



**LUNG CANCER  
POLICY NETWORK**

# From insights to impact: advancing lung cancer screening in Europe

## Priority actions

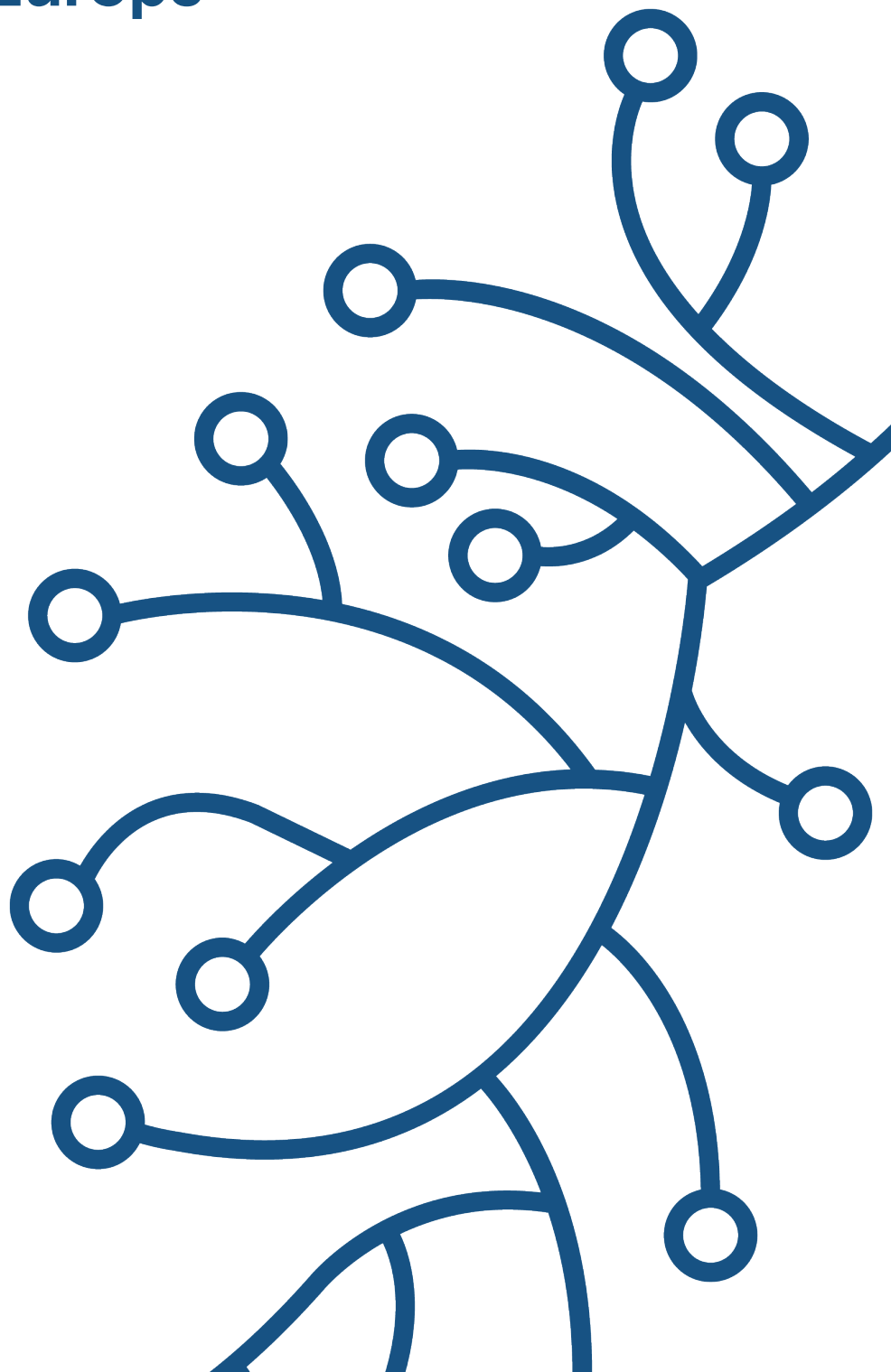
**Lung Cancer Policy Network**

April 2025

The Lung Cancer Policy Network is a global network of multidisciplinary experts from across the lung cancer community, which includes clinicians, researchers, patient organisations and industry partners.

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The content of this brief is based on discussions at the event. Some proof points may not be referenced as they were sourced from expert opinions.

