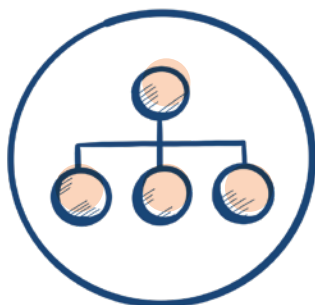


2023



# Supporting the implementation of lung cancer screening: **a focus on governance**

Policy brief



LUNG CANCER  
POLICY NETWORK

This policy brief was written by the Lung Cancer Policy Network Secretariat and co-authored by members of the Lung Cancer Policy Network.

For a full list of Network members, please see: <https://www.lungcancerpolicynetwork.com/members/>

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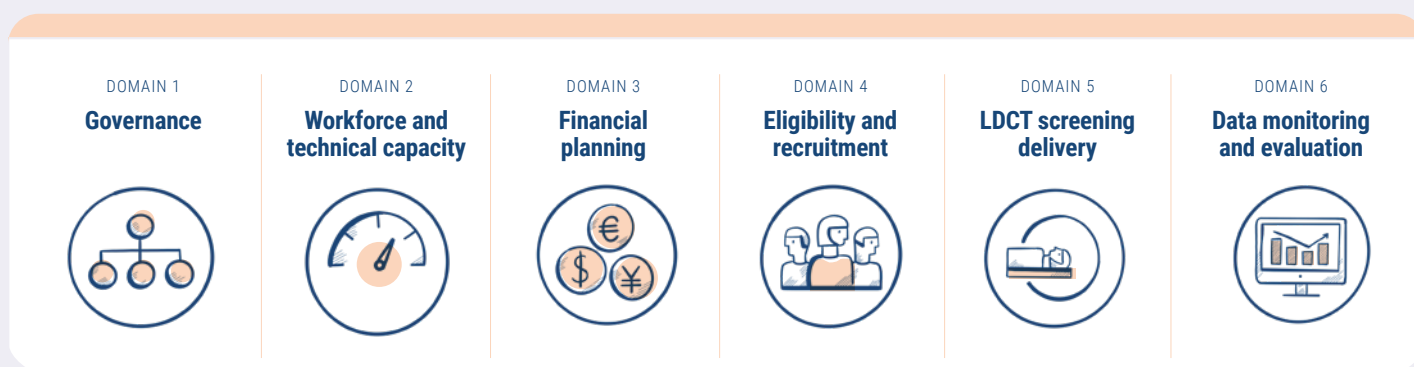
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# INTRODUCTION

The momentum for implementing targeted low-dose computed tomography (LDCT) screening programmes for lung cancer has gained pace over recent years, calling for careful consideration of how to optimise these programmes in terms of feasibility and public health impact. Setting up a lung cancer screening programme is complex, but a wealth of implementation research and a growing number of large-scale programmes provide important lessons on how to optimise design and implementation.<sup>1</sup>

The Lung Cancer Policy Network has developed an implementation toolkit, which includes a framework to support those involved in the planning and delivery of lung cancer screening programmes. The framework follows a systems approach and is organised into six domains, each consisting of a series of metrics. The metrics help users assess whether key requirements for screening are in place and identify any gaps that may need addressing (*Figure 1*).

**Figure 1.** Six domains for assessing health system readiness for the implementation of lung cancer screening



This series of policy briefs explores the six core domains underpinning the implementation framework, with this brief focused on governance. This brief provides key insights on how effective governance can be achieved, presenting case studies from countries where implementation is underway. It also offers recommendations on how stakeholders and policymakers can support successful implementation.

# ENSURING EFFECTIVE GOVERNANCE FOR LDCT SCREENING PROGRAMMES: WHY IS THIS IMPORTANT?

**Clear and robust governance is central to the successful implementation of LDCT screening programmes for lung cancer.**

It enables consistency in decision-making and establishes clear accountability for the quality and impact of programmes across all participating centres, laying the groundwork for successful implementation.<sup>2</sup> Establishing clear governance can help those planning the implementation of screening to identify who will have responsibility for:

- › screening policies
- › guidelines and standards
- › programme delivery
- › programme monitoring for quality assurance
- › the evaluation of system performance and its impact on health outcomes.

