



LUNG CANCER IN APAC

URGENT CALL FOR ACTION & COMPREHENSIVE MANAGEMENT



Lung cancer is the leading cause of cancer deaths in the Asia-Pacific (APAC) region, and lung cancer mortality rates will continue to dramatically increase unless governments take decisive steps to control the disease^{1,2}.

Lung cancer in Asia accounts for
~60%
of the cases globally³

Lung cancer accounts for
1 in 5
cancer deaths APAC¹

Lung cancer deaths projected to increase
2X (>1.8million)
by 2040 in APAC^{1,2}

LUNG CANCER'S DEVASTATING TOLL

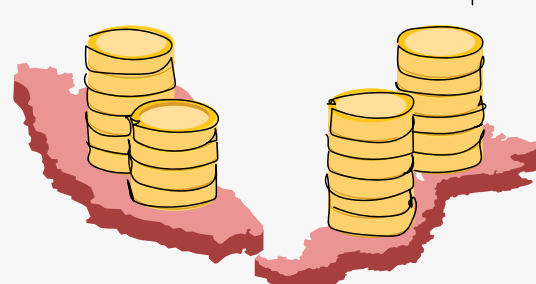
Of all cancers, lung cancer creates the most significant economic burden on healthcare systems globally, with an estimated annual cost of nearly **US\$4 trillion**^{4,5,6}.

While data availability in APAC may be limited, the impact of lung cancer is pronounced in **China** and **Malaysia** with estimated economic tolls of...