## Background to the event

On 27 March 2025, the Lung Cancer Policy Network hosted an in-person panel discussion and networking event in Paris: **From insights to impact: advancing lung cancer screening in Europe**. The event coincided with the European Lung Cancer Congress (ELCC) 2025 and brought together over 30 stakeholders from across the region to discuss the advances needed to ensure lung cancer screening is implemented optimally across Europe.

Experts have called for important steps to be taken in response to the European Union's (EU) recent recommendations on lung cancer screening.<sup>1</sup> In recognition of this, the event sought to build on current policy commitments and existing programmes.

## Speakers

We were delighted to have the following experts participate in the event as panellists:

- Dr Torsten Gerriet Blum, Helios Klinikum Emil von Behring; Strengthening the screening of Lung Cancer in Europe (SOLACE) project
- Penilla Gunther, EU Cancer Mission Board
- Merel Hennink, Global Lung Cancer Coalition
- Professor Marie-Pierre Revel, Cochin Hospital, University of Paris; SOLACE

## Lung cancer screening in Europe

Worldwide in 2022, there were 2.5 million new cases of lung cancer and 1.8 million deaths caused by the disease, with a significant proportion of these in Europe.<sup>2</sup>

Based on the latest data, over 40% of people with lung cancer are diagnosed at stage IV.<sup>14</sup> At this stage, the proportion of people expected to still be alive five years after their diagnosis is less than 10%.<sup>3 4</sup>

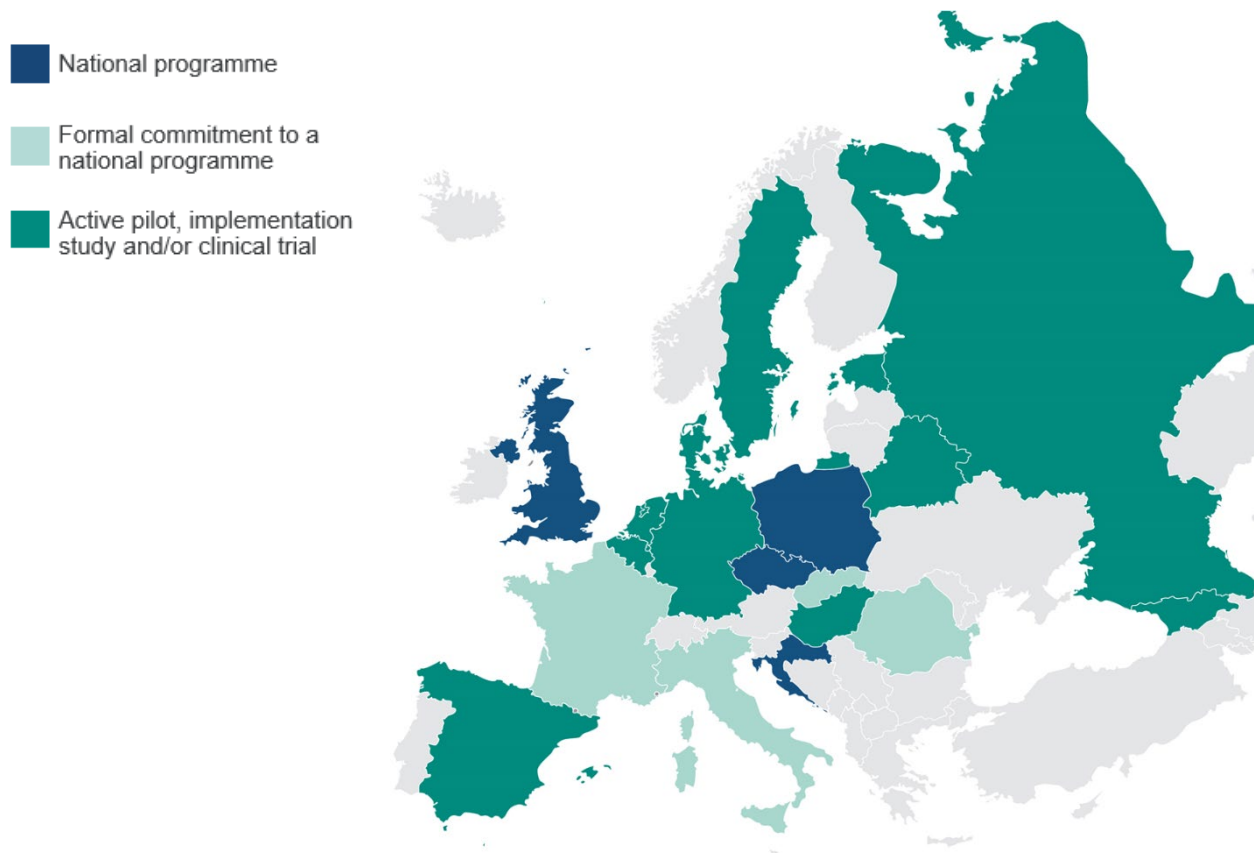
At a late stage of the disease (i.e. stages III and IV), not only are treatment options limited and expected survival poorest,<sup>3 5 6</sup> but clinical management is also more complex – contributing to higher healthcare costs.<sup>7-9</sup>

