



## LUNG CANCER POLICY NETWORK

An initiative of the Lung Ambition Alliance

# Proposed amendments to the EU Commission draft recommendation on cancer screening

Submission from The Lung Cancer Policy Network

20 October 2022

The Lung Cancer Policy Network is a global multi-stakeholder initiative set up by the Lung Ambition Alliance (founded by the International Association for the Study of Lung Cancer, Global Lung Cancer Coalition, AstraZeneca and Guardant Health). The Network is funded by AstraZeneca, Guardant Health, Johnson & Johnson and Medtronic. Secretariat is provided by The Health Policy Partnership, an independent health research and policy consultancy. All Network outputs are non-promotional, evidence based and shaped by the members, who provide their time for free.

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# 1 Introduction

The Lung Cancer Policy Network is a global multi-stakeholder initiative set up by the Lung Ambition Alliance (founded by the International Association for the Study of Lung Cancer, Global Lung Cancer Coalition, AstraZeneca and Guardant Health). Our members include over 50 thought leaders on lung cancer, including clinicians from a range of specialties, patient organisations, researchers and industry representatives.

The Lung Cancer Policy Network welcomes the inclusion of targeted lung cancer screening in the EU Commission's draft recommendation: A new approach on cancer screening. The recommendations are a positive step in addressing the devastating public health burden of lung cancer, the [deadliest cancer in Europe](#).

However, aspects of the proposal could be strengthened to fully reflect the wealth of evidence available to guide the implementation of targeted low-dose computed tomography (LDCT) screening for lung cancer in the European Union (EU).

The Network highlighted three specific areas in which the recommendations could be amended, which have been described in our [public response](#) to the draft recommendations on cancer screening available on our website, and provide suggested wording for these amendments in the following sections of this document.

You may wish to refer to our previous response to the 2022 call for evidence [here](#).

## 2 Proposed amendments

**Targeted lung cancer screening should be presented as a standalone recommendation, and considered for implementation based on the same parameters used to approve breast, cervical and colorectal cancer screening in explicit recognition of the well-established evidence base for lung cancer screening implementation.**

Proposal from European Commission Council Recommendation	Proposed amendment to European Commission Council Recommendation
<p><b>Context of the proposal, page 2</b></p> <ul style="list-style-type: none"> <li>Extending cancer screening programmes to lung <del>and</del> prostate cancer as well as to gastric cancer in those countries or regions with the highest gastric cancer incidence and death rates</li> </ul> <p><b>Page 7, paragraph 7</b></p> <p>(7) Evidence shows the efficacy of screening for breast, colorectal, cervical, lung, <del>and</del> prostate cancer, and gastric cancer in certain conditions</p>	<p><b>Context of the proposal, page 2</b></p> <ul style="list-style-type: none"> <li>Extending cancer screening programmes to lung <b>cancer across the EU, in accordance with the existing body of evidence for lung cancer screening implementation in different countries.</b></li> <li><b>Extending cancer screening programmes to prostate cancer as well as to gastric cancer in those countries or regions with the highest gastric cancer incidence and death rates</b></li> </ul> <p><b>Page 7, paragraph 7</b></p> <p><b>(7a) (new) Substantial</b> evidence shows the efficacy of screening for breast, colorectal, cervical <b>and lung cancer</b></p> <p><b>(8) (new) Evidence shows the efficacy of screening for</b> prostate cancer, and gastric cancer in certain conditions</p>
<p><b>Justification:</b></p> <ul style="list-style-type: none"> <li>The 2020 publication of the Dutch–Belgian Randomised Lung Cancer Screening Trial (NELSON) confirmed the findings of the US National Lung Screening Trial (NLST) more than a decade before, that targeted LDCT screening of people who smoke or used to smoke heavily can significantly reduce deaths from lung cancer.<sup>1,2</sup></li> <li>These findings were confirmed in a recent meta-analysis of nine lung cancer randomised controlled trials, seven of which were from Europe.<sup>3</sup></li> <li>The Cochrane collaborative group also issued a meta-analysis showing a lung cancer mortality reduction of 21% [95%CI 13-28%], as well as an overall mortality reduction of 5% [95%CI 1-9%.<sup>4</sup></li> </ul>	