~US\$25 billion^{4,5}

Population size: 1,425,671,000

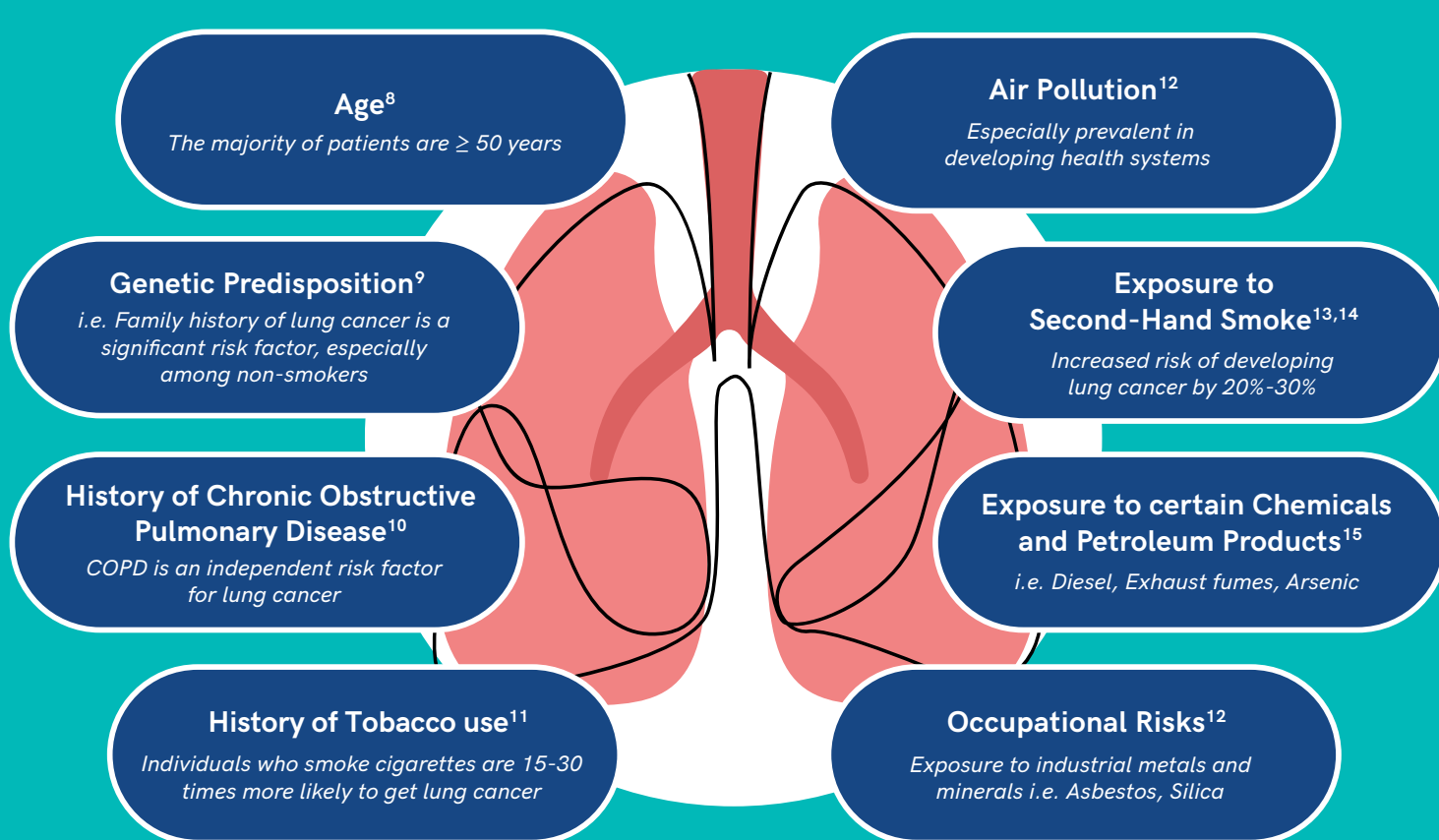


~US\$1 billion^{5,6}

Population size: 33,938,000

KEY RISK FACTORS AT PLAY

Many risk factors contribute to lung cancer, and while tobacco use is a leading factor, a significant proportion of cases in Asia occur in non-smokers due to unique regional risk factors⁷.



CHALLENGES FACING APAC IN TACKLING LUNG CANCER

Challenges across health systems in APAC are underscored by the inconsistency in access to lung cancer screening, diagnosis, and treatment^{2,16,17}.



INEFFECTIVE PUBLIC HEALTH POLICIES¹⁷

Current public health efforts, including tobacco and environmental policies, workplace interventions and awareness campaigns falter due to under prioritisation, inadequate funding, and neglect of high-risk/vulnerable populations and social determinants of health, leading to disparities in healthcare access and outcomes.



LACK OF A CENTRALISED GUIDELINE/ PLAN FOR LUNG CANCER²

The absence of a detailed strategic plan specifically tailored to address lung cancer across the care continuum results in fragmented approaches, with varying standards of practice across regions and healthcare facilities.



LIMITED ACCESS TO EARLY DETECTION, SCREENING, DIAGNOSIS AND PRECISION TESTING^{16,18}

Health systems in APAC lack widespread lung cancer screening, leading to late-stage diagnoses and poorer outcomes. Existing programs, if any, also often fail to consider specific Asian drivers and patient populations, such as the high lung cancer incidence among non-smokers.



LIMITED ACCESS & AVAILABILITY OF INNOVATIVE THERAPIES²

Targeted therapies and immunotherapies have revolutionised lung cancer treatment, yet access is constrained in certain parts of APAC due to the lack of infrastructure, training for healthcare professionals, and affordability issues.



LIMITED RESOURCES FOR LUNG CANCER CARE¹⁶

The lack of investment in infrastructure and workforce development hinders the delivery of timely and quality care resulting in delays in diagnosis, treatment initiation, and access to supportive care services.