This policy brief identifies considerations to ensure the effective, equitable and sustainable implementation of a lung cancer screening programme through governance.

Health system decision-makers must:

- › **engage the entire healthcare community and other relevant stakeholders to advocate for screening** – to make the case for lung cancer screening to governments
- › **establish clear leadership and accountability for all aspects of the programme, including operational responsibility** – to ensure an effective and efficient screening programme
- › **involve communities targeted by screening in programme governance** – to help shape the programme to meet communities' needs.

## ➤ Engage the entire healthcare community and other relevant stakeholders to advocate for screening

Many different stakeholders are involved in the lung cancer care pathway and should be consulted when advocating for an organised screening programme. Stakeholder support can enable those advocating for lung cancer screening to present a consensus position to policymakers.<sup>3</sup> For example, a joint position statement signed by relevant professionals can be a powerful tool to present a balanced view of the need for screening (*Case study 1*). Engagement with all stakeholders, including those who may be hesitant about committing to screening, can highlight potential barriers that should be addressed early on in programme development (*Figure 2*).

### Case study 1

#### Developing a joint position statement



**Poland**

Recent progress in treatment options for early stage lung cancer has resulted in increased support for LDCT screening in Poland, especially from thoracic surgeons.<sup>4</sup> A multidisciplinary group (radiologists, thoracic surgeons, pulmonologists, clinical oncologists and others) worked together to release a joint position statement calling for the implementation of LDCT lung cancer screening.<sup>4</sup> This informed the Ministry of Health's decision to support the ongoing National Lung Cancer Screening Pilot Program (WWRP).<sup>5</sup> A subset of stakeholders from this group then formed a WWRP steering committee, which was key in facilitating consultation with other relevant stakeholder groups to inform the set-up of an LDCT screening programme. This experience in Poland demonstrates how collaboration with stakeholders can help influence governments to support lung cancer screening.

