence using AI and other digital technologies, and whether these help streamline resources

See page 31 of the global report

1. International Agency for Research on Cancer. 2024. https://gco.iarc.fr/tomorrow/en/dataviz/bars?mode=cancer&group_populations=1&multiple_cancers=1&cancers=15&years=2050&types=0
2. Trapani D, Murthy SS, Boniol M, *et al.* 2021. *ESMO Open* 6(6): 100292
3. Protogiros D, Tsitsi T, Cloconi C, *et al.* 2025. *J Med Internet Res*: 10.2196/71657
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IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Call to action: governments should ensure access to comprehensive care for people living beyond lung cancer

Key policy asks	• Provide access to a comprehensive range of services that address people's physical, mental, social, and spiritual needs.* This can include access to pre/rehabilitation, counseling, fertility support, nutrition guidance, and exercise programs
Supporting evidence	• People living beyond lung cancer may have adverse health effects, such as reduced physical function and brain fog[1 2] • In a US study, 24% of people with lung cancer who were treated with immunotherapy experienced long-term health problems[3] • The implementation of a multidisciplinary thoracic survivorship program in New York resulted in a lower risk of disease progression and death. The program offers annual checks for recurrence, advice and recommendations for nutrition, physical exercise and smoking cessation, and provides referrals to health care professionals including social workers and psychiatrists[4 5]
Resources required	• Investment in the training and retention of multidisciplinary health care staff to support the widespread provision of comprehensive lung cancer services
Indicative timeline	• Mid term (~12 months)
Key performance indicators	• Proportion of people with lung cancer who report being offered access to comprehensive care services

See pages 27, 28 and 32 of the global report

*Comprehensive care includes a range of interventions that are complementary to curative treatment, such as palliative care (a focus on providing relief from symptoms), supportive care, and psychosocial support

1. The Leeds Teaching Hospitals NHS Trust. 2025. https://www.leedsth.nhs.uk/services/lung-cancer/living-with-and-beyond-lung-cancer/
2. Roy Castle Lung Cancer Foundation. https://roycastle.org/everyday-symptom-that-could-be-a-sign-of-lung-cancer-and-how-to-spot-it/
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4. Keshava HB, Tan KS, Dycoco J, *et al.* 2022. *J Thorac Cardiovasc Surg* 163(5): 1645-53.e4
5. Stallard J. 2024. https://www.mskcc.org/news/msk-program-keeps-close-watch-on-long-term-cancer-survivors

IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Call to action: governments should provide fertility counseling prior to lung cancer treatment

Key policy asks	• Provide fertility counseling prior to lung cancer treatment to allow people to make informed choices about their fertility[1] • Offer and reimburse fertility preservation services, including retrieving and freezing eggs or sperm[1]
Supporting evidence	• A third of women undergoing cancer treatment experience early menopause[2] • Cancer treatment often results in irreversible fertility loss, causing emotional distress[3 4]
Resources required	• Investment in widespread fertility preservation services, and training health care staff where required
Indicative timeline	• Mid term (~12 months)
Key performance indicators	• Proportion of people diagnosed with lung cancer who would be eligible for fertility counseling and who report being offered services

See page 33 of the global report

1. Su Z, Xie Y, Huang Z, *et al.* 2025. *Respir Res* 26(1): 174
2. Maggie's. 2023. https://www.maggies.org/about-us/news/shock-of-early-crash-menopause-caused-by-cancer-treatment/
3. Cancer Research UK. 2024. https://www.cancerresearchuk.org/about-cancer/coping/physically/sex/women/losing-fertility
4. Flink DM, Sheeder J, Kondapalli LA. 2017. *J Adolesc Young Adult Oncol* 6(1): 31-44

Call to action: governments should provide financial services and support for people with lung cancer

Key policy asks	• Provide multidisciplinary cost conversations and/or financial counseling (fully reimbursed) to signpost people with lung cancer and their carers to additional financial support for direct and indirect costs[1] • Cover all costs associated with treatment to minimize the financial impact of a lung cancer diagnosis
Supporting evidence	• Globally, 57% of cancer patients experience severe financial consequences due to the disease[2] • In Europe, 62% of people living with lung cancer and 78% of their carers reported financial difficulties due to a lung cancer diagnosis[3] • 70% of people who experience financial stress are more likely to forgo or delay care than those without financial distress[3] • In England, people with cancer are provided with free prescriptions for at least five years in recognition of the long-term impact of a diagnosis[4]
Resources required	• Training and hiring of financial counselors and advisory services • Investment in reimbursement for treatment and financial counseling services
Indicative timeline	• Mid term (~12 months)
Key performance indicators	• Proportion of people diagnosed with lung cancer who report being offered access to financial counseling services

