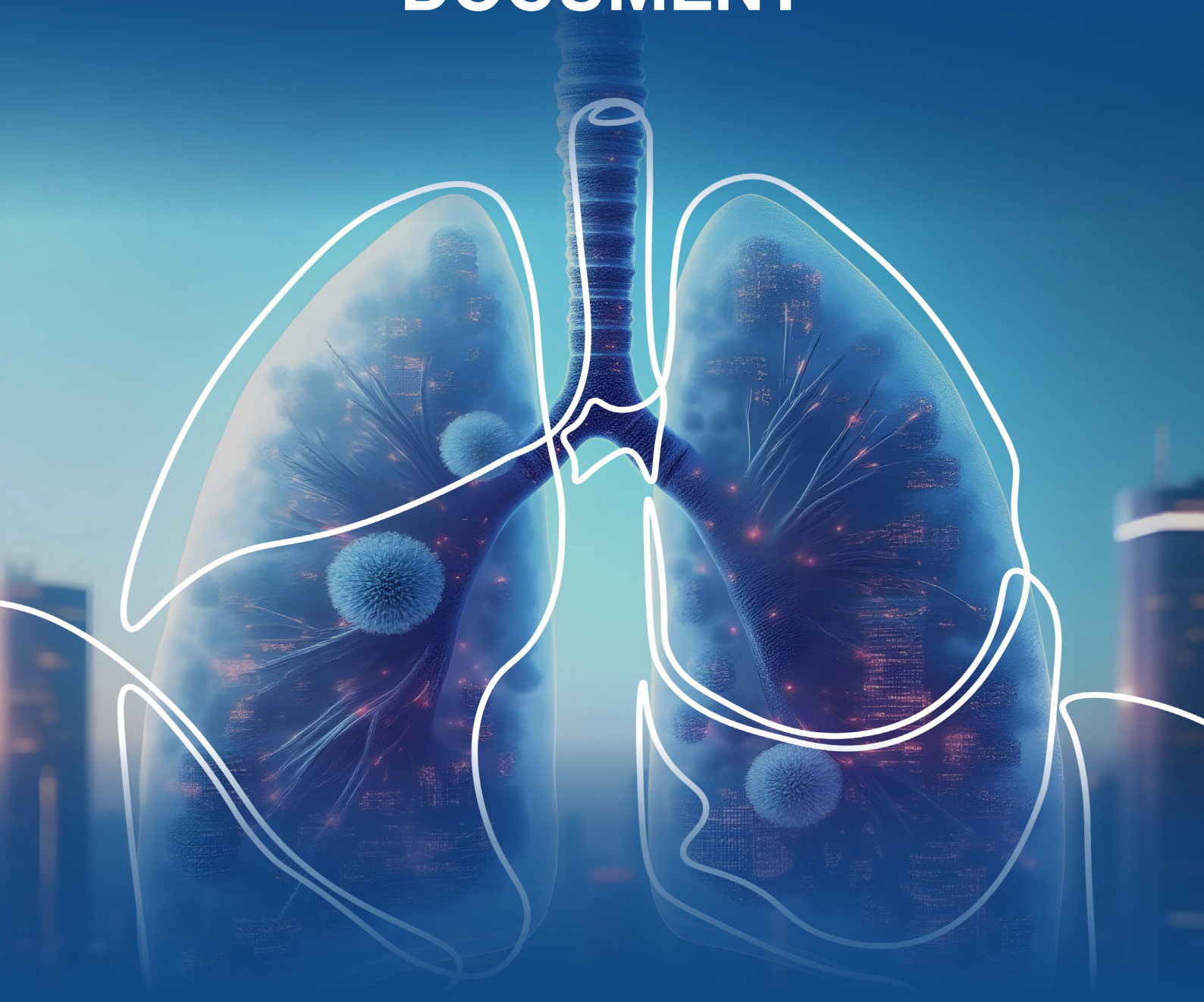
ASPIRE
Asia Pacific Policy Review & Engagement for Lung Cancer

