

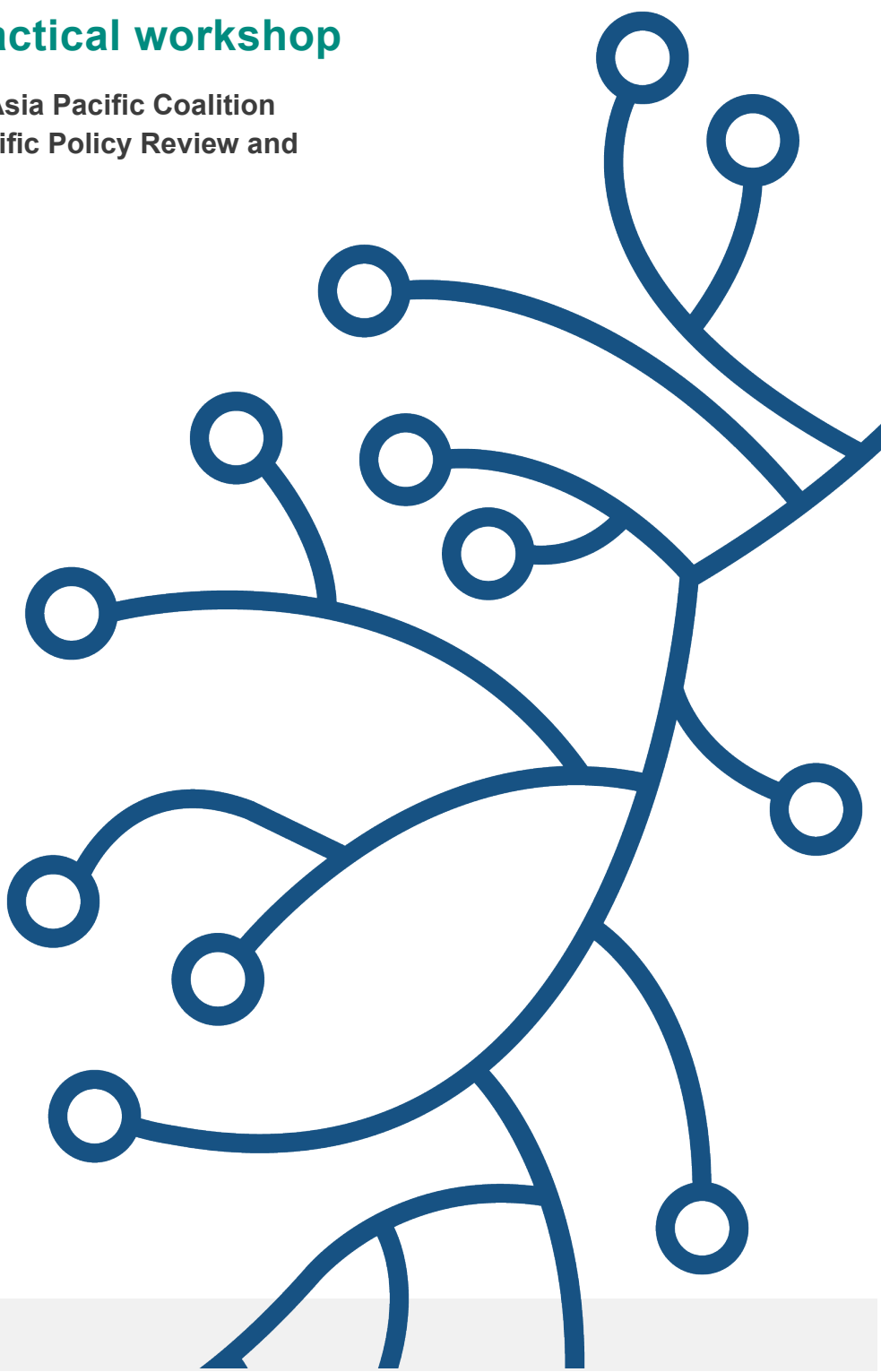
Implementing an effective screening programme for lung cancer

