



Collaborative Registry of LCS in Argentina: Lung Cancer Screening (Lu.Ca.S.) Project.

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INTRODUCTION

Lung cancer screening (LCS) with LDCT reduces LC mortality in high-risk populations; however, provider- and patient-level barriers to implementation have been reported, and these challenges may be even greater in middle-income countries. In this context, we report the first collaborative LCS registry in Argentina: the Lung Cancer Screening (LuCaS) Project

Aims:

- Characterize screened participants
- Describe imaging findings and outcomes
- assess the association between Lung-RADS categories and lung cancer detection

METHODS

Design:

Analytical, observational, ambispective multicenter cohort of LDCT-screened individuals.

Eligibility. Age 55–74; ≥30 pack-years; current smokers or quit ≤15 years.

Enrolled individuals underwent annual LDCT and were offered smoking cessation programs.

Assessment. Lung-RADS v2022; analyses in R v4.4.1.

DISCUSSION AND CONCLUSION

The cancer detection rate aligns with global literature. Lung-RADS effectively correlates imaging findings with LC diagnosis, and a significant shift toward early-stage detection was observed.

LuCaS findings support LCS as a pathway to earlier-stage diagnosis in Argentina and demonstrate that implementing LCS programs in low- and middle-income countries is feasible, with outcomes comparable to those reported in the international literature.

REFERENCES & ACKNOWLEDGEMENTS



RESULTS

786
participants
enrolled

14 institutions
(2 public
funding)

63 yo mean age
SD 7

52,7% female

44% current
smokers

Lung-RADS 4A in 4.58% (n=36) and 4B in 2.79% (n=22).

Malignancy confirmed in 14 participants (1.78%): 85% non-small cell,

Stage distribution: 91% stage I and 9% stage II.