It is essential to screen high-risk individuals to detect lung cancer earlier, as this can create the opportunity to both save lives and reduce the impact lung cancer has on society.<sup>10</sup>

With this in mind, many countries in Europe are actively considering rolling out organised low-dose computed tomography (LDCT) screening for lung cancer. Croatia, Czech Republic, Poland and the UK have established national screening programmes, with many other countries making formal commitments to a national programme and/or carrying out clinical trials, pilots and implementation studies (*Figure 1*).<sup>11</sup>

Many countries in the region are members of SOLACE, an EU4Health project that aims to develop, test and disseminate tools to help overcome bottlenecks and health inequalities in lung cancer care.<sup>12</sup> The project is also working to provide a toolbox for individualised approaches to lung cancer screening on a national or regional level.<sup>12</sup>

**Figure 1.** The status of screening programmes for lung cancer in Europe<sup>11</sup>



## The course of the discussion

**Helena Wilcox**, Programme Lead for the Lung Cancer Policy Network and Associate Director of Research and Policy at The Health Policy Partnership, opened the event by thanking all attendees and sharing the following aims for the session:

- Create greater awareness of the need to implement lung cancer screening across Europe.
- Bring together leading stakeholders from across Europe to advance discussions around optimising screening within wider lung cancer care.
- Generate consensus-driven insights.
- Facilitate collaboration and share best practice.

Ms Wilcox also highlighted the work of the Lung Cancer Policy Network and its mission to ensure policymakers worldwide make improving survival from lung cancer a policy

priority. The Network now has over 100 individual members and 25 member organisations.

Since its inception in 2021, a major part of the Network's work has been to advocate for earlier detection and diagnosis of lung cancer, including supporting the implementation of high-quality LDCT screening.

**Penilla Gunther**, a member of the EU Cancer Mission Board, highlighted the importance of implementing lung cancer screening across Europe, and the critical need to integrate screening into national health priorities.

Ms Gunther reflected on the progress made in Europe since the EU recommended Member States explore the feasibility and effectiveness of lung cancer screening in 2022,<sup>13</sup> as well as the launch of the European Commission's Horizon Europe programme<sup>14</sup> and Europe's Beating Cancer Plan.<sup>15</sup>

Concluding her speech, Ms Gunther acknowledged that screening programmes alone cannot fully address the challenges lung cancer presents to Europe's health systems; other barriers must be overcome, including ensuring widespread access to services and establishing trust in the health system. These requirements underscore the importance of reaching people and experts while remembering that any one of us could become a person with lung cancer.

**Professor Marie-Pierre Revel** is a SOLACE member, a Professor of Radiology at the Université de Paris, and Chief of the Radiology Department at Cochin Hospital in France. She opened the panel discussion, focusing on the importance of urgently addressing lung cancer as the second leading cause of deaths due to cancer among women in Europe.<sup>16</sup>

Professor Revel discussed a French study on lung cancer screening in women using LDCT and AI for detection (the CASCADE study), in which the performance of a CT scan reading by a single, AI-assisted general radiologist trained in lung cancer screening is compared to a double reading by expert thoracic radiologists.<sup>17</sup> Recruitment for the study ended in February 2025, with 2,364 high-risk women involved (aged between 50 and 74 years, who either currently or formerly smoked (with a minimum smoking history of 20 pack-years) across four district areas in France.<sup>17 18</sup> The results of the study will be disseminated at conferences, through relevant patient groups and published in peer-reviewed journals.

Professor Revel also touched on the launch of the national screening pilot in France (the IMPULSION project), scheduled for the second half of 2025 onwards.<sup>19</sup> The pilot will include 20,000 people aged 50 to 74 who currently or formerly smoked; the pilot programme's primary objectives are to identify the cancer detection rate, and the most

effective tracking and invitation strategies; and to determine whether AI can assist in the second reading of LDCT scans.

**Merel Hennink**, a patient representative and member of the Global Lung Cancer Coalition, started by highlighting that she would not have been eligible for lung cancer screening in her home country of the Netherlands, owing to her age and having never smoked. This set the scene for Ms Hennink to share more details of her personal story, from initial diagnostic delays to the surprise expressed by friends upon her diagnosis. She underscored the importance of prevention and awareness of lung cancer, recognising that screening is essential to this and so must be implemented efficiently and urgently across the region.