ASIA PACIFIC COALITION AGAINST LUNG CANCER

ASIA PACIFIC LUNG CANCER POLICY CONSENSUS DOCUMENT



Authored by ASPIRE for Lung Cancer and Asia Pacific Coalition Against Lung Cancer (APCLC), in collaboration with regional lung cancer experts, advocates and knowledge partners

2025

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01 Glossary

ABBREVIATIONS	TERMS
AI	Artificial Intelligence
APAC	Asia-Pacific
APCLC	Asia Pacific Coalition Against Lung Cancer
ASPIRE	Asia Pacific Policy Review and Engagement
CT	Computed Tomography
EGFR	Epidermal Growth Factor Receptor
HTA	Health Technology Assessment
LDCT	Low Dose Computed Tomography
NGS	Next Generation Sequencing
TB	Tuberculosis

02 Making Lung Cancer a Regional Health Priority

Lung cancer remains the leading cause of cancer mortality in the APAC region

Lung cancer accounts for nearly

60% of global cases

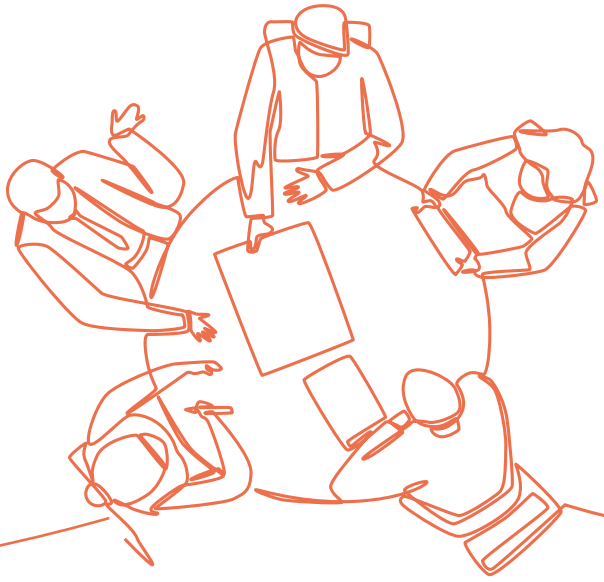
Incidence is projected to exceed

1.8 million by 2040

Despite this substantial burden, outcomes across APAC health systems lag behind global benchmarks, with five-year survival rates often below 20%, and widespread inconsistencies in access to timely screening, diagnosis, and treatment. The absence of coordinated strategies tailored to each health system's specific context has led to fragmented approaches and inconsistent standards of care.

While the global principles provide a critical framework, the APAC region faces specific epidemiological and health system challenges that require more granular policy guidance. Without coordinated and timely action, we risk further widening disparities in lung cancer care and outcomes, underscoring the need for targeted strategies and localised consensus.

We urge policymakers, healthcare leaders, and stakeholders across the APAC region to align with this consensus, taking actionable steps to address the region's unique lung cancer challenges. Develop dedicated action plans against lung cancer with clear, measurable targets across the full continuum of care, from prevention to survivorship, will be key to driving meaningful and equitable improvements in outcomes.



03 Endorsement of the Global Consensus Statement

ASPIRE for Lung Cancer, along with contributors of the APAC Lung Cancer Policy Consensus Initiative, including clinicians, academics, and patient representatives, officially endorse the global statement, "*Bridging the Gap in the Diagnosis and Management of Lung Cancer*".

First ratified at the 9th International Lung Cancer Network in 2023, the global statement unites stakeholders across five foundational principles in improving lung cancer outcomes, all of which the APAC region commits to advancing:

Together, these principles form the foundation of a unified global response to lung cancer. By ratifying the global consensus, the APAC region underscores its solidarity with the global effort, reaffirming that APAC's lung cancer strategy will be grounded in these principles, tailoring their implementation to our regional context and needs.

