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EDITORIAL

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Should we change the diagnostic paradigm of lung cancer if we want to improve patients' prognosis?

¿Debemos cambiar el paradigma de diagnóstico en el cáncer de pulmón si queremos mejorar el pronóstico de los pacientes?

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Historically, lung cancer has been diagnosed late, with the well-known ominous consequences (1-2). Usually, lung cancer detection occurs in specialized hospital units with greater human and technological resources.

As described in the article "Analysis of Lung Cancer in a Reference Hospital in the City of Santa Fe with a Follow-Up of 20 years" and in many other publications, there have been epidemiological changes in recent years. There has been a modification in the histology of the most common presentation (an increase in adenocarcinoma), a shift in prevalence between genders (an increase in women and a decrease in men), and a decrease in smoking incidence. However, at the time of diagnosis, non-surgical stages account for over 70%. There is already sufficient evidence that early detection programs using tomography improve survival rates and enable early diagnosis of cancer. However, there are many difficulties for people to access these programs (4-7). While there is acceptance among the majority of involved specialties (8) and consensus from scientific societies (9), there may still be a lack of health policies aimed at changing this situation.

If we want to take measures that reach the entire population, we cannot expect to do so solely through large centers. In my opinion, primary care networks with increasing levels of complexity are the key to reaching asymptomatic patients. It is also important to have coordination with a higher complexity center for case discussions and the adoption of best practices. Early detection healthcare providers should not only serve as referrals but also be an integral part of the project. Smoking cessation is an essential component of any program and could have a place in this level of care.

I think that we should form interdisciplinary working groups to implement the early detection program for lung cancer and ultimately improve the survival rates of this disease.

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