Lung Cancer Policy Network

Terms of Reference

Updated July 2026

The Lung Cancer Policy Network is a global, multidisciplinary group including clinicians, researchers, patient organisations and industry partners. Its activities and outputs are supported by its major funders Amgen, AstraZeneca, Bristol Myers Squibb Foundation, MSD, Pfizer and Siemens Healthineers; and Johnson & Johnson as a minor funder. Lilly is an arm's-length major funder with no influence or control over the Network or its outputs. The Health Policy Partnership, an independent health research and policy consultancy, provides the secretariat. All Network activities and outputs are non-promotional, evidence-based and shaped by members, who contribute their time voluntarily.

LUNG CANCER POLICY NETWORK

The Health Policy Partnership

Contents

1. Overview of the Lung Cancer Policy Network

The Lung Cancer Policy Network ('the Network') was established in 2021. It is a global, multidisciplinary alliance of stakeholders dedicated to making lung cancer a policy priority worldwide and driving meaningful change for people with the disease.

The Network is a multi-year initiative with a growing membership of experts from around the world. Our membership includes patient, industry and screening programme representatives; lung cancer coalitions; professional associations; public health and screening experts; and thought leaders on early detection and lung cancer epidemiology.

1.1 Mission and aims

- **Vision.** Our vision is a world where long-term survival for everyone facing lung cancer is the norm.
- **Mission.** Our mission is to equip and inspire policymakers around the world to make improving survival from lung cancer a policy priority. We promote political engagement to advance early detection and diagnosis; accelerate the implementation of lung cancer screening programmes; and improve lung cancer care and survival for all patients.

1.1.1 Core Network priorities, aims and objectives

The Network's priorities, aims and objectives have evolved in close collaboration with members:

- **Expand and optimise LDCT screening**
  - Advocate for policies that support LDCT (low-dose computed tomography) as a screening tool
  - Promote equitable access to LDCT across populations and regions
  - Support implementation and optimisation through evidence-based tools.
- **Accelerate the earlier detection and diagnosis of lung cancer**
  - Increase policy awareness of the benefits and opportunities of earlier detection, including for non-smoking and asymptomatic populations
  - Support translation of commitments into funded implementation plans
  - Establish pathways for comprehensive earlier detection and diagnosis that build and leverage infrastructure.
- **Strengthen optimal care**
  - Promote multidisciplinary, person-centred models of care
  - Assess and address gaps in treatment access, quality and continuity
  - Support data-driven approaches to improve outcomes and reduce disparities.

We will deliver on our mission and priorities through the following objectives:

- **Serve as a global hub for shared learning and advocacy**
- **Strengthen consensus-driven, evidence-informed policy insights** on LDCT screening, earlier detection and diagnosis, and optimal care.
- **Advance policy commitment to transform lung cancer care and outcomes**
- **Tackle policy barriers to the effective implementation of lung cancer interventions.**

These objectives promote national commitments to reduce mortality from non-communicable diseases (NCDs), detect lung cancer earlier, and meet the United Nations' Sustainable Development Goals focused on NCDs.

2. Membership

2.1 Composition of the Network

Membership of the Network comprises those with an interest or expertise in lung cancer. The categories of membership are (for full details, see *Appendix, Table A*):

- Major/Minor Funders: Major and minor funders are for-profit companies that participate in the activities of the Network and make financial contributions; each funder is invited to nominate two representatives
- Patient Representatives: A patient representative may be an individual, an advocate or a patient organisation; patient organisations are invited to nominate two representatives
- Scientific Advisers: A scientific adviser may be an individual or a professional scientific organisation; professional scientific organisations are invited to nominate two representatives
- Professional Organisations and Networks: These organisations are invited to nominate two representatives
- Clinicians
- Other members: any other category.

Members are not remunerated for their role in the Network (*Table A*). Secretariat for the Network is provided by The Health Policy Partnership (HPP), an independent health policy research organisation.