04 Translating Global Vision into Regional Action

While the global consensus provides a valuable foundation, translating its principles into meaningful action requires an understanding of the APAC distinct context. The region faces unique epidemiological patterns, environmental exposures, and vast differences in health system capacity — all of which influence how lung cancer is prevented, detected, and treated. To address these challenges effectively, a regionally tailored approach is essential.

Key regional considerations include:

Distinct epidemiology and risk factors

A significant proportion of Asian lung cancer patients have no history of tobacco use. Never-smoker lung cancer is often linked to factors such as second-hand smoke, environmental carcinogens, occupational hazards, and genetic predispositions. For instance, chronic indoor air pollution (from cooking oil vapours or coal burning) is increasingly recognised as a contributor to lung cancer in never-smokers. APAC policies must therefore broaden risk reduction and screening criteria to account for these non-traditional factors.

Diverse healthcare capacities across the region

The APAC region encompasses both advanced health systems with cutting-edge cancer care and lower-resource settings where basic access is lacking. Disparities exist in screening infrastructure, diagnostic facilities, oncology workforce, and funding. Healthcare delivery capacity varies greatly – from health systems with nationwide lung screening and precision medicine, to others struggling to provide essential cancer services.

This heterogeneity calls for differentiated policy solutions so that each health system can make progress toward the shared goals. Given these regional nuances, an APAC-specific consensus was necessary to translate global ideals into actionable policies suited to local realities.

To equip policy- and decision-makers with concrete, actionable guidance, the assembled experts developed a regional lung cancer consensus statement grounded in the founding principles of the Global Lung Cancer Consensus Statement. It offers tailored recommendations, strategies, and metrics to improve lung cancer policy and outcomes, with a focus on addressing the specific challenges within the Asia-Pacific region.

A regionally driven, inclusive process

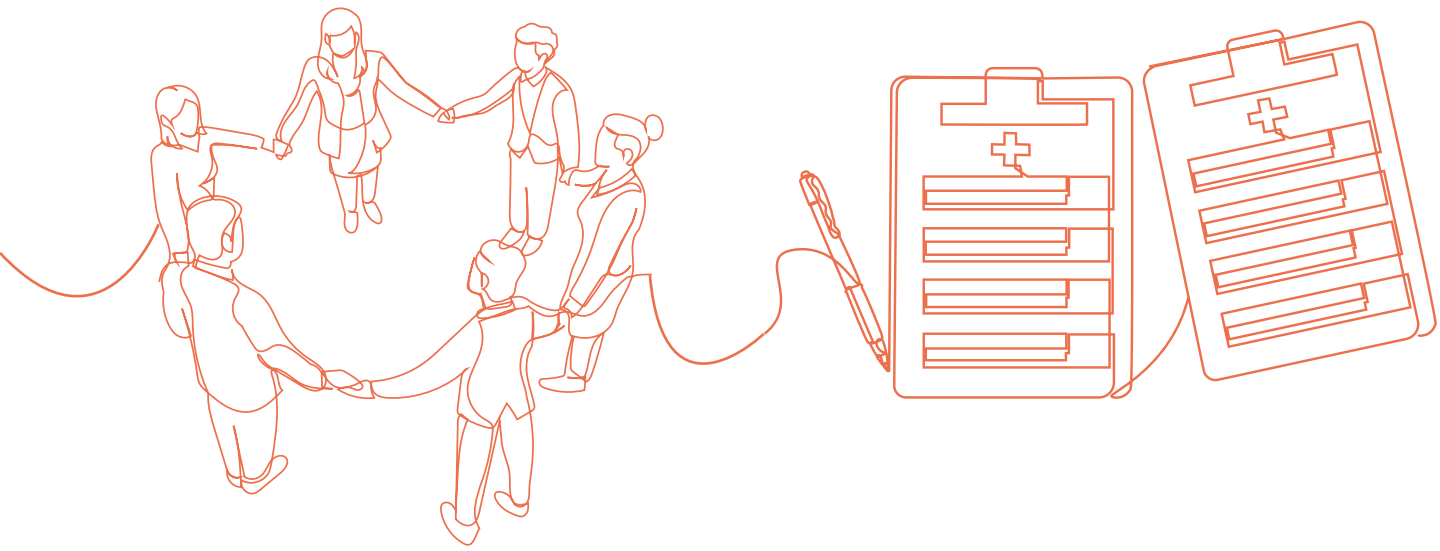
The APAC Lung Cancer Consensus was shaped through:

- Two expert working sessions on prevention, detection, diagnosis, treatment, stigma, and partnerships.
- A patient advocacy group workshop to incorporate lived experience.
- A final voting round to validate priorities with broad clinical and academic inputs.

