



BRIDGING THE DIVIDE

Advancing Equity and Access in Lung Cancer Care in Argentina

EXECUTIVE SUMMARY

Lung Cancer is a leading cause of cancer mortality in Argentina, contributing to thousands of preventable deaths annually. While high-quality care is available in top-tier private institutions like Instituto Alexander Fleming in Buenos Aires, the broader picture is one of stark inequality. Access to timely diagnosis, treatment, and palliative support depends heavily on a patient's location and whether they are insured through the private or public health system.

Yes, Argentina's private sector has made strides—but what about the majority of patients relying on public hospitals plagued by delays, underfunding, and workforce shortages? With no national screening program, limited awareness, and smoking still widespread, most patients are diagnosed at late stages when treatment options are fewer and outcomes are poorer.

Argentina's cancer care system is rated at Level 3 – Intermediate, reflecting notable progress in select areas, but also persistent structural barriers. This policy brief lays out targeted, scalable actions to ensure that innovation and quality care are not privileges of the few—but rights for all.

INTRODUCTION

Quality Care for Some, Delays for Many

Despite being classified as “Intermediate” in the Lung Cancer Care Maturity Framework, Argentina's cancer care system remains deeply fragmented.

While world-class care is available in the private sector, the public system—used by the majority—struggles with outdated infrastructure, long waiting times, and uneven distribution of medical personnel.

The lack of a structured lung cancer screening program, coupled with insufficient public awareness and limited molecular testing, leads to late diagnoses and lower survival rates.

As policymakers look toward health system strengthening, integrating lung cancer into national health priorities is essential.



Argentina Ranks at Level 3 – Intermediate in Lung Cancer Care



LUNG CANCER IN ARGENTINA

Current Landscape and Systemic Gaps

Argentina's cancer care capabilities are growing—but access is patchy, and the system often fails to deliver timely, comprehensive care to public sector patients. Below is a breakdown of key pillars, existing challenges, and proposed policy solutions:

Key Area	Current Status	Barrier	Policy Action
Early Detection & Screening	No national LDCT screening program; high rates of late-stage diagnoses.	Yes, CT exists—but not in a structured or risk-based program, and rural access is minimal.	Launch a national risk-based LDCT screening pilot and expand to provinces. Integrate primary care into referral pathways.
Biomarker Testing & Precision Diagnosis	Available in private sector; limited coverage in public system.	Yes, diagnostics exist—but public patients face delays or lack access entirely.	Standardize and reimburse molecular testing (EGFR, ALK, ROS1, PD-L1) in public institutions. Expand regional labs.
Treatment Access	EGFR inhibitors and immunotherapy available in private care; access in public system varies.	Yes, therapies are on formularies—but supply gaps and long waiting times persist.	Guarantee timely access to targeted therapies in public hospitals. Improve procurement and distribution logistics.
Public Awareness & Prevention	Few national campaigns; smoking rates remain high.	Yes, risks are known—but population awareness and anti-smoking outreach are underfunded.	Scale up national campaigns on lung cancer risks, early symptoms, & smoking cessation. Leverage digital & local media.
Palliative Care & Rural Access	Advanced care in cities; lacking in rural and low-income areas.	Yes, laws protect palliative care—but enforcement and resources fall short.	Expand rural hospices and home-based care. Train providers in opioid use and pain management. Allocate budget for equity.

CONCLUSION & Call to Action

Lung cancer in Argentina is treatable—but too often, patients arrive at the door of care too late, or not at all. While private institutions set a high standard, this model isn't scalable for a population-wide health strategy. Public hospitals must be empowered, not overlooked.

To close the gap, Argentina must treat lung cancer as a national priority—not just a medical issue but a matter of equity, survival, and human dignity. The system has the knowledge. The tools exist. Now is the time for coordinated, well-funded implementation.



KEY POLICY PRIORITIES

- 1 Launch a national LDCT screening program** targeting high-risk populations, starting with regional pilots
- 2 Standardize and reimburse molecular biomarker testing** (EGFR, ALK, ROS1, PD-L1) across the public sector.
- 3 Ensure equitable access to targeted therapies and immunotherapies**, with improved logistics and drug availability in public hospitals
- 4 Expand national awareness campaigns**, focusing on early detection, smoking cessation, and rural outreach.
- 5 Strengthen rural palliative care networks** with increased funding, training, and availability of pain relief medications.

Argentina stands at a pivotal point in the fight against lung cancer. With thoughtful reforms and political will, it can build a system that delivers not only excellence—but justice—for every patient.