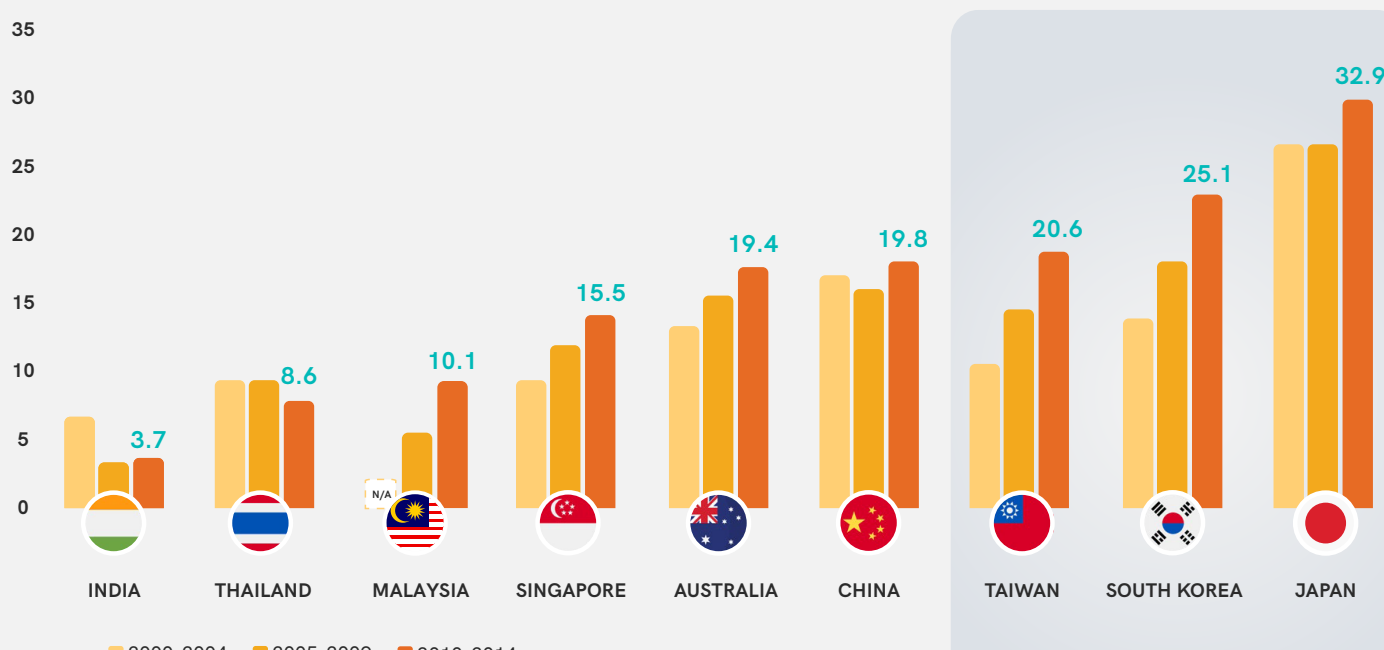
LACK OF PUBLIC EDUCATION & AWARENESS¹⁹

The lack of public education on lung cancer risk factors and symptoms, coupled with limited access to effective community outreach, leads to a population unaware of the importance of screening and early diagnosis, resulting in treatment delays and poorer prognoses.

INCREMENTAL PROGRESS IN APAC

There is wide regional variation in 5-year survival rates from lung cancer, suggesting differences in timely diagnosis and access to high-quality care across APAC.

Lung Cancer 5-Year Survival Rates in APAC²⁰ (%)



The data is age standardised.
Survival rates are depicted for individuals aged 15-99 years.
There is no data available for Hong Kong, Indonesia and Vietnam.

Japan, South Korea, and Taiwan stand out as examples of the positive impact a strong health system can have on lung cancer survival, with Japan demonstrating an over 30% 5-year survival rate²⁰.

Prioritisation of lung cancer in the National Cancer Control Plan (NCCP) with detailed strategies for prevention, screening and early detection, diagnosis and treatment^{21, 22, 23}

Implementation of adequate budgeting and funding mechanisms to support the NCCP^{24, 25}

4 KEY FACTORS

stand out in effectively tackling Lung Cancer across diverse health systems

Access to early detection / screening, diagnosis, precision testing and advanced therapeutics^{24, 25}

Deployment of comprehensive public health initiatives alongside a multidisciplinary care approach tailored to individual patient needs^{25, 26}

ASPIRE AIMS TO TRANSFORM LUNG CANCER OUTCOMES THROUGH POLICY CHANGE

IN THE FIGHT AGAINST LUNG CANCER COLLABORATION IS KEY



OUR MISSION

To catalyse change, from screening to treatment, ensuring every patient receives the care they deserve. ASPIRE sparks critical conversations and campaigns, addressing the urgent need for improved lung cancer care in the region.



