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Lung Cancer in Northern Morocco: Initial Results From a Regional Registry (2022-2025)

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INTRODUCTION

Lung cancer is a major public health concern in Morocco, with limited national epidemiological data due to the absence of a dedicated registry. To address this gap, a regional clinical registry was established at Mohammed VI University Hospital in Tangier. This study reports initial results (2022–2025), highlighting patient demographics, treatment patterns, and clinical outcomes in Northern Morocco.

METHODS

This is a retrospective descriptive study conducted from January 2022 to December 2025 at Mohammed VI University Hospital in Tangier, including data from thoracic surgery, pulmonology, pathology, medical oncology, and radiotherapy departments. Patients with histologically confirmed primary lung cancer from the Tangier-Tetouan-Al Hoceima region were included. Data were collected from the ENOVA hospital information system and analyzed using SPSS v21.0 and Microsoft Excel.

DISCUSSION AND CONCLUSION

DISCUSSION



Demographic profile: Male predominance (85.2%) with a mean age of 63.5 years.



Risk factors: Active smoking was the main risk factor (73.5%), followed by cannabis use (17.3%) and alcohol consumption (5.6%).



Clinical presentation: Respiratory symptoms were most frequent: cough (42.0%), chest pain (42.9%), dyspnea (35.5%) and hemoptysis (24.0%).



Stage and extension: Most patients were diagnosed at an advanced stage (76.6% at stage IV) with extensive locoregional and distant spread.



Histological characteristics: Non-small cell lung cancer (NSCLC) was predominant (92.8%). Adenocarcinoma was the most frequent subtype (64.3%).



Molecular profile: Molecular analysis was performed in 23.4% of patients. Oncogenic mutations were identified in 26.0% of tested patients, mainly EGFR mutations (18.3%), followed by ALK (2.9%) and KRAS (1.9%).



Study limitations: Retrospective, single-center study with a low rate of molecular testing.

CONCLUSION

Our study describes the epidemiological, clinical, histopathological and molecular characteristics of lung cancer in a population from northern Morocco. The findings highlight a late stage at diagnosis, a heavy burden of tobacco exposure, and a predominance of non-small cell lung cancer.

KEY TAKE-HOME MESSAGES



Male predominance and older age: 85.2% men, mean age 63.5 years.



Tobacco is the major driver: Active smoking in 73.5% of patients.



Late diagnosis is the rule: 76.6% diagnosed at stage IV with extensive spread.



NSCLC is predominant: Adenocarcinoma is the most frequent subtype (64.3%).



Molecular alterations are actionable but under-tested: Oncogenic mutations in 26.0% of tested patients, mainly EGFR (18.3%).



Implications: Early detection, tobacco control, and wider access to molecular testing are essential to improve outcomes and enable personalized treatment.



Improving prevention, early detection, and access to molecular diagnostics are key priorities to reduce the burden of lung cancer and improve patient survival.

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Acknowledgements

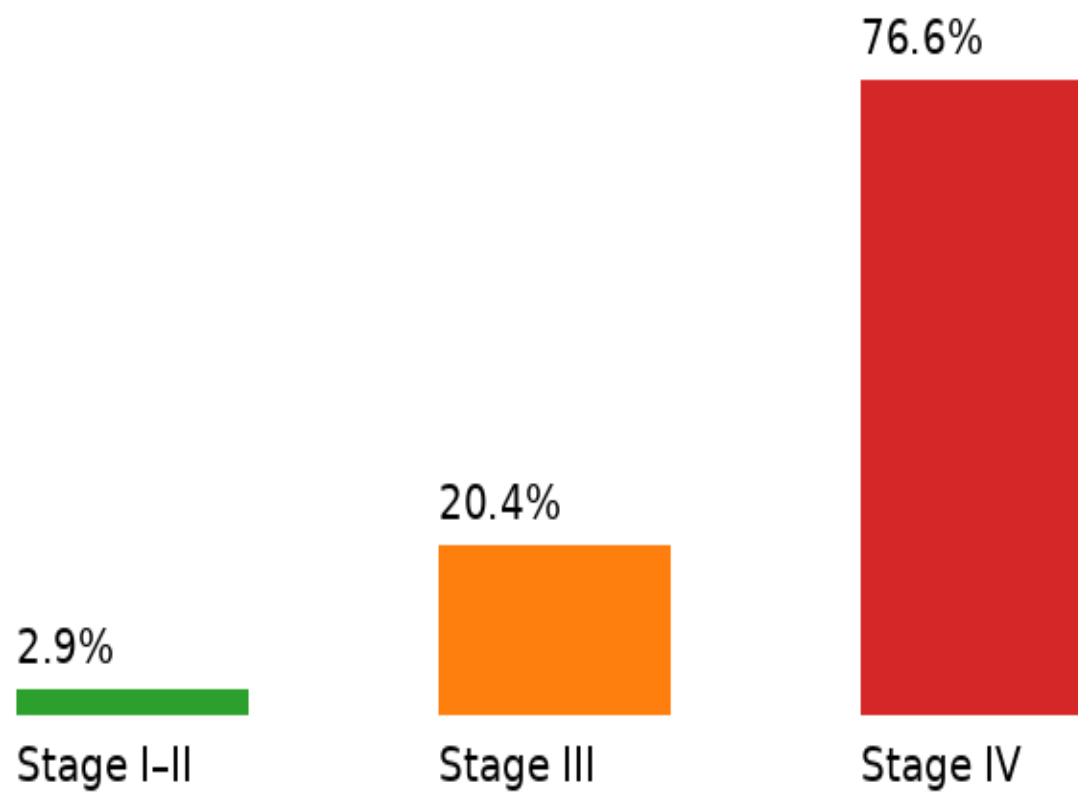
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RESULTS

