

Late diagnosis, access gaps, and financing mismatch in lung cancer care under AB PM-JAY in India

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US\$ 532 million

annual gap between the cost of standard-of-care lung cancer treatment and what
AB PM-JAY finances

WHY LUNG CANCER

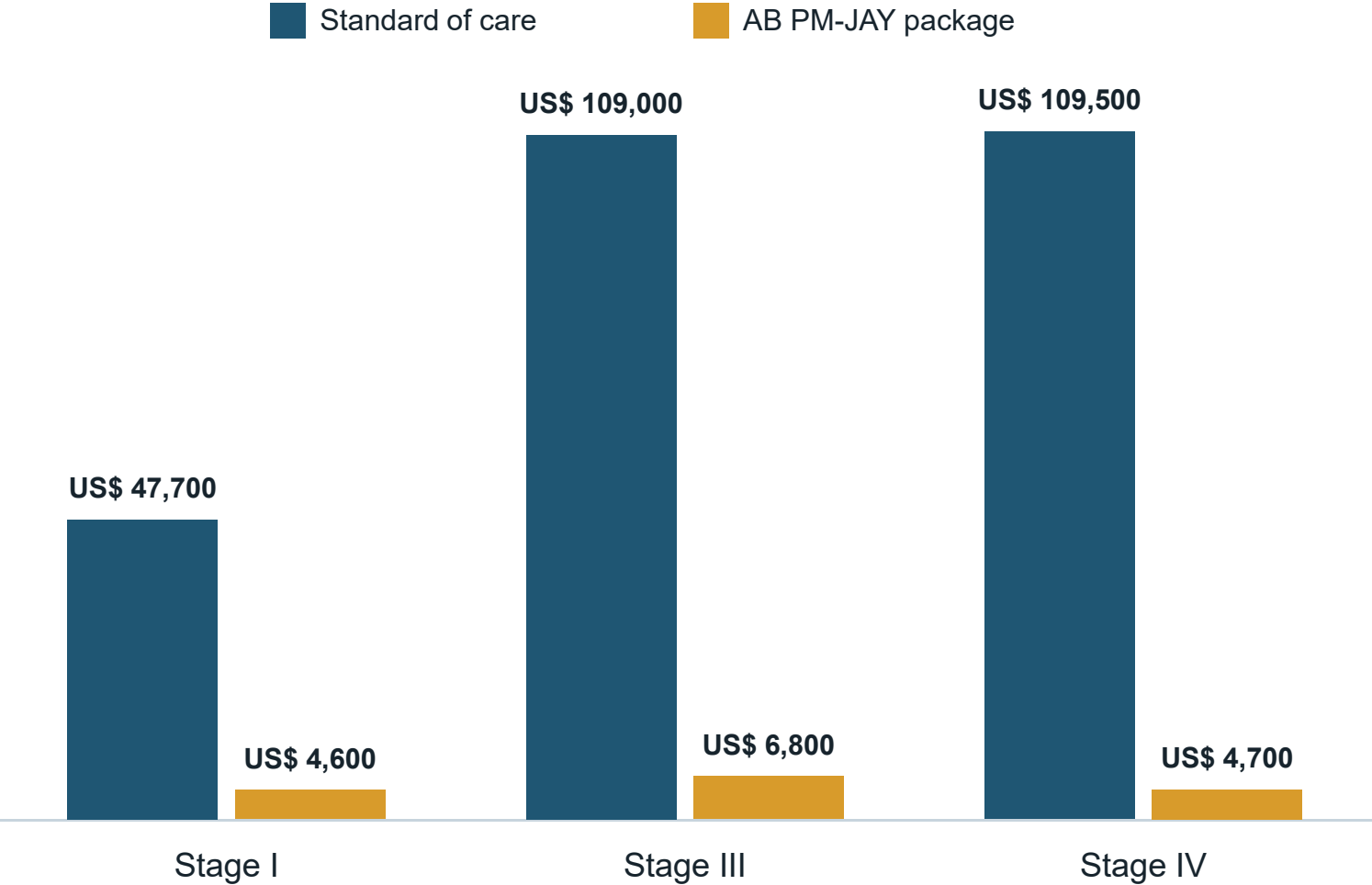
Lung cancer care in India is shaped by late presentation, diagnostic delay, and limited access to biomarker-driven treatment.

Most patients present with advanced disease. Many with non-small cell lung cancer require molecular testing and targeted therapy that are clinically indicated but difficult to access in routine care.

We assessed the cost of delivering standard-of-care (SoC) lung cancer treatment, and the budget implications of providing it under AB PM-JAY.

HOW WE DID IT

- Descriptive and normative analytical design
- 14 archetypes covering NSCLC and SCLC across disease stages
- NCCN guidance adapted to routine practice at AIIMS, New Delhi
- Five-year pathways costed: diagnostics, surgery, radiotherapy, chemotherapy, targeted or immunotherapy, follow-up
- Tariffs from three tertiary hospitals: public, private, trust-based
- Compared against AB PM-JAY Health Benefit Package 2022 rates
- Three scenarios: current pathway, earlier confirmation, early detection at an OECD benchmark



10× Stage I
cost gap

16× Stage III
cost gap

23× Stage IV
cost gap

Package rates cover only 4% to 10% of the five-year cost.