ASPIRE (Asia Pacific Policy Review and Engagement) for Lung Cancer is a collaborative multilateral effort focused on improving lung cancer outcomes in the Asia-Pacific region through policy reforms.

ASPIRE's initiatives are made possible through the support of AstraZeneca, Amgen, Johnson & Johnson, Roche Diagnostics, and Siemens Healthineers. The secretariat is managed by EquiHealth, bridging between non-profits, policymakers and the private sector.



In **Quarter 4, 2024**, we will be launching our white paper, providing a comprehensive assessment of lung cancer policies across selected APAC health systems.

TOGETHER, LET'S SHAPE THE FUTURE OF LUNG CANCER CARE

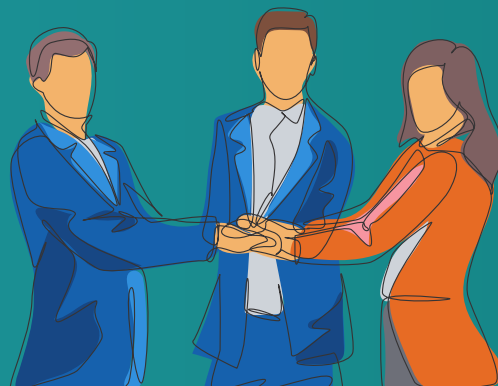
Connect with us if you would like to learn more about us or join our efforts to improve lung cancer outcomes in APAC

Website

www.aspirelungcancer.com

LinkedIn

<https://www.linkedin.com/showcase/aspire-for-lung-cancer>



1. Global Cancer Observatory (2024). Available at <https://gco.iarc.fr/>. 2. APAC Report Lung Cancer in Asia. Available at https://www.eiu.com/n/wp-content/uploads/2021/07/EIU_MSD_APAC-Lung-Cancer-Policies-210721-FINAL.pdf. 3. Code Blue (2024). 4. Chen, S., et al. (2023) JAMA Oncology 9, 465-472. 5. WordDataInfo (2024). Available at <https://www.worlddata.info/country-comparison.php?country1=CHN&country2=MYS#population>. 6. ICanWeWill (2024). 7. Vasudevan, S., et al. (2022) Cureus 14(12). 8. Lam, D. C., et al. (2023) Journal of Thoracic Oncology 18, 1303-1322. 9. Ang, L., et al. (2020) Lung Cancer 148, 129-137. 10. Durham, A. L., et al. (2015) Lung Cancer 90, 121-127. 11. Centers for Disease Control and Prevention (2023). 12. Li, D., et al. (2023) BMC Pulmonary Medicine 23, 182. 13. Kim, C. H., et al. (2014) International Journal of Cancer 135, 1918-1930. 14. Centers for Disease Control and Prevention (2022). 15. Field, R. W., et al. (2012) Clinics in Chest Medicine 33, 681-703. 16. Lam, D. C., et al. (2023) Journal of Thoracic Oncology 18, 1303-1322. 17. Poon, C., et al. (2022) Health Policy 126, 879-888. 18. Zhou, F., et al. (2018) Translational Lung Cancer Research 7(4). 19. Nwagbara, U. I., et al. (2020) Globalization and health, 16(1), 23. 20. Allemani, C., et al. (2018) Lancet 391, 1023-1075. 21. IASLC (2023). Available at <https://www.iaslc.org/iaslc-news/press-release/taiwan-launches-national-lung-cancer-early-detection-program-detects-85>. 22. National Cancer Centre Japan (2022). Available at <https://atlas.ncc.go.jp/media/2-Cancer-Control-Act-Basic-Plan-to-Promote-Cancer-Control-Programs.pdf>. 23. Kim, W., et al. (2023) Lung Cancer 186, article 107412. 24. Jung, Y. L., et al. (2019) Health Research Policy and Systems 17 article 103. 25. Horinouchi, H., et al. (2022) Journal of Thoracic Oncology 17, 353-361. 26. Yang, P. (2021) Journal of Thoracic Oncology