Grounded in findings from ASPIRE's "***Bridging the Gap in Lung Cancer Care***" White Paper, the final document delivers APAC-specific policy directions to support implementation and accountability across diverse health systems.

Driving local Action from Global Principles

This APAC Policy Consensus bridges global vision and local implementation. It serves as a practical toolkit for policymakers, equipping them to tailor solutions, close care gaps, and improve survival across the region. Rooted in cross-sector collaboration, the consensus sets a shared agenda to prevent lung cancer, detect it early, treat it equitably, and reduce stigma – turning commitment into impact.



05 APAC-Specific Consensus & Accompanying Call to Actions

PRINCIPLE #1: IMPROVE AND EXPAND PREVENTION

Overarching Call to Actions:

- Strengthen control of tobacco and vaping through stricter policy enforcement and culturally tailored education, with targeted support for youth and women, to curb rising use and associated lung cancer risks.
- Tackle non-smoking risk factors including air pollution, industrial pollutants and occupational hazards with localised strategies and cross-border collaborations to reduce exposure.
- Advance local research and data generation to better understand environmental and genetic risks to guide precise prevention policies and stronger regulatory action.

1. There is a need for stronger enforcement of existing tobacco control policies and increased public education with culturally sensitive messaging, especially in health systems where tobacco use is deeply ingrained in cultural practices.
2. Tobacco control initiatives should aim to support smoking cessation efforts while working towards improved public health through comprehensive policy enforcement and shifting social attitudes.
3. Non-smoking related risk factors, including air pollution, asbestos exposure, indoor cooking fumes and other environmental hazards, are important contributors and require tailored prevention strategies alongside public education campaigns to address these risks.

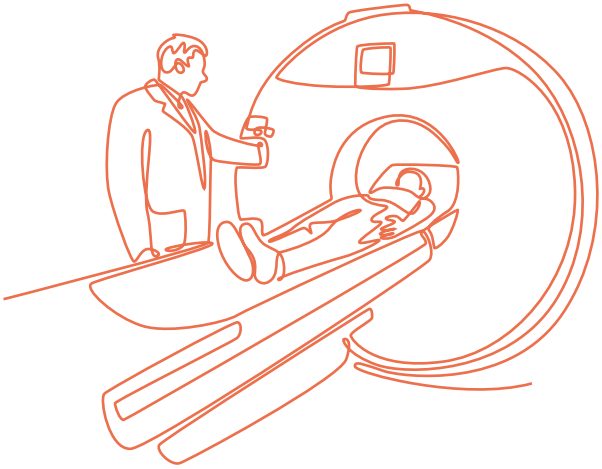
4. Industrial pollutants and occupational exposures represent significant but often overlooked risks for lung cancer, underscoring the need for stronger regulatory action and cross-sectoral collaboration to reduce exposure.
5. Air pollution, especially PM2.5 and transboundary haze, significantly contributes to lung cancer rates, and regional collaboration to address air quality should be prioritised.
6. Emerging evidence suggests a link between air pollution and genetic ancestry with oncogenic mutations like EGFR mutations, emphasising the need for more epidemiological studies and local evidence generation linking environmental factors to lung cancer to guide stronger regulatory action.
7. Alternative tobacco products, such as vaping, are emerging as a significant concern, particularly among youths & women and efforts should focus on clear regulations and public awareness campaigns to reduce the growing use of these products and their associated risks of lung cancer.