**Dr Torsten Gerriet Blum**, SOLACE member and consultant physician at a lung clinic at Helios Klinikum Emil von Behring in Germany, emphasised the importance of efficient screening implementation. Dr Blum used the SOLACE project to exemplify how mutual collaboration and knowledge transfer can support effective use of resources. Two major components of the project are the development of a lung cancer screening guideline with quality assurance parameters, and needs assessments of European Member States, taking into account differing epidemiology and high-risk groups.<sup>20</sup>

**Attendees** posed questions to the panel; the key topics included:

- **Eligibility criteria for lung cancer screening.** Attendees asked whether eligibility criteria for screening programmes should be more standardised across Europe; panellists discussed the importance of starting with traditional risk factors and then optimising the criteria as more research is done to ensure effectiveness and cost-effectiveness is maintained. Dr Blum noted the SOLACE project aims to establish an essential or minimum standard for lung cancer screening practice in Europe.
- **Heterogeneity of national health systems in Europe.** The differences between the health systems across the region are significant; attendees asked whether this could be a major barrier to implementing lung cancer screening more widely. Panellists responded to say that pilots have been conducted in a variety of settings with successful outcomes, demonstrating the robustness and flexibility of a screening intervention, but also highlighted the importance of shared learning across the region and beyond.
- **Raising awareness of the importance of screening and destigmatising the lung cancer experience.** Attendees asked about what considerations should be

made to promote lung cancer screening and tackle the stigma associated with the disease to improve uptake and outcomes. The panellists underscored the value of involving patient organisations, government and other experts in the development of screening programmes for lung cancer. Health literacy specialists can help design invitation letters and information leaflets, for example, to ensure clarity and consistency in communication. Panellists also noted the important role of digital technologies and use of electronic health records, as well as ensuring coordination between regions, to ensure efficient and equitable implementation.

- **The importance of smoking cessation interventions.** Attendees raised questions about the main barriers to embedding smoking cessation services into screening programmes for lung cancer, following the panel's confirmation that doing so improves cost-effectiveness. Key obstacles included limited funding and the lack of appropriately trained workforce to deliver cessation support. Professor Revel and Dr Blum shared their own experiences tackling these challenges during the pilot programmes in France and Germany, respectively.
- **Streamlining the screening process and onward care.** The impact of a lung cancer diagnosis on individuals and their loved ones must not be underestimated. Attendees asked how screening could be effectively embedded into care pathways to provide reassurance and timely care for people diagnosed with the disease. Dr Blum noted that quality assurance is essential, and that – to ensure appropriate and efficient care – dedicated sites must be used to carry out screening and work-up. Adding to this, Professor Revel emphasised the importance of the healthcare workforce being trained to interpret LDCT scans – highlighting the upcoming European Society of Thoracic Imaging (ESTI) Lung Cancer Screening Certification Project available to radiologists in the region<sup>21</sup> – and the need to further explore the role AI could have in scan interpretation.

## Conclusions and priority actions

Discussions during **From insights to impact: advancing lung cancer screening in Europe** underscored both the progress being made towards widespread implementation of lung cancer screening in Europe, and the challenges that remain.

Speakers at the event stressed the need to ensure ongoing advocacy and policy support, as well as the importance of detecting lung cancer earlier and the potential screening has to shift the stage of diagnosis.



From these discussions, the following actions have been identified as priorities:

- **Embed screening into health systems:** Integrate lung cancer screening as an integral component of the care pathway to improve coordination among healthcare providers, and optimise patient experiences and outcomes.
- **Collate and share data and research:** Facilitate the collection and dissemination of data from existing screening programmes to enhance support from policymakers and healthcare decision-makers. Encourage screening leads to share their practices and foster collaborative learning so the adoption of effective strategies can be accelerated and programme outcomes enhanced.
- **Establish a skilled workforce:** Develop training programmes and certifications to establish a skilled workforce that can deliver screening programmes and smoking cessation services. This includes allocation of funding to different levels of care to ensure efficiency and support effective communication between care providers.
- **Utilise patient organisations and representatives:** Partner with patient organisations and connect with patient representatives to learn from their stories, disseminate positive messaging about screening benefits and combat the stigma associated with lung cancer.
- **Leverage different funding sources and mechanisms:** Explore available funding sources, such as EU funding mechanisms, to support the implementation, expansion and sustainability of screening programmes.

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