- The evidence is also clear that LDCT screening:
  - does not lead to a large number of false-positive results or subsequent unnecessary procedures or treatments;<sup>3 5 6</sup>
  - is expected to be a cost-effective investment, comparing well with other population-based screening strategies, including those in place for colorectal, breast and cervical cancers;<sup>7</sup>
  - is within accepted economic thresholds;<sup>8-10</sup>
  - is expected to be more efficient than other screening programmes in terms of the number of people who need to be screened to prevent one cancer-related death.<sup>11</sup>

## A stepwise approach to lung cancer screening should explicitly call for countries to progress to the next step of implementation.

Proposal from European Commission Council Recommendation	Proposed amendment to European Commission Council Recommendation
<p><b>Page 9, paragraph 27</b></p> <p>(27) Additionally, screening listed in the Annex, and in particular lung, prostate, and gastric cancer screenings, should be implemented in a stepwise approach to ensure the gradual and appropriate planning, piloting, and roll-out of the screening programmes. Screening <del>will</del> be implemented with the support of evidence-based European guidelines with quality assurance, to help ensure the roll-out and the monitoring of the screening programmes.</p>	<p><b>Page 9, paragraph 27</b></p> <p><b>(27a) (new)</b> Additionally, screening listed in the Annex, and in particular lung, prostate, and gastric cancer screenings, should be implemented in a stepwise approach to ensure the gradual and appropriate planning, piloting, and roll-out of the screening programmes.</p> <p><b>(28) (new) Lung cancer screening implementation is already underway in many Member States and globally,</b> and the extensive evidence base and lessons learnt from this implementation <b>should be used to support Member States to progress rapidly to implement lung cancer screening.</b></p> <p><b>(29) (new) Screening must</b> be implemented with the support of evidence-based European guidelines with quality assurance, to help ensure the roll-out and the monitoring of screening programmes.</p>
<p><b>Justification:</b></p> <ul style="list-style-type: none"> <li>• Implementation of targeted lung cancer screening is already underway across the EU, and in some locations such as the US has been established for many years. While a stepwise approach is necessary to ensure the success of future screening programmes, the European Council recommendations should ensure that taking a stepwise approach does not lead to, or could not be construed as implying, the revisiting of evidence that is already well established around the public health impact and feasibility of implementing lung cancer screening.</li> </ul>	

- The Network published a global [interactive map](#) of lung cancer screening implementation. The map shows that several countries around the world have successfully initiated national targeted lung cancer screening programmes using LDCT:
  - Three of these are in the EU (Poland, Croatia and the Czech Republic),<sup>12-14</sup> and several more EU countries have formally committed to implementation
  - 15 examples of successful approaches that countries around the world have taken to screening implementation are detailed as case studies in the Network's [Lung cancer screening: learning from implementation](#) report.

## A shorter review period for lung cancer screening should be proposed to promote momentum in implementation.

Proposal from European Commission Council Recommendation	Proposed amendment in European Commission Council Recommendation
<p><b>Page 13, paragraph 25</b></p> <p>To report and follow up report to the Commission on the implementation of this Recommendation within 3 years of its adoption and, subsequently, every 4 years to help follow up this Recommendation in the Union.</p>	<p><b>Page 13, paragraph 25</b></p> <p>To report and follow up report to the Commission on the implementation of this Recommendation within <b>2 years of its adoption for lung cancer screening</b> and 3 years of its adoption <b>for other cancer types</b> and, subsequently, every 4 years to help follow up this Recommendation in the Union.</p>
<p><b>Justification:</b></p> <ul style="list-style-type: none"> <li>• Given the strength of the evidence for LDCT lung cancer screening and the number of ongoing or completed implementation studies across the EU, the Network would recommend a shorter review time for lung cancer screening such as two years.</li> </ul>	

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