Patient Characteristics (N = 445)

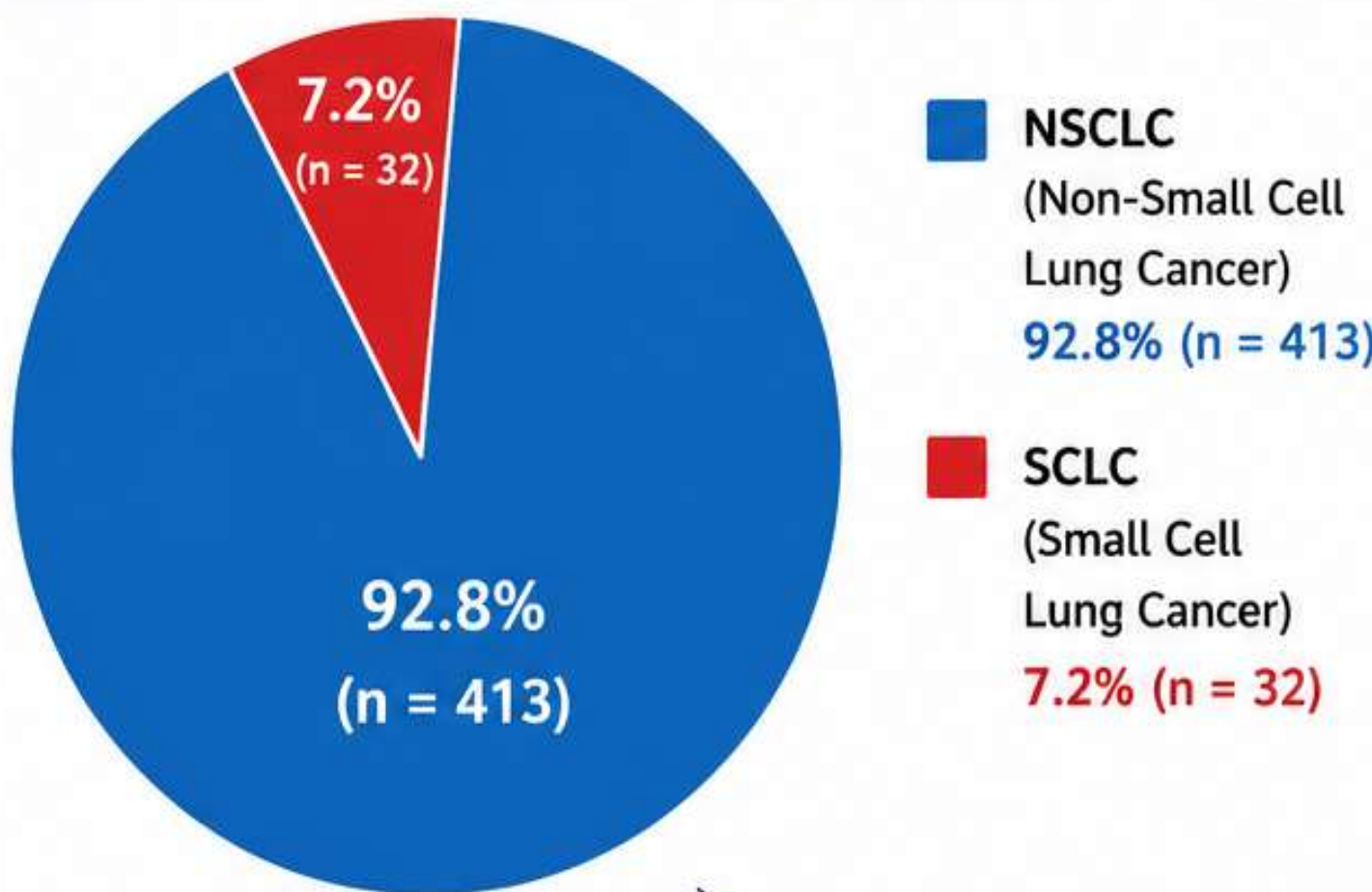
Variable	Value
Male	379 (85.2%)
Female	66 (14.8%)
Mean age	63.5 ± 7.3 years
Active smoking	327 (73.5%)
Cannabis use	77 (17.3%)
Alcohol consumption	25 (5.6%)
Stage IV at diagnosis	341 (76.6%)
Stage III	91 (20.4%)
Stage I-II	13 (2.9%)