PRINCIPLE #2: FOCUS ON EARLY DETECTION

Overarching Call to Actions:

- Broaden health system wide screening guidelines to include high-risk groups, such as never-smokers with a family history, especially women, and those with chronic inflammatory lung disease, while investing in research to evaluate screening benefits among under-recognised high-risk groups to improve early detection across diverse populations.
- Promote health system wide screening and surveillance programmes through policy support, pilot projects, and local evidence generation to inform scale-up implementation.
- Invest in scalable and cost-effective screening infrastructure, including LDCT access and emerging technologies like blood-based biomarkers and AI tools, through subsidies, insurance coverage, and outreach to rural and underserved communities tailored to local health system capacity for equitable access.

1. Lung cancer screening should be broadened to include high-risk groups, such as never-smokers with a family history, especially women, and those with chronic inflammatory lung disease (incl. patients with a history of tuberculosis), while accounting for intra-health system differences to ensure early detection and better outcomes.
2. Greater emphasis should be placed on diagnosing lung cancer in never-smokers, who face considerable risk from genetic and environmental factors but are often overlooked in current clinical diagnostic pathways.
3. Investigate the benefits of lung cancer screening for under-recognised high-risk groups, including individuals exposed to air pollution, occupational hazards, and other non-smoking-related risks, as a crucial step toward expanding screening guidelines, while accounting for intra-health system differences is essential to promote early detection and improve outcomes across diverse populations.
4. Screening guidelines should be updated with more inclusive criteria to ensure equitable access for high-risk individuals, particularly those in rural and underserved areas, to improve early lung cancer detection and care.
5. Greater focus should be placed on promoting pilot screening programmes and the establishment of a lung cancer surveillance infrastructure and programme to generate local evidence to inform health system wide implementation.
6. Screening levels should be clearly defined – from simple online risk assessments to full diagnostic tests – to support advocacy and design of a health system wide screening programme for effective implementation.



7. Define technical standards and quality control measures for high-quality CT examinations at low dose, to ensure consistently low radiation doses.
8. Access to advanced screening technologies is often limited in low- and middle-income economies, and this disparity and inequality underscore the urgent need for cost-effective and scalable solutions that can bridge the gap and ensure equitable access to diagnosis.
9. Broader and equitable access should be provided to proven screening tools, such as LDCT, appropriate for the resourcing of all health systems.
10. Broader and equitable access can be enabled through infrastructure investment and government funding such as subsidised screenings and wider insurance coverage for the high-risk population.
11. Emerging techniques such as blood-based biomarkers and technology-enabled solutions (e.g. telemedicine and AI) should be investigated as part of screening pilot programmes and in randomised controlled trials.

PRINCIPLE #3: ENSURE EQUITABLE & SUSTAINABLE ACCESS TO TREATMENT

Overarching Call to Actions:

- Prioritise timely and equitable access for effective lung cancer treatments including radiotherapy, surgery, targeted therapy, immunotherapy and innovative therapies, through accelerated approvals, expanded reimbursement, and sustainable funding models tailored to resource-constrained systems.
- Advance precision care by integrating broad molecular profiling, such as biomarker and NGS testing, into routine diagnostics, with dedicated investment in infrastructure and reimbursement, especially in resource-constrained health systems.
- Strengthen lung cancer care delivery through standardised clinical guidelines, expanded clinical trial access, improved referral systems, and targeted efforts to address low health literacy and delayed diagnosis to improve diagnostic pathway and patient outcomes .

1. Centralised, comprehensive, and regularly updated clinical guidelines, when consistently and uniformly adopted, are essential to ensuring consistent, evidence-based lung cancer care across the care continuum.
2. Accelerated approvals and expanded reimbursement for effective lung cancer treatments, including radiotherapy, surgery, targeted therapy, immunotherapy and innovative therapies, should be prioritised through stronger stakeholder collaboration to ensure timely and equitable access, while being approached sustainably and considering socio-economic limitations, particularly in low- and middle-income health systems.
3. Broader molecular profiling, preferably biomarker and NGS testing, should be an integral part of lung cancer diagnosis across the APAC region, enabling more precise and personalised treatment approaches.
4. Efforts should be made to ensure wider access to broader panel testing, particularly in low- and middle-income health systems, by enhancing infrastructure and securing reimbursement for testing.