Summary from a practical workshop

**Lung Cancer Policy Network, Asia Pacific Coalition
against Lung Cancer, Asia Pacific Policy Review and
Engagement for Lung Cancer**

November 2025

The Lung Cancer Policy Network is a global multidisciplinary network of experts from across the lung cancer community, which includes clinicians, researchers, patient organisations and industry partners. The Network is funded by Amgen, AstraZeneca, Bristol Myers Squibb Foundation, Johnson & Johnson, MSD, Pfizer, Siemens Healthineers, Guardant Health and GE HealthCare. Lilly has also provided funding to the Network on an arm's-length basis and has no control or influence over the Network or its outputs. Secretariat is provided by [The Health Policy Partnership](#), an independent health research and policy consultancy. All Network outputs are non-promotional, evidence based and shaped by the members, who provide their time for free.





1 Executive summary

This workshop – convened by the Lung Cancer Policy Network, the Asia Pacific Coalition against Lung Cancer, and Asia Pacific Policy Review and Engagement (ASPIRE) for Lung Cancer – brought together experts from across the Asia-Pacific region to address practical challenges and solutions for implementing effective screening programmes for lung cancer. The discussions focused on two critical areas: eligibility and recruitment, and workforce and technical capacity.

Key takeaways:

- Tailored approaches are essential: Screening programmes must use region-specific evidence and criteria, reflecting unique risk profiles – especially among people who do not smoke, and women.
- Leverage existing systems: Integrating screening with current health programmes and data registries improves efficiency and reach.
- Phased expansion: Start with basic eligibility (age, smoking status), then expand as capacity grows.
- Workforce and technology: AI tools and decentralised models can help address workforce shortages and technical barriers.
- Community engagement: Targeted outreach and education are needed to improve public understanding and participation, especially among high-risk groups.
- Collaboration: Sharing experiences and solutions across countries accelerates progress.

There is strong momentum and hope for lung cancer screening in the region, with countries actively engaging in policy development and implementation. With sustained collaboration and strong political commitment, screening is poised to become a routine and indispensable part of healthcare across the Asia-Pacific region, opening the door to detecting lung cancer earlier.



2 Background

In 2024, the Lung Cancer Policy Network and the Asia Pacific Coalition against Lung Cancer co-hosted a [workshop at the Asia Conference on Lung Cancer](#) (ACLC) that examined key regional challenges. The two organisations then collaborated with ASPIRE for Lung Cancer to facilitate a follow-up workshop in October 2025. The workshop drew on the recently published [Asia Pacific lung cancer consensus statement](#) and sought to delve deeper into real-world solutions that can be utilised to foster policy attention and engagement with lung cancer screening, and provide more practical support for effective roll-out.

Specifically, the workshop aimed to:

- **support planning and implementation:** equip screening leads with the tools and insights needed to advance low-dose computed tomography (LDCT) screening programmes for lung cancer, using the Network's implementation framework.
- **facilitate practical knowledge exchange:** promote the sharing of experiences and solutions across health systems at different stages of screening development through focused, practical discussions on programme design and delivery, as well as policy development steps.
- **strengthen regional collaboration:** foster connections among screening leads in Asia Pacific to encourage ongoing collaboration and mutual support in implementing LDCT screening. This includes discussing common challenges and exploring practical, context-specific solutions that can be adapted and applied across diverse health systems.