See pages 34 and 35 of the global report

1. Thom B, Sokolowski S, Abu-Rustum NR, *et al.* 2023. *JCO Oncol Pract* 19(8): 662-68
2. Kitaw TA, Tilahun BD, Zemariam AB, *et al.* 2025. *BMJ Glob Health* 10(2): e017133
3. Lung Cancer Europe. 2023. *8th LuCE report on lung cancer, Financial impact of lung cancer: a European perspective*
4. Cancer Research UK. 2023. https://www.cancerresearchuk.org/about-cancer/treatment/access-to-treatment/free-prescriptions-people-with-cancer

Call to action: governments should provide employment support to keep people with lung cancer in the workplace

Key policy asks	• Provide support for people with lung cancer and their carers to remain in or return to work after a diagnosis, including employment law that stops discrimination against people living with cancer • Give support and guidance to employers to retain or help to reintegrate people with cancer in the workplace
Supporting evidence	• 87% of people with lung cancer reported that being able to continue working was important to them, with 62% saying it brought a sense of normality[1] • Carers also experience loss of employment, with 35% of US-based carers surveyed having to stop working to care for a loved one with lung cancer[2] • People returning to work often report prejudice and intolerance from colleagues[1 3] • Rentree is a government-funded work reintegration service in Belgium that supports people with cancer who want to continue working, helps them re-enter the workforce, and helps employers reintegrate employees; 71% of users reported that the service helped them reintegrate at work[4 5]
Resources required	• Provision of clear legislation for anti-workplace discrimination policies
Indicative timeline	• Mid to long term (12+ months)
Key performance indicators	• Proportion of people with lung cancer and their carers who report employment discrimination or difficulties returning to work

See pages 33 and 34 of the global report

1. Smerald G, Coaker R, Bloom E, *et al*. https://www.macmillan.org.uk/_images/working-through-cancer_tcm9-341781.pdf
2. Bradley CJ, Kitchen S, Owsley KM. 2023. *J Clin Oncol* 41(16): 2939-48
3. Maimela C. 2019. *De Jure Law J* 52(1): 1-26
4. Directorate-General for Health and Food Safety EU4Health Programme. 2024. *Study on job retention and return to work for cancer patients and survivors*
5. Kom op tegen Kanker. 2024. https://www.komoptegenkanker.be/blog/werk-hervatting-en-kanker

Call to action: governments should implement "right to be forgotten" policies

Key policy asks	Implement "right to be forgotten" policies to ensure people living beyond lung cancer have equitable access to financial services[1]
Supporting evidence	A previous lung cancer diagnosis can result in long-term discrimination when accessing financial services such as mortgages and insurance due to negative perceptions around cancer[1] Ending Financial Discrimination against Cancer Survivors through the Right to be Forgotten is a European initiative that was set up to raise awareness about this type of discrimination, and to advocate for policies to ensure people with a past diagnosis of cancer can receive fair services. It has resulted in nine European countries implementing legal measures to counter discrimination[1]
Resources required	Legislation that clearly stipulates how mortgage and insurance companies cannot discriminate against people with cancer
Indicative timeline	Mid term (~12 months)
Key performance indicators	Proportion of people with lung cancer who report discrimination when accessing financial services

See pages 34 and 35 of the global report

1. Ending discrimination against cancer survivors. https://endingdiscrimination-cancersurvivors.eu/financial-discrimination-against-cancer-survivors/

Communications materials to disseminate the report *Transforming lung cancer care: how effective policy can improve outcomes*

Sample communications

Long-form summary of report for use in news items or newsletters

Lung cancer is the leading cause of cancer-related deaths globally, and the number of people affected continues to rise rapidly. Modifiable risk factors (such as active tobacco use) are responsible for the vast majority of lung cancer cases and deaths. Despite this, lung cancer remains underprioritized in national health agendas.

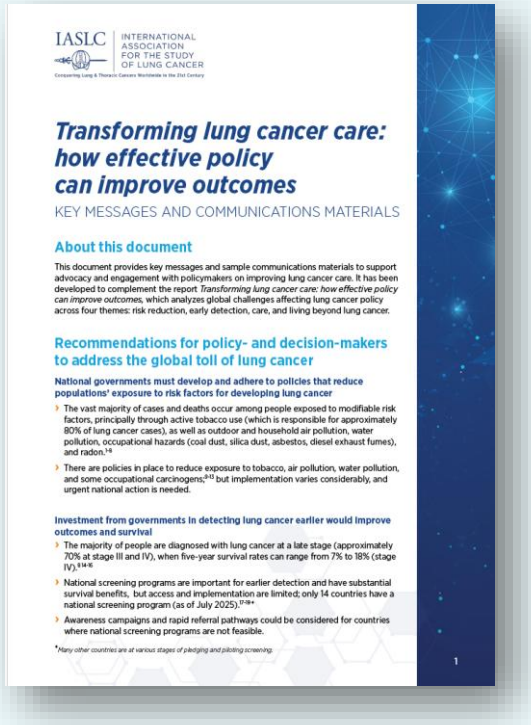
The adoption of the lung health resolution at the 78th World Health Assembly is an opportunity for governments to take strides to mitigate challenges along the care pathway and reduce the impact of lung cancer on people, society, health systems, and the economy.