US\$ 562M

per year

Needed each year to deliver
standard-of-care lung cancer care

US\$ 30M

per year

Current annual AB PM-JAY
spend on lung cancer

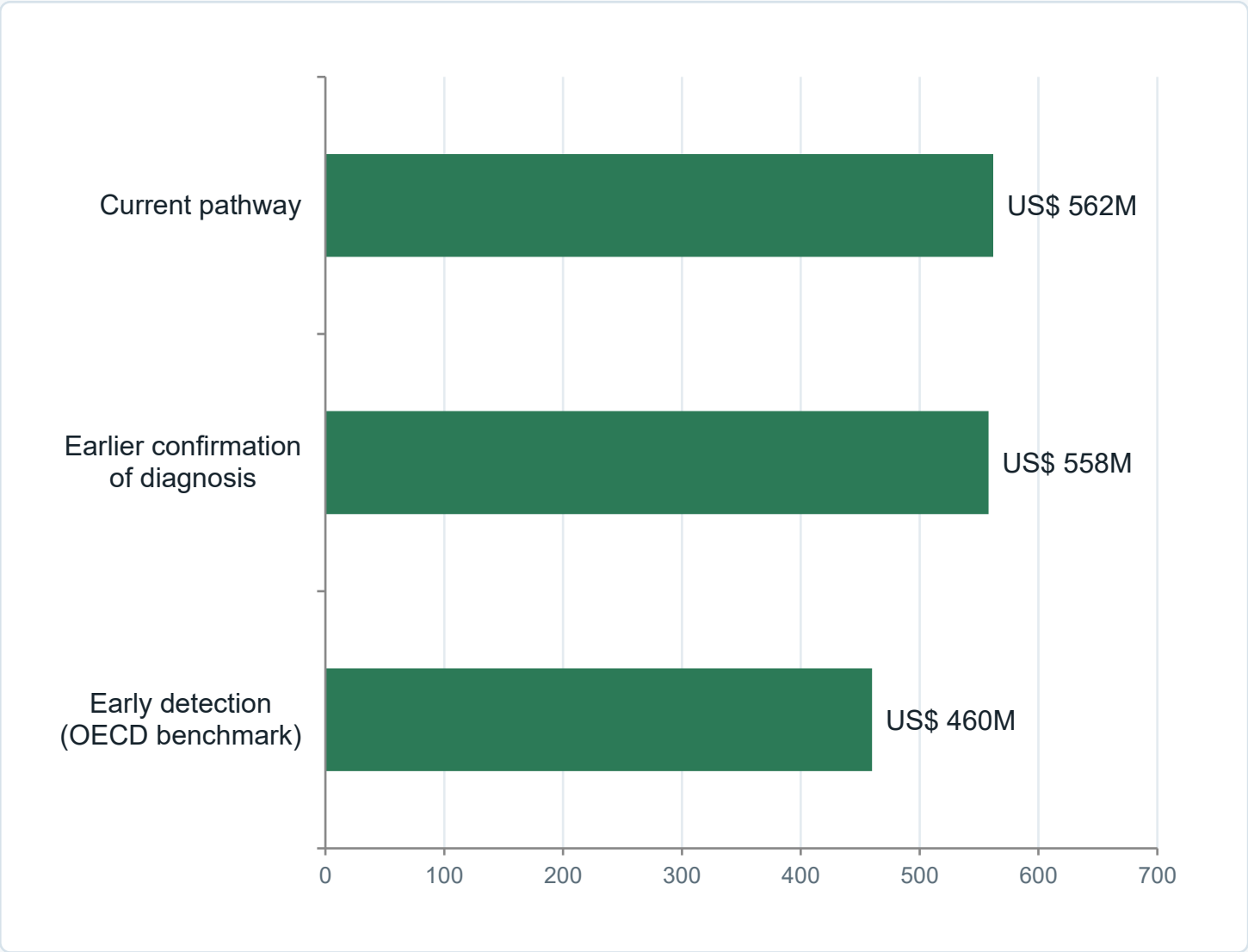
US\$ 532M

per year

ANNUAL FINANCING GAP

Only 5% of what standard-of-care lung cancer treatment costs is currently financed

The gap is greatest in advanced disease, where targeted therapies and immunotherapies remain largely outside the current package structure.



EARLIER CONFIRMATION

US\$ 558M

Little budget relief. Confirming the diagnosis sooner does not change what the treatment costs.

EARLY DETECTION

US\$ 460M

Requirement falls by about US\$ 100M and the annual gap narrows to US\$ 428M. Shifting stage at presentation is what moves the number.

Late diagnosis and inadequate coverage are reinforcing problems.

Current AB PM-JAY package rates substantially underestimate the cost of stage-appropriate, biomarker-informed care. Earlier confirmation alone offers limited fiscal benefit, whereas a shift toward earlier-stage detection appears more meaningful both clinically and economically.

Financing reform for lung cancer should prioritise timely diagnosis, molecular testing, and improved coverage for high-cost systemic therapy and follow-up care.

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