3 Context

As targeted LDCT screening for lung cancer gains global momentum, effective and sustainable implementation is crucial. In the Asia-Pacific region, screening implementation varies widely, reflecting diverse health systems, risk profiles and socioeconomic contexts. Significant progress has been made in policy commitments and implementation regarding lung cancer – both globally and in the region – following decades of research and advocacy efforts. This includes:

- a [resolution on integrated approaches to lung health](#), including lung cancer, which was adopted at the 2025 World Health Assembly.
- the upcoming volume of the International Agency for Research on Cancer's [Handbook of Cancer Prevention](#), which will focus on lung cancer screening.
- a new [consensus statement on lung cancer](#) that provides targeted policy guidance for the Asia-Pacific region, offering actionable steps to help varied health systems implement changes and measure progress effectively.
- recent progress in the implementation of lung cancer screening around the globe, such as commitments to LDCT screening in [Japan](#) and the roll-out of the [Australian](#) screening programme.

The workshop was convened to assemble regional experts and facilitate translating high-level commitments into concrete steps for effective screening deployment. The event emphasised the importance of tailoring global policy guidance to suit local contexts, while leveraging local insights and innovations to inform subsequent international recommendations. This reciprocal exchange is fundamental to advancing progress.



4 Case studies

To anchor discussions in tangible examples, the workshop featured case study presentations that offered valuable insights into implementation experiences and facilitated peer-to-peer learning by showcasing programmes at different stages of development – from established initiatives to projects in progress and regions without current plans.

4.1 Japan

Hidehito Horinouchi

Japan first launched lung cancer screening in 1987; the programme is population-based and uses chest X-ray. Since then, the country has seen a significant shift toward earlier detection, with more lung cancers being diagnosed at an early stage. This shows that meaningful progress in lung cancer detection can be made even without the immediate implementation of LDCT; the country's long-standing use of chest X-ray screening demonstrates that alternative methods can play a valuable role, especially in lower-resource settings where LDCT roll-out may be challenging.

In a major step forward, the National Cancer Center updated its guidelines in 2025 to recommend LDCT screening for people who smoke, with the national health insurance system covering 70–90% of screening costs. One of Japan's key advantages is its high computed tomography (CT) scanner capacity, which makes widescale LDCT screening more feasible.

Japan offers a practical example of how gradual, adaptive strategies can lay the groundwork for more advanced screening approaches.

4.2 Thailand

Judy Li

In 2025, ASPIRE convened two editions of the Thailand Lung Cancer Policy Forum, bringing together policymakers, insurers, healthcare professionals, academics and civil society to drive progress in lung cancer care. The first forum focused on earlier detection and screening, examining Thailand's lung cancer landscape and identifying system gaps. Stakeholders explored the phased roll-out of LDCT screening, discussed opportunities for community-based approaches, and addressed barriers such as tuberculosis-related false positives, guideline gaps and access inequities. Crucially, a shared agreement was made to form a national screening working group that could



inform future policy and programme development. The second workshop focused on diagnostics, treatment access and financing.

The roundtables highlighted Thailand's readiness to expand screening, building on its strong tobacco control policies and pilot screening initiatives. As a result of these discussions, a policy brief was developed that identified three near-term calls to action, including strengthening lung cancer screening. The recommendations included scaling up LDCT pilots to a national programme, and broadening eligibility criteria to include high-risk groups, including:

- people who have smoked the equivalent of one pack of cigarettes for 20 years or more
- people with a family history of lung cancer
- people with other risk factors.

Thailand's experience demonstrates the power of structured, localised dialogue to accelerate national policy change. With strong foundations already in place, the country is well positioned to lead the way in implementing effective and equitable lung cancer screening across the region.

4.3 Malaysia

Anand Sachithanandan and Tho Lye Mun

Malaysia has taken a significant step forward in lung cancer care with the development and launch of its first clinical practice guidelines for lung cancer. This milestone reflects a growing national commitment to standardising care, improving outcomes and addressing the unique demographic and clinical characteristics of lung cancer in the country.

The guidelines, which include 21 evidence-based recommendations across five domains, were created to harmonise diverse clinical practices. They also serve as a practical tool for teaching, training and insurance alignment – filling a critical gap; previously, no national clinical practice guidelines existed for lung cancer. The guidelines also recommend screening for adults over the age of 40 who do not smoke, but have a family history of lung cancer.