5. Sustainable funding models, such as oncology-specific ring-fenced funds, help ensure long-term and equitable access to care. This is crucial, considering the significant health burden of lung cancer and the potential savings that could be generated for the health system when the disease is detected and treated early.
6. Patient groups should be involved in policy and health technology assessment (HTA) discussions to align lung cancer services with patient need.
7. Clinical trials are essential not only for novel therapeutics but also for providing access to current standard treatments, especially in health systems where clinical trial opportunities are extremely limited.
8. There is a need to expand clinical trial access and participation, particularly in underserved regions, through enhanced infrastructure, regional collaborations, strengthened awareness, referrals, and patient education.
9. Shared decision-making should be embedded across the care pathway to ensure patients are informed and involved in their care choices, with active collaboration and decision-making among multidisciplinary teams to improve quality of care delivery.
10. Strengthening healthcare professional training and streamlining referral pathways for follow-up diagnosis of patients with positive screening results is crucial for timely diagnosis and ensuring continuity of care.
11. Low health literacy, delayed health-seeking behaviour, and frequent misdiagnosis, particularly in high TB settings, are attributable to delayed and inappropriate care and must be urgently addressed through targeted action (i.e. health literacy campaigns and improved infrastructure) to improve the diagnostic pathway and patient outcomes.

PRINCIPLE #4: BUILD PARTNERSHIPS AND PROMOTE INVESTMENT

Overarching Call to Actions:

- Forge inclusive multi-sector partnerships that unite healthcare, environmental health, tobacco control, and chronic disease sectors to drive integrated strategies across the lung cancer continuum.
- Empower and invest in patient advocacy groups as co-leaders in shaping lung cancer policy, delivering culturally tailored education, and supporting patients throughout their care journey, especially in rural or underserved communities.
- Strengthen regional and international collaboration to share knowledge, build health system capacity, while enabling health systems to implement dedicated action plan against lung cancer with measurable outcome targets across prevention, early detection, diagnosis, treatment, and survivorship.

1. Multi-stakeholder partnerships with patient advocacy groups, healthcare providers, professional organisations, researchers, policymakers, the media and healthcare industries, at both health system wide and regional levels, are essential to driving meaningful progress in lung cancer care to foster regional collaboration on workforce planning and strengthen connectivity.
2. Fostering international collaborations for knowledge exchange supports the strengthening of health system resilience, which is foundational to equitable, timely, and sustainable lung cancer outcomes.

3. Partnerships should be expanded beyond healthcare to include environmental health, tobacco control, and chronic disease sectors for integrated approaches to lung cancer prevention and care.
4. There is a critical need to invest in capacity building and sustained support for lung cancer patient organisations across the region to ensure that patients have a voice in policy decisions and to provide much-needed support throughout their care journey.
5. Patient groups should be actively engaged as key partners in amplifying lung cancer prevention messaging and support community education efforts led by public health authorities, non-governmental organisations and healthcare providers.
6. Active empowerment of patient groups to collaborate with health authorities in developing culturally appropriate education and enhancing patient support is critical to improving screening uptake and follow-up adherence, especially in rural or underserved communities.
7. Strong patient advocacy is essential to create a louder, more coordinated voice for patients with lung cancer in policy discussions, helping to drive positive changes in government policy, access to screening, and reimbursement practices.
8. A dedicated action plan against lung cancer should be implemented in each health system, guided by clear and actionable outcome targets that track progress across the full continuum of care – from prevention and early detection to diagnosis, treatment, and survivorship.

