



**LUNG CANCER
POLICY NETWORK**

An initiative of the Lung Ambition Alliance

Lung Cancer Policy Network

Terms of Reference

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1 Lung Cancer Policy Network: overview

The Lung Cancer Policy Network (LCPN) has been launched by the [Lung Ambition Alliance](#) (LAA), a global coalition that was set up to eliminate lung cancer as a cause of death around the world. Founding partners of the LAA are AstraZeneca, Guardant Health, the International Association for the Study of Lung Cancer and the Global Lung Cancer Coalition.

The aim of the LCPN is to create a lasting, international alliance of multidisciplinary stakeholders engaged in making lung cancer a policy priority worldwide, helping to drive meaningful change for people with lung cancer.

The Network is global in scope and comprises experts from the lung cancer community, including representatives from ongoing lung cancer screening programmes and existing lung cancer coalitions, professional associations, public health and screening experts, patient groups, and thought leaders on early detection and lung cancer epidemiology.

The LCPN contributes to the LAA's ambition of doubling lung cancer survival by 2025, as well as encouraging early detection.

The initial focus of the LCPN is to create a community of exchange to share lessons learnt from existing lung cancer screening pilot programmes, specifically those using targeted low-dose computed tomography screening, and to build these learnings into policy engagement. Subsequent workstreams will be developed to expand the scope of the Network.

1.1 Mission and aims

The vision and the mission for the LCPN can be summarised as follows:

- **Vision:** a global policy network of multidisciplinary experts from across the lung cancer community provide consensus-driven insights to improve policy engagement around the world to drive efforts to improve survival from lung cancer – *as per the aims of the Lung Ambition Alliance*.
- **Mission:** as a first task, to develop insights on how to implement and operationalise lung cancer screening effectively, and to create momentum and drive better engagement from policymakers around the world to implement lung cancer screening programmes as a strategic health priority.

1.1.1 Core Network objectives

The initial focus of the Network will be on lung cancer screening. The following objectives related to this first workstream are to:

- **Create a unique, global multi-stakeholder alliance of everyone advocating for lung cancer screening** as a key opportunity to reduce mortality from lung cancer. This alliance aims to involve a wide range of healthcare professionals and public health experts engaged in cancer prevention and care, along with the research community, patient groups, insurers and industry.
- **Create an independent, international learning community** focused on the implementation of lung cancer screening, and enable discussions on what works and key lessons learnt.

- **Help build momentum around implementation of lung cancer screening** through ongoing communications and dissemination. The Network will use evidence-based and engaging language that is accessible to policymakers and other non-specialists.
- **Help advance the overarching goals of the LAA to gain political traction on lung cancer.** The Network will feed into, and seek synergies with, other policy platforms to help create political will to invest in early detection of lung cancer as part of national commitments to: reduce mortality from non-communicable diseases (NCDs), enhance early detection of cancer and meet United Nations' Sustainable Development Goals focused on NCDs.
- **Set the groundwork for the creation of further workstreams for the Network,** focused on other key topics that are essential to advancing policy on lung cancer and align with the overall aims of the LAA.

2 Scope of activity

The Network is intended to be a multi-year initiative. It will initially focus on progressing targeted lung cancer screening and ensuring it is a key part of the policy agenda. Further workstreams will be developed, with a focus on other salient topics that will contribute to driving improved survival in lung cancer. Network Members will be key to shaping the focus of these workstreams.

3 Membership

3.1 Composition

Membership of the Network comprises general Members, LAA partners and Funders.

- **Members:** includes all individuals contributing to the Network's activities. Members are not remunerated for their role in the Network.
- **Funders:** includes for-profit companies that contribute to the Network financially, or in kind.
- **LAA partners:** includes representatives from the four founding partners of the LAA, who which initiated the set-up of the Network and contributes to the Network's activities. Some LAA partners may also contribute funding to the Network as Funders.

3.2 Process for membership

Membership of the Network is open to individuals and organisations with an interest in lung cancer and lung cancer screening. Initial invitations to Members were made based on recommendations from the LAA partners and HPP's own stakeholder mapping. Subsequent recommendations for further Members may be made by any existing Member or Funder.

3.3 Role of Members

The Network is led by its Members, and the Secretariat will work to ensure that all Members are involved in discussions and decisions linked to: strategic plans for the Network, the scope of Network activities, governance of the Network and approval of new Network Members.