2.2 Process for Network membership

Membership is open to any individual and organisation with an interest or expertise in lung cancer. The Secretariat provides an application form to prospective members. Applicants are asked to state their preferred membership type, areas of interest and affiliation.

Any Member can recommend other candidates for membership. These recommendations, and applications from prospective Members, are reviewed by the Network Steering Committee on a quarterly basis. The Secretariat conducts outreach to, and onboarding of, new Members.

2.3 Roles of Network Members

2.3.1 Strategic direction

The Secretariat encourages Members to be involved in discussions and decisions linked to the Network's strategic plans, scope and governance.

2.3.2 Network meetings

Members are invited to quarterly meetings during which Network activities, strategy and direction are discussed.

Members are also invited to project-specific meetings, as required, to inform the scope and direction of activities and deliverables.

2.4 Workstreams

As the activities of the Network evolve, its programme of work has developed to encompass the following priorities:

- Expand and optimise LDCT screening
- Accelerate the earlier detection and diagnosis of lung cancer
- Strengthen optimal care.

The Secretariat conducts additional stakeholder mapping and outreach to ensure that all activities are informed by relevant expertise.

All Members are welcome to suggest activities that could be built into workstreams, or other projects that the Network could contribute to. A decision about whether to progress these activities will be based on a Steering Committee review, with consideration given to the alignment of the proposed activity to the Network strategy, and financial capacity.

3. Funding

3.1 Multiple-company funding

Support from a broad range of companies is critical to ensure that the Network has strong external credibility as well as a sustainable funding base.

The Secretariat leads efforts to seek Funders for the Network. Funders are 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. As such, Network outputs are considered to be co-funded

equally by all Funders. The sequence of supplementary activities to be undertaken will be discussed by the Steering Committee as new funding is secured and presented to Members for approval.

Funders sign an agreement with the Secretariat that respects these Terms of Reference. They also need to agree to the Memorandum of Understanding between Funders.

3.2 Funding tiers

Funders are listed transparently on Network outputs. Major Funders are defined as companies that provide at least £78,750 per year to the Network; Minor Funders are defined as those providing up to £78,750 per year, with a minimum commitment of £26,250 per year.

As of 2024, Major Funders are eligible to join the Network Steering Committee. Minor Funders are ineligible for the Network Steering Committee, but are invited to join quarterly Network Member meetings.

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

The funding levels that define the tiers are subject to adjustment. For example, contributions may be incrementally increased to ensure the ongoing viability of the Network. The Secretariat provides existing funders with at least three months' notice if there are changes in funding requirements.

3.3 Member consultation on Funders

The Secretariat will notify Network Steering Committee members of potential Funders at the quarterly Network meetings to ensure that there are no conflicts of interest.

4. Governance

The Network is managed to ensure that it is an independent, multi-stakeholder and non-promotional initiative, with Members guiding the scope and direction of its activities.

The Network Secretariat (HPP) coordinates all activities, engages Members and new Funders, delivers Network activities and provides operational support. HPP will uphold the Terms of Reference and present to the Steering Committee a summary account of how funding for the Network is being spent (see *section 4.2*).

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

As of 2026, the Network is guided by a five-year strategy developed in close consultation with Members and the Steering Committee. The strategy sets out the priorities, aims and objectives for the Network's activities and will be supplemented through an annual workplan, to be developed closely with the Steering Committee and consulting Members. The Steering Committee is presented with the final annual workplan once funding has been secured.

4.1 Expectations of Network Members

4.1.1 Terms of Reference

By agreeing to be Members of the Network, all Members, regardless of their membership type, agree to work with the Secretariat to achieve the Network's aims. All Network Members, and the Network Secretariat, agree to abide by the Terms of Reference.

4.1.2 Secretariat communications

Network Members grant permission to the Secretariat for routine correspondence and for notification of their membership of the Network to be announced publicly.

Network Members grant permission for their email address to be added to the Network Newsletter database so that they can receive Network communications.