In parallel with policy development, Malaysia has been exploring innovative approaches to screening. A pilot project conducted between May 2021 and February 2023 in Greater Kuala Lumpur tested the feasibility of using AI to enhance community-based lung cancer screening. Led by Lung Cancer Network Malaysia, the initiative



integrated AI-assisted chest X-rays into general practice clinics to identify people at high risk of lung cancer and send them for further (LDCT) screening.

The pilot conducted over 16,500 AI-enhanced chest X-rays, identifying indeterminate pulmonary nodules in 2.35% of cases. The pilot highlighted the potential of AI-assisted screening to detect lung cancer at earlier, more treatable stages – especially in settings where access to LDCT is limited. By leveraging AI as a second reader, Malaysia is demonstrating how technology can bridge diagnostic gaps and expand screening to underserved populations.

These efforts are laying a foundation for more equitable, effective and scalable screening pathways, and they offer a model for other countries in the region seeking to strengthen their own lung cancer control frameworks.

4.4 Taiwan

Pan-Chyr Yang

Taiwan has emerged as a regional leader in addressing the growing toll of lung cancer, particularly among people who do not smoke.

The Taiwan National Lung Cancer Early Detection Program was launched in July 2022 with the aim of doubling the proportion of stage I diagnoses and improving five-year survival rates by 2030. It targets two high-risk groups: people aged 50–74 who smoke, and people who do not smoke (or who smoke very infrequently) but have a family history of lung cancer.

Taiwan's approach is informed by the Taiwan Lung Cancer Screening in Never-Smoker Trial (TALENT) study, which screened over 12,000 people aged 55–75 who do not smoke but have risk factors such as family history, chronic lung disease and exposure to cooking fumes. The study reported a 2.6% detection rate, significantly higher than comparable trials in Europe and the US. Of the people found to have lung cancer, 96.5% were stage 0 or I. These findings underscore the importance of tailoring screening strategies to regional risk profiles.

Taiwan's experience demonstrates the value of integrating scientific research, public health policy and targeted screening to address the specific challenges of lung cancer in Asia.



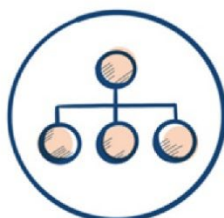
5 A health systems approach to implementing lung cancer screening

The Lung Cancer Policy Network's [implementation framework](#) for screening formed the foundation of the workshop.

The framework is split into six domains of the health system:

1. Governance
2. Workforce and technical capacity
3. Financial planning
4. Eligibility and recruitment
5. LDCT screening delivery
6. Data monitoring and evaluation.

The workshop focused on two domains of the framework: eligibility and recruitment, and workforce and technical capacity. These were chosen based on the challenges identified during the previous workshop, in 2024, and the recommendations in the Asia-Pacific consensus statement.



Governance



**Workforce &
Technical Capacity**



**Financial
Planning**



**Eligibility &
Recruitment**



**Data Monitoring
& Evaluation**



6 Collaborative insights: practical approaches to screening eligibility and capacity

The workshop featured structured group discussions during which participants examined common challenges and explored regional strategies to support countries in developing or enhancing their screening programmes.

6.1 Eligibility and recruitment

Eligibility is a critical component of screening programmes, as it ensures that the people most likely to benefit are identified for testing, thereby enhancing the programme's effectiveness, efficiency and safety. Defining the eligible population requires the use of local epidemiological data to accurately determine those at elevated risk of lung cancer. Lung cancer is linked to numerous risk factors, so trends in these factors at the population level must be thoroughly assessed and integrated to establish appropriate eligibility criteria that are tailored to local context. Such considerations directly impact the cost-effectiveness of the programme.