The International Association for the Study of Lung Cancer's (IASLC's) Global Policy and Partnerships Committee has produced a report that highlights a multitude of opportunities for governments to champion a coordinated and comprehensive policy approach to change the trajectory of lung cancer outcomes worldwide. The report explores the obstacles faced by people with lung cancer and those surrounding them—and identifies how these challenges could be addressed.

This report was developed in collaboration with interviewed experts, including advocates and leading clinicians in the field, alongside input from wider IASLC Committee members.

There is considerable scope for national governments to progress in the risk reduction and earlier detection of lung cancer, and the care of people living with and beyond the disease. The report aims to serve as an urgent call to action and a source of inspiration for meaningful change.

Download the report to find out more: https://www.iaslc.org/iaslc-global-lung-cancer-policy-report.


IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

Transforming lung cancer care: how effective policy can improve outcomes

KEY MESSAGES AND COMMUNICATIONS MATERIALS

About this document

This document provides key messages and sample communications materials to support advocacy and engagement with policymakers on improving lung cancer care. It has been developed to complement the report *Transforming lung cancer care: how effective policy can improve outcomes*, which analyzes global challenges affecting lung cancer policy across four themes: risk reduction, early detection, care, and living beyond lung cancer.

Recommendations for policy- and decision-makers to address the global toll of lung cancer

National governments must develop and adhere to policies that reduce populations' exposure to risk factors for developing lung cancer

- The vast majority of cases and deaths occur among people exposed to modifiable risk factors, principally through active tobacco use (which is responsible for approximately 80% of lung cancer cases), as well as outdoor and household air pollution, water pollution, occupational hazards (coal dust, silica dust, asbestos, diesel exhaust fumes), and radon.[1-6]
- There are policies in place to reduce exposure to tobacco, air pollution, water pollution, and some occupational carcinogens,[6-13] but implementation varies considerably, and urgent national action is needed.

Investment from governments in detecting lung cancer earlier would improve outcomes and survival

- The majority of people are diagnosed with lung cancer at a late stage (approximately 70% at stage III and IV), when five-year survival rates can range from 7% to 18% (stage IV).[8,14-16]
- National screening programs are important for earlier detection and have substantial survival benefits, but access and implementation are limited; only 14 countries have a national screening program (as of July 2025).[17-19*]
- Awareness campaigns and rapid referral pathways could be considered for countries where national screening programs are not feasible.

*Many other countries are at various stages of pledging and piloting screening.

1

Sample communications *cont.*

Medium-form summary of the report for use on websites or social media (e.g. LinkedIn, Facebook)

Lung cancer is the leading cause of cancer-related deaths globally, and the number of people affected is rising rapidly.

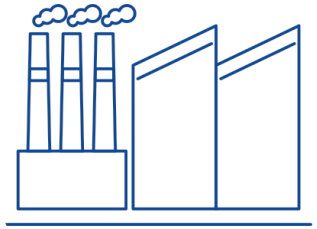
Modifiable risk factors (such as active tobacco use) are responsible for the vast majority of these cases—and the resulting deaths. Targeted policies and interventions could significantly reduce the number of people who develop lung cancer; but historically, it has been neglected in national policies.

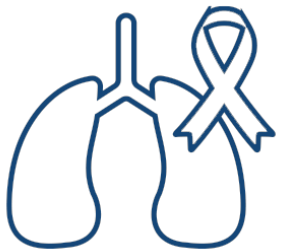
A report from the International Association for the Study of Lung Cancer's (IASLC's) Global Policy and Partnerships Committee highlights the urgent need for governments to reduce risks, achieve earlier detection, provide better care, and support people to live well with and beyond lung cancer. It provides policy- and decision-makers with tangible recommendations for action.

Download the report to find out more: https://www.iaslc.org/iaslc-global-lung-cancer-policy-report.

Short-form sample posts for character-limited social media	Characters
#LungCancer has a profound effect on people, health systems, the economy, and wider society. Cases are rising rapidly, and are expected to increase by over 70% by 2050. Find out how governments can reduce the impact of lung cancer: https://www.iaslc.org/iaslc-global-lung-cancer-policy-report	232
Lung cancer's impact could be greatly reduced if governments committed to: reducing exposure to risk factors; investing in earlier detection; and pursuing comprehensive care approaches. Read the full list of recommendations: https://www.iaslc.org/iaslc-global-lung-cancer-policy-report	228

Sample icons for communications





IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Further information

These materials were developed by the 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.

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