Stage Distribution (%)

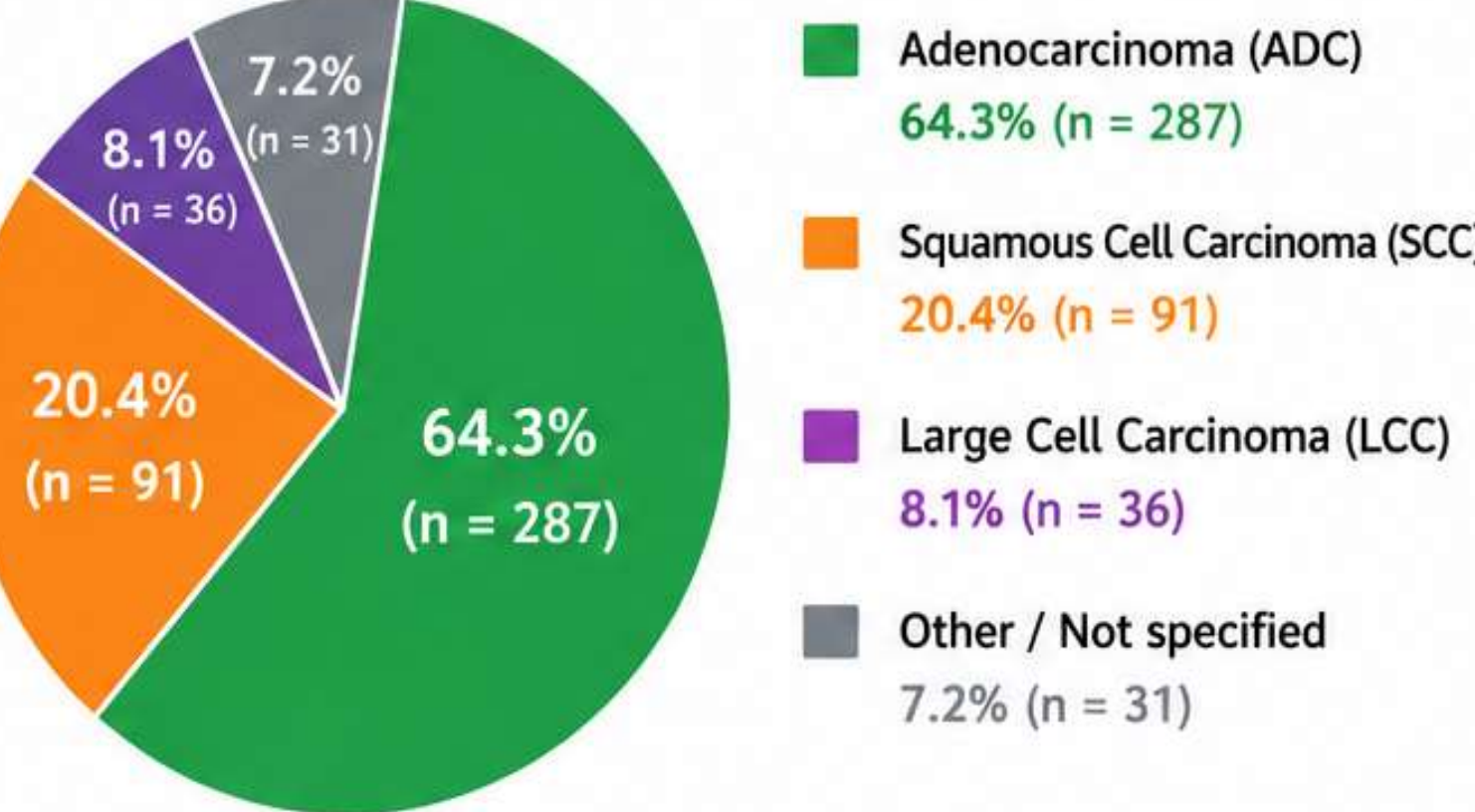


I. HISTOPATHOLOGICAL AND MOLECULAR CHARACTERISTICS (N = 445)

1. HISTOLOGICAL TYPES (N = 445)



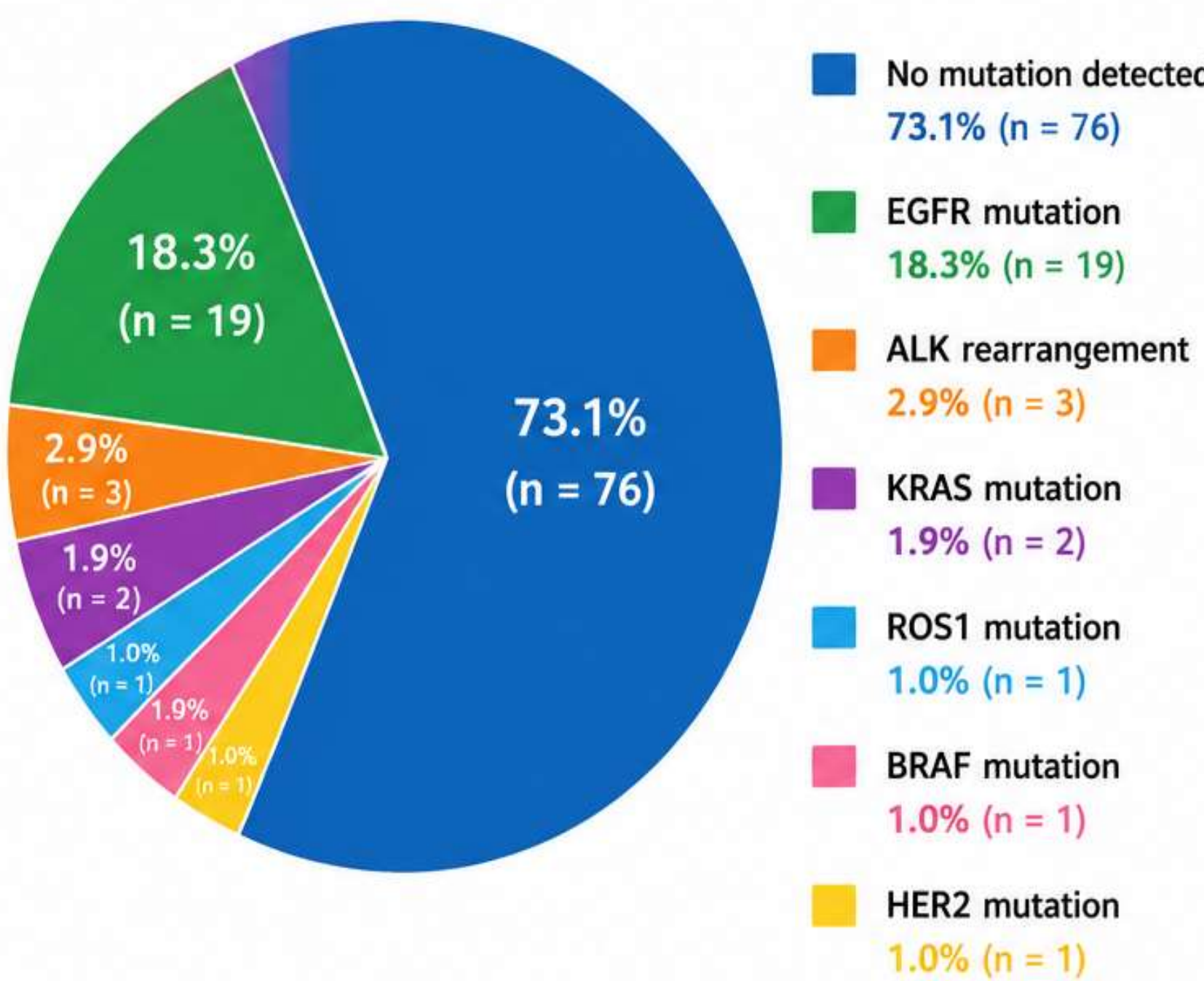
NSCLC SUBTYPES (n = 413)



2. MOLECULAR ANALYSIS (TESTED PATIENTS n = 104)

Molecular analysis was performed in 104 patients (23.4% of the total cohort). Oncogenic mutations were identified in 27 patients (26.0%).

DISTRIBUTION OF MOLECULAR ALTERATIONS (n = 104)



NSCLC: Non-Small Cell Lung Cancer | SCLC: Small Cell Lung Cancer | ADC: Adenocarcinoma | SCC: Squamous Cell Carcinoma | LCC: Large Cell Carcinoma