**Figure 2.** Stakeholders to involve in advocating for a screening programme<sup>6\*</sup>

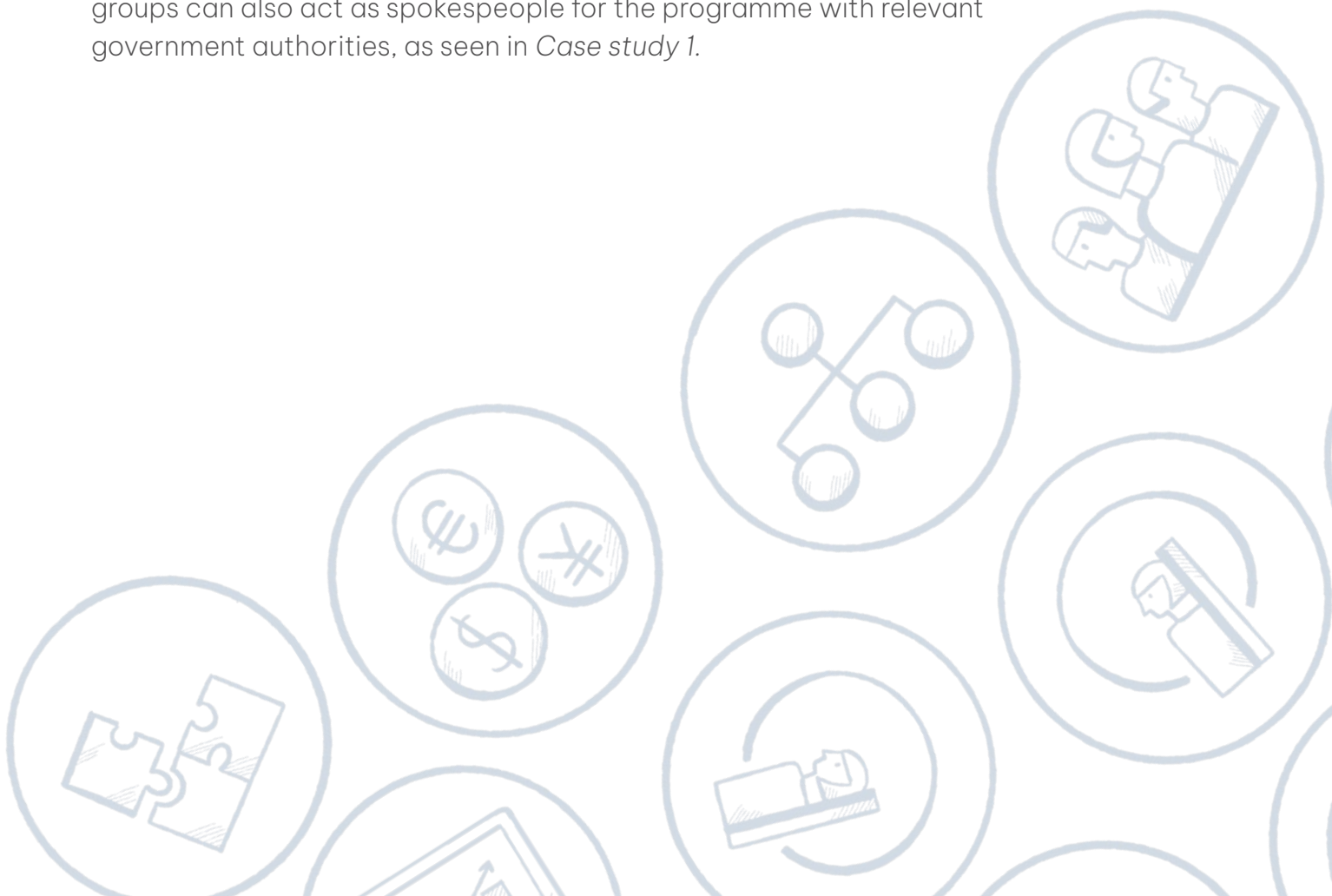
- › Patient advocates/organisations
- › Lung cancer/cancer research institutes or non-governmental organisations
- › Specialist clinical institutions offering medical imaging or cancer care (e.g. hospitals)
- › Community-based healthcare professionals (e.g. pharmacists)
- › Family physicians (general practitioners)
- › Occupational physicians
- › Primary care nurses
- › Respiratory medicine specialists (pulmonologists)
- › Smoking cessation specialists or clinics
- › Radiologists
- › Radiographers
- › Medical physicists
- › Thoracic surgeons
- › Medical oncologists
- › Radiation oncologists
- › Specialist nurses (in cancer or respiratory health)
- › Medical and pathology lab scientists
- › Public health specialists/epidemiologists
- › Non-clinical support staff (e.g. programme coordinators, project managers, administrators)
- › Patient navigators
- › Industry (e.g. medical imaging or pharmaceutical companies)

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\*The list is not exhaustive, and stakeholders will vary by country.

## ➤ Establish clear leadership and accountability for all aspects of the programme, including operational responsibility

Leadership and accountability are integral to an effective screening programme and should be in place at all levels of the screening programme. Ideally, there should be a team from the outset leading the coordination and operationalisation of the programme.<sup>27</sup> These processes should be underscored through clear policies that outline what is expected of all personnel.<sup>2</sup> It is important to consider assigning roles and responsibilities for each component of the screening pathway to different organisations (*Figure 3 and Case studies 2 and 3*).<sup>7-8</sup> In addition, by establishing multidisciplinary working groups or committees, relevant stakeholders can have a forum through which they can guide programme development, establish consensus on key aspects of implementation and promote a team-based approach to overcoming obstacles.<sup>9</sup> Such governing groups can also act as spokespeople for the programme with relevant government authorities, as seen in *Case study 1*.