By agreeing to be Members of the Network, Members agree to work with the Secretariat to achieve the Network's aims and to abide by the Terms of Reference. They grant permission to the Secretariat for routine correspondence and for public notification of their endorsement and membership of the Network to be announced publicly. Members agree to reasonably promote awareness and engagement of the Network to external stakeholders, wherever it is possible and appropriate to do so, with due consideration of the balance of their other work or professional duties.

3.4 Working groups

As the activities of the Network evolve, we anticipate that working groups may be established to provide Members opportunities to contribute their specialist expertise to specific areas of activity.

The development of additional working groups will be discussed with Members of the Network on a needs basis.

4 Governance

The Network is intended to be an independent, multi-stakeholder and non-promotional initiative, with the scope of activities led by its Members.

Secretariat for the Network is being provided by The Health Policy Partnership (HPP), an independent health policy research organisation. HPP will ensure coordination of all activities, engage Members and new Funders, deliver Network activities and provide operational support for the Network. HPP will uphold the Terms of Reference. It will also present a summary account of how funding for the Network is being spent to the Advisory Committee (see 4.1) and Members twice a year.

The Network's mandate and governance structure will be reviewed on an annual basis.

At the beginning of each calendar year, the Network will agree and deliver activities in accordance with an annual workplan, which will first be presented by the Secretariat to the Advisory Committee for initial approval. The workplan will then be shared with all Members for their comments and input, and final approval.

4.1 Advisory Committee

During the set-up phase of the Network in 2022, HPP will work under the guidance of an interim Advisory Committee.

The Advisory Committee is made up of LAA partners, as well as Funders that join the Network. Whilst the Advisory Committee will be invited to provide recommendations on the direction of Network activity, all suggestions will be shared with Network Members for their approval. All decisions about the activities, contribution to, and approval of outputs, will be

driven by Members through consensus, and recorded at Network Member meetings by the Secretariat.

At the end of 2022, a formal Steering Committee will be set up and comprise general Members, Funders and LAA partners. The Steering Committee will consist of a maximum of seven Members, with proportionate representation from general members, Funders, and LAA Partners. All general Members will be invited to nominate themselves to be part of the Steering Committee, and to vote on who is appointed to the Steering Committee, though only Major Funders will be able to join (see 5.2).

This change in governance is proposed to occur at the end of 2022, and these Terms of Reference will evolve and be re-approved accordingly.

5 Funding

5.1 Multiple company funding

Initial funding for the set-up phase of the Network was provided by AstraZeneca in 2021, as one of the founding members of the LAA. However, from 2022 onwards, funding for the Network is being sought from multiple companies. Ensuring support from a broad range of companies will be critical to ensuring that the Network has strong external credibility as well as a sustainable funding base over a number of years.

The Secretariat will lead engagement efforts to seek Funders for the Network. All Funders will be asked to contribute to the core activities of the Network in the first instance, and to supplementary activities based on the amount of overall Funding available. The sequence of activities to be undertaken among the supplementary activities will be discussed by the Advisory Committee as new Funding is secured and presented to all Members for approval.

All Funders will be asked to sign a funding agreement with the Secretariat, which respects these Terms of Reference, and agree to the Memorandum of Understanding between Funders.

5.2 Funding tiers

Funders will be listed transparently, according to the level of funding they provide to the Network: Major Funders are defined as companies which provide at least £75,000 to the Network in 2022, while Minor Funders are defined as those providing less than £75,000 in 2022.

While both Major and Minor Funders are invited to join the interim Advisory Committee in 2022, only Major Funders will be allowed to self-nominate to take part in the Steering Committee governing the Network as of 2023.

Funders may change tier each year, depending on their level of funding.

5.3 Member consultation on Funders

The Secretariat will inform all Members of any discussion with potential Funders at the quarterly Network meetings to ensure that there are no conflicts of interest.

6 Principles governing Network activities

6.1 Objectivity and editorial control

The Secretariat will aim to ensure that any outputs from the Network represent a consensus view from its Members, and will therefore request comments and insight from Members to shape and develop Network activities. Editorial control for all major outputs of the Network (i.e. publications, the interactive map, communications materials) will rest with Members of the Network.

6.2 Independence and transparency

- **Independence:** all outputs of the Network will be non-promotional and no specific products or technologies will be listed. The Network will not promote or endorse the individual products or services of any of its Funders, either directly or indirectly, nor be biased towards, promote or endorse the opinions of any of its Members, including Funders.
- **Transparency:** all outputs will have a clear declaration naming all Funders, which will be listed as Major or Minor Funders. As one of the key goals of the Network is to accelerate policymakers' adoption of lung cancer screening and early detection, all documents produced by the Network should be released into the public domain and be disseminated as broadly as possible.

7 Contact details

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