4.1.3 Network promotion

Network Members agree to promote awareness of and engagement with the Network to external stakeholders, wherever it is possible and appropriate to do so, with due consideration of the need to balance their other work and professional duties.

4.1.4 Consent for recording of Network meetings

Network Members consent to the Secretariat recording quarterly Network meetings and working group or project-specific meetings solely for the Secretariat's internal use in drafting summary meeting minutes. The electronic files of these recordings will be the intellectual property of HPP as Network Secretariat. They will be held on a secure server and deleted after two years.

4.1.5 Consent for recording and dissemination of externally facing activities

For externally facing activities, such as webinars or videos, Network Members will be invited to participate on a project-by-project basis and will be told in advance whether the activity will be recorded and disseminated, to help inform their decision to participate. Consent will be sought for specific activities on a case-by-case basis.

By providing their consent, Members agree to recording and subsequent distribution of recordings and related materials by HPP as Secretariat of the Network.

Such externally facing activities will abide by the principles governing Network activity (see *section 5*).

The original and edited electronic files relating to these recordings will be held on a secure server and stored by HPP as Secretariat for two years. Final, edited recordings or videos may be made available online, in full or in part, on the Network's website, YouTube channel and social media (including, but not limited to, X (Twitter) and LinkedIn) in connection with the Network's activities.

Consent to this usage applies in perpetuity and participants acknowledge that any unauthorised use of recordings or video by third parties is beyond HPP's control.

4.2 Network Steering Committee

As of 2024, by agreement of Network Members, the Network works under the guidance of a Steering Committee. The Steering Committee meets on a quarterly basis, reviewing the budget and providing recommendations on the direction of Network activities prior to the quarterly Network meetings.

To ensure appropriate representation from each category of Members, the Steering Committee is made up of Major Funders, Patient Representatives, Clinicians, and Scientific Advisers (see *Appendix, Table A*). Each Major Funder is invited to nominate two representatives. The representatives can change on a yearly basis. The appointment term for Steering Committee representatives from this category is one year.

The Steering Committee should have two representatives from each of the other categories listed above. The appointment term for Steering Committee representatives from these categories is two years.

Network Members are invited to self-nominate to join the Network Steering Committee in relevant categories as listed above and in *Appendix, Table A*. Where more than one Network Member applies for a position, a vote will be taken by the Network to agree which member will join the Steering Committee. Where there are not enough nominations to warrant a vote, the appointment of the Steering Committee member will be via approval from the Secretariat. While organisations can have up to two representatives as Network Members, each organisation in the Network can vote once for a Steering Committee nominee.

Although only the Steering Committee is invited to regularly review the progress of Network activity, all Network Members are welcome to share activity suggestions for review at quarterly Member meetings. Members will contribute to discussions about the Network's activities and its contribution to and approval of outputs, which will be recorded at Network Member meetings by the Secretariat.

The Network Steering Committee supersedes the former Network Advisory Committee, which began in 2021 and ended in 2023.

5. Principles governing Network activities

The Secretariat shall comply with all generally accepted industry standards, including the relevant code of practice, and the relevant laws, rules and regulations applicable to the pharmaceutical industry and life science industry in delivering the Network's activities. For the avoidance of doubt, this shall include the Association of British Pharmaceutical Industries (ABPI) Code of Practice and the European Federation of Pharmaceuticals Industries and Associations (EFPIA) Code of Practice.

5.1 Objectivity and editorial control

The Secretariat aims to ensure that Network materials represent a consensus view of its Members, and will therefore request comments and insight from Members to shape and develop these. In doing so, we value the importance of independent decision-making by all those we interact with whilst recognising and seeking to balance the needs of patients, health professionals and the public. Further details on the types of materials developed by the Network, and the process of member consultation, can be found in *Appendix, Table B*.