Appropriate eligibility criteria and effective, equity-orientated approaches to engagement and recruitment are fundamental to secure attendance from people at highest risk of lung cancer. Engaging healthcare professionals is also essential to the success of the programme, as they have a significant role in the recruitment and referral of those eligible for screening.

6.1.1 Discussion

Eligibility criteria must reflect regional realities, not just Western data. Asia Pacific faces unique lung cancer risk profiles, particularly among people who have never smoked, and women – groups that are often excluded from global screening guidelines. Participants stressed the need for region-specific evidence to guide eligibility criteria. Family history is being used in some screening programmes and studies, but it is not widespread in the region.

Limited data and infrastructure hinder effective screening programme design. In several countries, data on who could or would qualify for screening are limited, which complicates the development of effective programmes. Access to medical records and cancer registry data is essential for identifying eligible populations and managing screening logistics. Centralised screening registries were proposed to streamline data collection and programme oversight.



Start with core eligibility criteria and expand gradually. Using age and smoking status as initial criteria is a practical starting point. Once foundational systems are in place, programmes can evolve to include factors such as family history, history of lung disease and younger age groups.

- In South Korea, lung cancer screening is currently unavailable to people who do not smoke, with funding constraints cited as a key barrier.

Scaling lung cancer screening programmes to serve large populations presents significant challenges in Asia Pacific, making government support and medical society involvement essential. Building sustainable screening programmes requires backing from policymakers and collaboration with medical societies to ensure infrastructure and workforce readiness. This is particularly important for locations with large populations, such as Vietnam.

Integrating lung cancer screening with existing programmes can improve efficiency and uptake. Leveraging infrastructure from other screening programmes (e.g. tuberculosis, general health check-ups) can reduce costs and improve access.

- South Korea's National Cancer Screening Program, which includes five other cancers, was cited as a model that could be emulated.
- Existing general testing (e.g. body check-up) can be used, especially in places where this is common, such as South Korea.

Asia-specific evidence is essential for effective policy and programme design. Western trials dominate the evidence base, but countries in Asia Pacific are now leading efforts to generate locally relevant data. Real-world evidence is seen as more actionable than clinical trials alone.

- The TALENT trial in Taiwan – which focused on family history of the disease and people who have never smoked – is a valuable source of data.

Radiation safety must be tailored to local populations, especially women. Concerns about radiation exposure, particularly for women who have never smoked, highlight the need for Asia-specific dose guidelines to ensure safety and effectiveness.

Community education and targeted outreach are vital to increase participation. Despite available information, public understanding remains limited. Cost-effectiveness data and tailored messaging are needed to support policy decisions and encourage screening uptake.

The workshop emphasised the need for tailored approaches to lung cancer screening in Asia Pacific. By building on existing programmes, improving data



infrastructure and developing region-specific criteria, countries can move toward more inclusive and effective screening strategies.

6.2 Workforce and technical capacity

Performing and interpreting LDCT scans demands skilled professionals and adequate equipment. Without proper planning and resources throughout the care pathway, health systems may struggle to manage the increased number of people needing diagnosis and treatment, potentially compromising the quality and effectiveness of the screening programme.

6.2.1 Workforce capacity

AI can help alleviate workforce pressures and improve efficiency. AI was suggested as a first-reader tool to support radiologists, helping conserve time and reduce bottlenecks in scan interpretation.

- In South Korea, radiologists currently read LDCT scans for the national screening programme, but the workload is substantial.

Localised and hospital-based models of implementation may be more feasible than national roll-outs. Geographical and infrastructure challenges make decentralised approaches more practical in some countries. Hospitals can lead by setting policies and training staff.

- The archipelagic geography of the Philippines complicates national roll-out; regional collaboration, such as among northern island groups, could serve as a model, allowing other regions to learn from their experiences and gradually scale up screening.
- In Vietnam, a hospital-based model may be more practical; waiting for national government commitment could delay progress, so hospitals are encouraged to take initiative by establishing clear policies for scan scheduling and training of the screening workforce (on an annual basis to align with the latest evidence).