PRINCIPLE #5: COMBAT STIGMA, RECOGNISING IT AS A SOCIAL DETERMINANT OF PUBLIC HEALTH

Overarching Call to Actions:

- Launch public education campaigns and school-based initiatives to challenge stigma and unconscious bias, reshaping public perceptions by emphasising that lung cancer can affect anyone, regardless of smoking history.
- Empower patient advocates and survivors to share lived experiences, break cultural taboos, and foster care-seeking behaviour, particularly in multi-ethnic rural and older populations.
- Train healthcare professionals, especially in primary care and TB-endemic settings, to recognise and address stigma, while expanding survivorship care to include psychological and emotional support for patients, caregivers, and families.

1. Stigma associated with lung cancer, especially for smokers and former smokers, remains a significant barrier to early diagnosis and treatment adherence, highlighting the urgent need for targeted efforts to reduce stigma.
2. There is a need to recognise that the impact of stigma extends beyond the physical to the psychological, emotional, financial and social aspects of a patient's quality of life.
3. System-led, structured initiatives (i.e. public education) are needed to tackle stigma consistently across APAC, with a focus on prevention, treatability and survivorship to acknowledge risks of lung cancer regardless of smoking status.
4. A multi-faceted approach, integrated into education systems can help address key risk factors such as tobacco use and air pollution, and can play a critical role in shifting public perceptions and reduce the stigma associated with lung cancer over time.
5. Unconscious bias, particularly the association of smoking with lung cancer, must be openly addressed within both society and healthcare system, alongside public education of non-smoking related risk factors to improve lung cancer care.
6. Stronger emphasis must be placed on educating healthcare professionals to address potential biases toward individual, particularly smokers and former smokers, who develop lung cancer.
7. Education initiatives should target primary care physicians to improve early diagnosis, especially in tuberculosis-endemic regions.
8. Patient storytelling and advocacy are essential to break cultural taboos, especially in multi-ethnic rural and older populations, and to promote care-seeking behaviour for lung cancer diagnosis and treatment.
9. Survivorship care should include psychological support and resources to help manage the emotional burdens of a lung cancer diagnosis, including the fear of recurrence for those in remission or living with the disease, and extend to supporting caregivers and families affected by lung cancer.

06 Acknowledgements

Co-convenors

Strategic Partner

Associate Prof. Herbert Loong

The Chinese University of Hong Kong, Hong Kong SAR, China, Asia Pacific Coalition for Lung Cancer (APCLC)

Global Advisor

Dr. Mary E. Bussell

TriMar Strategies

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Knowledge Partners

Name	Organisation
Dr. Helena Wilcox	Lung Cancer Policy Network (LCPN)
Dr. Yannick Romero	Union for International Cancer Control (UICC)

(Expert list to be continued in the next page)

Expert List

**Note: Contributors are listed alphabetically by their representative health systems*

Health System	Name	Institution
Australia	Prof. Kenneth O'Byrne	Queensland University of Technology; Princess Alexandra Hospital
China	Prof. Feng-Ming Spring Kong	The University of Hong Kong
China	Prof. Yi-Long Wu	Guangdong Provincial People's Hospital; Guangdong Lung Cancer Institute
China	Prof. Jian Ya Zhou	Zhejiang University School of Medicine
Chinese Taipei	Prof. Pan-Chyr Yang	National Taiwan University College of Medicine
Hong Kong SAR	Prof. Martin Wong	The Chinese University of Hong Kong
India	Dr. Abhishek Shankar	All India Institute of Medical Sciences, Delhi
India	Dr. Sewanti Limaye	Sir H. N. Reliance Foundation Hospital & Research Centre
Indonesia	Dr. Sita Laksmi Andarini	University of Indonesia – Persahabatan Hospital
Japan	Dr. Hidehito Horinouchi	National Cancer Centre Hospital
Malaysia	Dr. Tho Lye Mun	Beacon Hospital; Lung Cancer Network Malaysia
Malaysia	Dr. Chong Kin Liam	University of Malaya Medical Centre
New Zealand	Dr. Annie Wong	Wellington Blood and Cancer Centre; University of Otago Wellington
Philippines	Dr. Frederic Ivan Leong Ting	Corazon Locsin Montelibano Memorial Regional Hospital Cancer Care Center
Philippines	Dr. Kenneth Samala	University of the Philippines Manila
Singapore	Dr. Aaron Tan	National Cancer Centre Singapore
South Korea	Asst. Prof Yeon Wook Kim	Seoul National University Bundang Hospital
Thailand	A/Prof. Thanyanan Baisamut (Reungwetwattana)	Ramathibodi Hospital, Mahidol University
Thailand	A/Prof. Naiyarat Prasoongsook	Phramongkutklao Hospital, Bangkok
Vietnam	Prof. Pham Cam Phuong	Bach Mai Hospital; Hanoi Medical University