5.1.1 Editorial control

- The Secretariat acts as independent chief editor, ensuring the highest editorial standards by leading a rigorous and evidence-driven editorial process of research and drafting. This process involves the integration of expert input, including from Network Members, to validate the content.
- In acting as independent chief editor, the Secretariat will ensure all information is accurate, fair, balanced, up-to-date, not misleading, capable of substantiation and reflects the available evidence.
- Editorial review by Network Members will be invited for all major outputs of the Network (i.e. reports and publications).
- In the event of a disagreement among Network Members concerning the contents of Network materials, the Secretariat will coordinate with the relevant parties to find a solution. If a solution cannot be reached, the Secretariat will refer the matter to the Steering Committee for a consensus decision. In doing so, we recognise and seek to balance the needs of patients, health professionals and the public.
- In cases where the content relates specifically to a Network Member, editorial input for Network materials related to the Network website or social media activity will be sought from that individual.
- There may be instances where a third party is commissioned or HPP works alongside a third party to deliver specific aspects of Network activity. In such cases, HPP shall retain editorial control across Network outputs and channels, although HPP shall not be responsible for materials distributed independently by the third party.

5.1.2 Medical, Legal and Regulatory (MLR) compliance and review

- Editorial control for all Network content rests with the Secretariat.
- As part of our alignment with the ABPI and EFPIA Code of Practice, the Secretariat is responsible for adhering to the principles set out in the Code of Practice, and therefore no funder shall have the right to a separate Medical, Legal and Regulatory review. This ensures that no Funder has greater influence over Network actions or editorial decisions than another, and that the editorial independence of the Network is maintained.

- For the sake of clarity, no Funder or sponsor (nor their nominated representative) will have any right of editorial control over the outputs of the Network, and the outputs of the Network will not be subject to legal or scientific review by any Funder or sponsor.

5.2 Independence and transparency

Independence

- All outputs of the Network will be non-promotional; no specific products or technologies will be listed in any Network materials.
    - No medicines or technologies, whether prescription or otherwise, will be listed.
    - The Network will not discuss or promote any products, or compare products with other products in terms of their relative clinical effectiveness or safety. Any reference to a method of treatment, if required during the course of the discussion, must be objective, balanced, accurate, not misleading and not deceptive. For the avoidance of doubt, detailed analysis or critique of reimbursement of any products and/or regulatory or approval frameworks are beyond the scope of the Network.
    - The Secretariat shall ensure the Network's content is independent, non-promotional and free from unreasonable commercial influence or bias, from its Funders or otherwise.
- All Network activities and discussions should further the aim of the Network and comply with applicable laws and regulations.
- The Network will neither promote nor endorse the individual products or services of any of its Funders, either directly or indirectly. It will not be biased towards, promote or endorse the opinions of any of its Members.
- The Network will not accept funding that comes from individuals or industries that are contradictory to the Network's purpose, including tobacco-related industry funding.
- Network Members provide their time for free and are not offered any improper payments, benefits, inducements or other transfer of value to influence actions or decisions. The only instance where Network Members may be offered reimbursement for reasonable costs incurred (i.e. travel and accommodation) is when requested to attend Network events; where this is the case, it is transparently disclosed.

Transparency

- All core Network materials (e.g. report, publications, policy briefs, Network website) will clearly recognise the contributions of Network members and other contributing stakeholders.
- All Network materials (e.g. reports, publications, policy briefs, Network website) will have a clear declaration naming all Funders, including Funder logos where appropriate.
    - This declaration will be updated each time a new Funder joins the Network. Any funder leaving the Network will be acknowledged as a Funder in public materials for a period of up to 3 months from the end of their involvement.

- As one of the key goals of the Network is to accelerate policymakers' adoption of approaches to improve lung cancer screening, earlier detection and care, all documents produced by the Network will be released into the public domain and disseminated as broadly as possible.

5.3 Intellectual property

- All intellectual property rights for work produced during the development, delivery and support of the Network, including but not limited to Network materials, shall belong to HPP as Network Secretariat.
- All Network Members have the right to use and share Network materials.
    - Members may not adapt or modify Network materials (including use of branding) without consent from the Secretariat.
- Network materials are managed by the Secretariat on behalf of the Network.