Screening demand impacts treatment services, making planning essential. Increased detection leads to higher demand for surgical and follow-up care, requiring capacity building in treatment services too.

- In South Korea, the increased demand for surgical interventions following screening has placed pressure on the workforce.



Screening capacity must increase alongside awareness among the general public. Education through accessible channels like television can boost participation.

Better data connectivity can streamline workflows and improve coordination. Connecting healthcare professionals across sectors remains a challenge in some countries. Improved data systems can enhance efficiency and support programme success.

Economic incentives and workload data can support policy and participation. Governments need a strong economic case for screening, backed by data on workforce needs. Financial incentives for healthcare professionals could drive referrals and uptake.

6.2.2 Technical capacity

The geographical distribution of CT scanners, rather than simply the total number, should be considered. Even in countries with sufficient scanners, access can be uneven. Some guidelines limit the use of CT scanners based on their specifications, so CT capacity remains a relevant consideration.

Hybrid and decentralised models offer flexibility for diverse health systems. Political decision-making plays a crucial role in shaping how screening programmes are implemented. In some countries, decentralised or hybrid models for lung cancer screening may be more appropriate based on the current capacity of their health systems. Mobile screening units can also enhance access, particularly when deployed through companies or institutions; they are already in use in countries like the UK and Australia to reach underserved populations. A more hybrid model can work in some settings, operating through a structured screening network that follows a hub-and-spoke approach.

- In Malaysia, competing health priorities and limited government funding may make a decentralised approach more feasible and sustainable. Mobile, AI-assisted chest X-ray units could serve as an alternative or complementary tool to support LDCT screening in such contexts.
- Japan uses a decentralised model and offers useful lessons from its long-standing use of chest X-rays for lung cancer detection.



7 Conclusion

There is a strong sense of hope and optimism for the future of lung cancer screening across the Asia-Pacific region. The level of interest and momentum is clear, with countries actively engaging and collaborating to move forward together. The region holds a wealth of expertise, and given the distinct epidemiological patterns of lung cancer in Asia Pacific, a regional approach is not just beneficial, but essential. By sharing knowledge and experiences, countries can accelerate progress and overcome common challenges. With continued cooperation and political will, it is only a matter of time before lung cancer screening becomes an established and routine part of healthcare in the region.



Workshop participants included faculty, experts and representatives from various countries and organisations involved in lung cancer policy and screening across the Asia-Pacific region.



8 About the hosts

Asia Pacific Coalition against Lung Cancer

The Asia Pacific Coalition against Lung Cancer was formed in 2023 with a vision to empower people to overcome the impact of lung cancer by addressing the region's specific needs and challenges. The coalition represents a distinguished group of lung cancer experts who, in their respective countries, are driving advances in the understanding and treatment of lung cancer.

ASPIRE for Lung Cancer

ASPIRE for Lung Cancer is a collaborative multilateral effort focused on improving outcomes in the Asia-Pacific region through policy reforms. The initiative advocates for prioritising lung cancer in government action plans, aiming to drive transformative changes that enhance access and care. More details can be found on the ASPIRE website: <https://www.aspirelungcancer.com/>.

Lung Cancer Policy Network

The Lung Cancer Policy Network, established in 2021, is a global, multidisciplinary network of experts from the lung cancer and oncology community. Network members include clinicians, researchers, patient organisations and representatives, and industry partners. Together, the Network strives to make lung cancer a global policy priority.

Workshop faculty

- **Herbert Loong**, Specialist in Medical Oncology and Clinical Associate Professor, Department of Clinical Oncology; Deputy Medical Director, Phase 1 Clinical Trial Centre, The Chinese University of Hong Kong, Hong Kong
- **Judy Li**, Consortium Manager, ASPIRE for Lung Cancer, Hong Kong
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**LUNG CANCER
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ASPIRE

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