Patient Representative Group List

Health System	Name	Institution / Organisation
Australia	Mr. Mark Brooke	Lung Foundation Australia
China	Ms. Liu Yi Ting	Mijian 觅健
Chinese Taipei	Ms. Jane Tsai	Formosa Cancer Foundation
Chinese Taipei	Mr. Eric Liu	Taiwan Young Patient Association
Chinese Taipei	Ms. Sammy Tsai	Hope Foundation for Cancer Care
Hong Kong SAR	Ms. Cheryl Fung	Hong Kong Anti-Cancer Society (HKACS)
Hong Kong SAR	Dr. Jemma Arakelyan	Institute of Cancer and Crisis
Hong Kong SAR	Mr. Norman Ng	Lung Cancer Patient Concern Group
India	Ms. Vandana Mahajan	Lung Connect India Foundation
India	Mr. Sanjeev Sharma	Lung Connect India Foundation
Japan	Mr. Kazuo Hasegawa	Japan Lung Cancer Alliance Lung Cancer Patient Association One Step
Malaysia	Mdm. Desidre Wee	Society for Cancer Advocacy and AwareNess, Kuching (SCAN)
Malaysia	Mdm. Edwina Lau	Society for Cancer Advocacy and AwareNess Kuching (SCAN)
New Zealand	Ms. Rachael Neumann	Cancer Society of New Zealand
Philippines	Dr. Corazon Ngelangel	Philippine Cancer Society
Singapore	Mr. Francis Goh	Lung Cancer Education and Advocacy for Patients
South Korea	Mr. Hyung-Seok Yim	Korea Lung Cancer Patients Association
Thailand	Dr. Prakaitip Susilparat	Thai Cancer Society
Vietnam	Mr. Do Xuan Phong	Caregiver for a lung cancer patient, being seen by Prof. Pham Cam Phuong

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EquiHealth *(Secretariat)*

About ASPIRE

Asia Pacific Policy Review & Engagement for Lung Cancer

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 (APAC) region through policy reforms. We advocate for prioritising lung cancer in government action plans, aiming to drive transformative changes that enhance patient access and care.

Our focus is guided by a Charter outlining nine key pillars, with an initial emphasis on political action and funding, in turn leading to improved equitable access to screening, diagnosis and treatment and overall patient care.

We believe in the influence of collaboration and collective action to drive positive change. Therefore, we will work with governments, agencies, NGOs and patient groups, bringing together multi-disciplinary experts to improve health outcomes for lung cancer patients in the APAC region.

POLITICAL ACTION AND FUNDING

- Increasing political commitment
- Increasing the number of centralised lung cancer action plans
- Providing sufficient funding
- Amplifying the patient voice
- Fostering regional and international cooperation

PATIENT ACCESS AND CARE

- Raising public and patient awareness
- Implementing advanced health system-wide screening programmes
- Increasing access to companion diagnostics, NGS and serum tumour marker testing
- Increasing equitable access to treatment

To find out more about or get involved with the ASPIRE for Lung Cancer, please visit **www.aspirelungcancer.com** or **scan the QR code** to access the website.

Secretariat Members

Anthony Morton-Small	Consortium Advisor
William Brown	Consortium Director
Judy Li	Consortium Manager
Ariel Lim	Associate
Lau Hui Shi	Associate