6. Contact details

Helena Wilcox

Programme Lead, Lung Cancer Policy Network; Associate Director of Research and Policy, The Health Policy Partnership

helena.wilcox@hpolicy.com

7. Signatures

SIGNED for and on behalf of The Health Policy Partnership Ltd

Rhiannon Lavin, Director of Operations

Appendix

Table A: Overview of Network membership categories

Major/Minor Funders	Funders include for-profit companies that contribute to the activities of the Network or make financial contributions, as either Major or Minor Funders. Major Funders are eligible to join the Network Steering Committee, and are invited to nominate two representatives to the Network. Minor funders are invited to nominate two representatives to the Network but do not sit on the Steering Committee.
Patient Representatives	Patient Representatives can join either as an individual representative or advocate, or as a representative of a patient organisation. Patient Organisations are not-for-profit organisations that are patient focused. Each organisation is invited to nominate two representatives to the Network. The Steering Committee should include two representatives from this membership category.
Scientific Advisers	Scientific Advisers may join either as an individual or as a representative of a professional scientific organisation. Each organisation is invited to nominate two representatives to the Network. The Steering Committee should include two representatives from this membership category.
Professional Organisations and Networks	Professional Organisations and Networks include organisational representatives from professional societies, organisations or networks. Each organisation is invited to nominate two representatives to the Network.

Clinicians	The Steering Committee should include two representatives from this membership category.
Other members	'Other members' refers to all other Members of the Network.

Table B: Review process for Lung Cancer Policy Network outputs

R = review requested

	Stakeholders involved in review			**Indicative review phases and time allocated for member review**
Material	**Secretariat**	**Network Steering Committee**	**Full Network**	
Major Network publications (e.g. Network report or policy brief) Network Members will be invited to review draft reports twice, with a week provided for each review	The Secretariat will act as chief editor for all Network materials and will have editorial control over all Network materials	R	R	Initial Word draft: 2 weeks Second Word draft: 2 weeks Design draft: 1 week (SC)
Core Network documents (e.g. Terms of Reference)		R	R	Draft amendments: 2 weeks Final draft: 1 week
Interactive map (database)		R by individual Members	R by individual Members	2 weeks
Network events (event agendas)		R	R by individual Members	2 weeks

Network events (advertising materials, speaker briefs, communications plans, slides)		N/A	R by individual members	1 week
Collaborative website content (e.g. Network Member profiles or blogs, including Network Member quotes/insight posts)		R by individual Members	R by individual Members	Draft: 2 weeks Approval of final version
Secretariat-generated Network website content (e.g. a news item to raise awareness of an upcoming publication or core website page content)		N/A	N/A	
Network administration materials (quarterly meeting agendas and slides, Network concept notes, quarterly updated slides, individual funding agreements)		N/A	N/A	
Secretariat-generated social media content (e.g. X (Twitter) templates for Network Member use)		N/A	N/A	

Table C: Summary of Lung Cancer Policy Network funding tiers

Membership benefits	Major Funder	Minor Funder
Participation in general Network activities	✓	✓
Participation in quarterly Network Member meetings	✓	✓
Opportunities to contribute to development of annual Network strategy	✓	✓
Review of Network outputs	✓	✓
Entitlement to put forward suggestions for additional Network activity	✓	✓
Recognition in all Network outputs within the Network's funding statement	✓	✓
Membership of the Network Steering Committee	✓	
Participation in quarterly online Steering Committee meetings	✓	
Strategic oversight of Network activity and workplans	✓	

Approval of new Members and Funders	✓	
Review and approval of additional Network projects that may be proposed throughout the year	✓	
Internal engagement opportunities (e.g. LCPN Secretariat presentations to internal colleagues)	✓	
Quarterly programme update slides detailing progress and impact	✓	
Monthly 1-2-1 meetings with Network Secretariat	✓	
Minimum funding contribution (12 months)	**£78,750**	**£26,250**