

EP04.09: Advancing LDCT lung cancer screening in Asia Pacific: A framework-based workshop on implementation readiness

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INTRODUCTION

The implementation of low-dose computed tomography (LDCT) screening is receiving increasing attention worldwide as the evidence base supporting its effectiveness continues to grow. The transition from pilot studies to national programmes is a critical and often challenging phase. It requires technical readiness and a comprehensive understanding of health system capacity, workforce capabilities and infrastructure. Assessing health system readiness is therefore essential to ensure that implementation is sustainable, equitable and able to deliver high-quality outcomes at scale. There is strong momentum for lung cancer screening in the Asia-Pacific region, particularly with the development of the Asia Pacific lung cancer consensus statement.¹

METHODS

The Lung Cancer Policy Network developed an LDCT screening implementation toolkit to support stakeholders involved in the planning, design and delivery of lung cancer screening programmes.² It provides a structured framework to assess health system capacity and readiness for implementation. It is built around six core domains – the essential elements of a sustainable screening programme:

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

Using the toolkit, the Network co-hosted a collaborative workshop in 2025 at the Asia Conference on Lung Cancer with the Asia Pacific Coalition against Lung Cancer (APCLC) and Asia Pacific Policy Review and Engagement (ASPIRE). The workshop convened regional experts to explore practical challenges and solutions for implementation, with a focus on eligibility, recruitment, workforce and technical capacity.³ This was the second workshop in a series, with the first focusing on identifying key implementation challenges in the region and developing recommendations.⁴

DISCUSSION AND CONCLUSION

The workshop highlighted the growing momentum for lung cancer screening across the Asia-Pacific region, underpinned by increased collaboration and a shared commitment to improving early detection. This engagement reflects both a readiness and an ambition among countries to advance the implementation of LDCT screening programmes.

The region brings considerable technical expertise and policy innovation, alongside diverse epidemiological contexts that require tailored approaches to screening design and delivery. The implementation framework provided a valuable structure for discussion, supporting assessment of readiness and helping stakeholders identify practical, actionable next steps.

Looking ahead, sustained regional collaboration, strong leadership and continued policy support will be essential to translating this momentum into integrated, population-based screening programmes. Strengthening health system integration and facilitating the exchange of lessons and experience across countries can accelerate progress, improve early detection and ultimately reduce lung cancer mortality in the Asia-Pacific region.

REFERENCES & ACKNOWLEDGEMENTS

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We express great thanks to the participants who joined the workshop.



Find out more about the
workshop report

RESULTS

Case studies: grounding discussion in real-world practice

To anchor discussions in real-world experience, the workshop featured case studies from countries at different stages of implementation:

- Established programmes: national or regional screening already in place
- Pilot initiatives: programmes under development or in early roll-out
- Emerging settings: countries without formal screening plans

This diversity of experiences enabled participants to:

- compare different approaches
- identify transferable lessons
- reflect on how strategies can be adapted across health systems.

Key principles for effective implementation emerged:

- **Contextualisation:** Tailor screening approaches to local risk profiles, including reconsideration of traditional eligibility criteria to better capture populations such as people who have never smoked, and women, who may be at elevated risk in certain Asia-Pacific settings.
- **Integration:** Embed screening within existing health systems, leveraging primary care, imaging services and population-based registries to improve efficiency, coordination and population reach.
- **Phased implementation:** Begin with simple eligibility models based on age and smoking history, and expand as capacity, data availability and experience increase.

Practical challenges and potential solutions

Challenges	Potential solutions
Workforce and infrastructure constraints • Shortages of trained radiologists • Limited diagnostic and technical capacity	• Use of AI tools to support image reading • More decentralised delivery models
Community engagement barriers • Low awareness of lung cancer screening • Stigma associated with lung cancer • Lack of trust in health systems	• Targeted outreach strategies • Public education campaigns • Culturally appropriate communication

Next steps

The discussions underscored the value of regional and international collaboration. Sharing experiences, tools and lessons across countries helps accelerate progress, support capacity building and avoid duplication of effort. Participants highlighted a strong sense of momentum across the Asia-Pacific region, with increasing policy interest and engagement in developing and implementing lung cancer screening programmes.