## Case study 2

### Clinical governance in the Targeted Lung Health Check programme

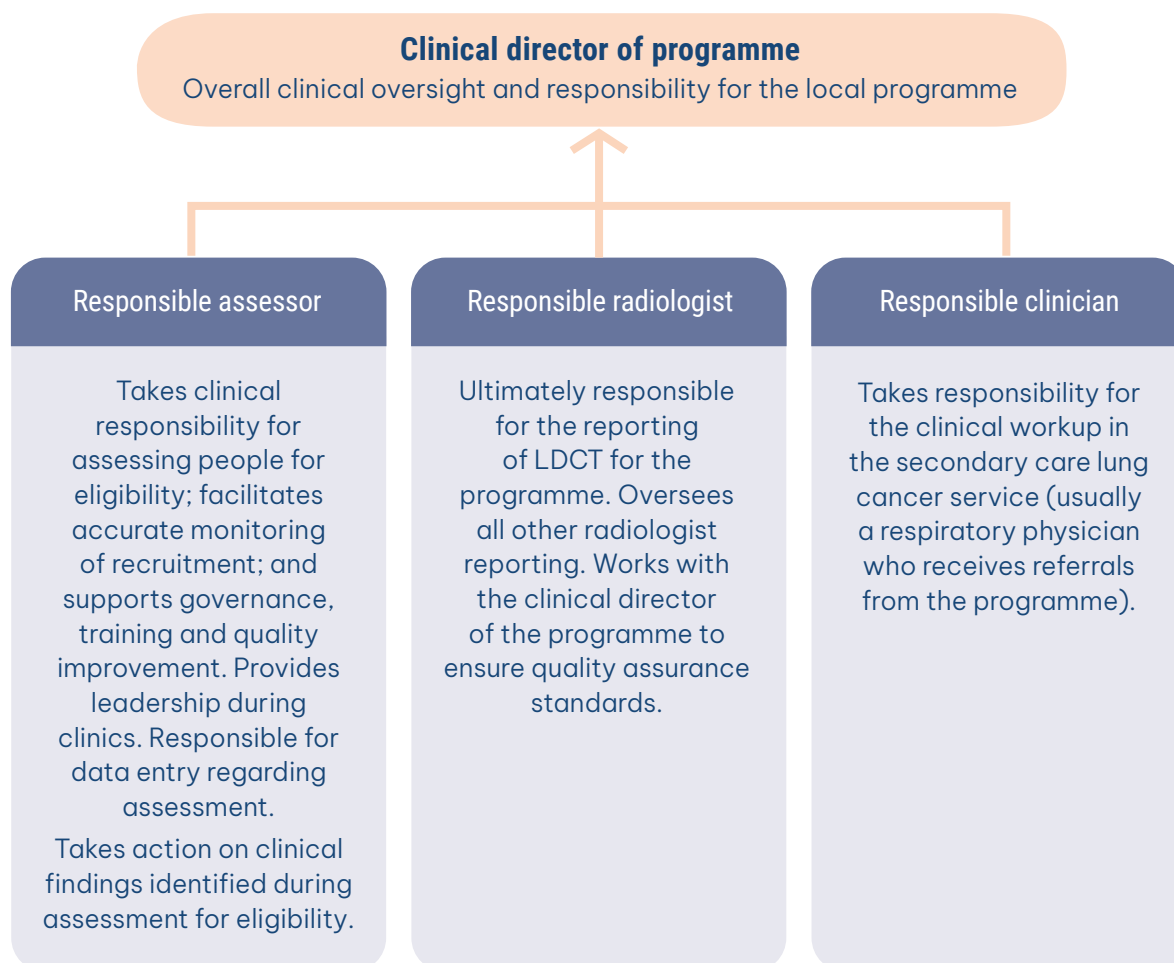


England

The Targeted Lung Health Check (TLHC) programme is a community-based lung cancer screening service initially being offered in 23 metropolitan areas across England.<sup>10</sup> The TLHC programme protocol outlines the need for robust clinical governance and provides an overview of clinical roles and responsibilities (Figure 3).

A steering committee, chaired by the clinical director of each service delivering TLHC, ensures that governance is effective and consistent across multiple screening sites. The committee is made up of the responsible assessors, radiologists and clinicians as well as representatives from primary care, members of the public health workforce and patient advocates, among others.<sup>8</sup>

**Figure 3.** Clinical governance structure in TLHC pilots in England<sup>8</sup>



### Case study 3

#### Organisational governance and coordination



In France, the coordination and implementation of screening within each of France's 17 regions is led by regional coordinating centres for cancer screening (Centres Régionaux de Coordination des Dépistages des Cancers, CRCDC). In the past, these coordinating centres operated at a local level for each region, but they were merged in January 2019 to centralise quality assurance across all screening sites. The centres coordinate all cancer screening programmes under one organisation, allowing for economies of scale in terms of data management and infrastructure, centralised communication with general practitioners, and coordinated information and communications campaigns across different cancer screening programmes. This centralisation also facilitates the sharing of lessons learnt across different screening programmes.

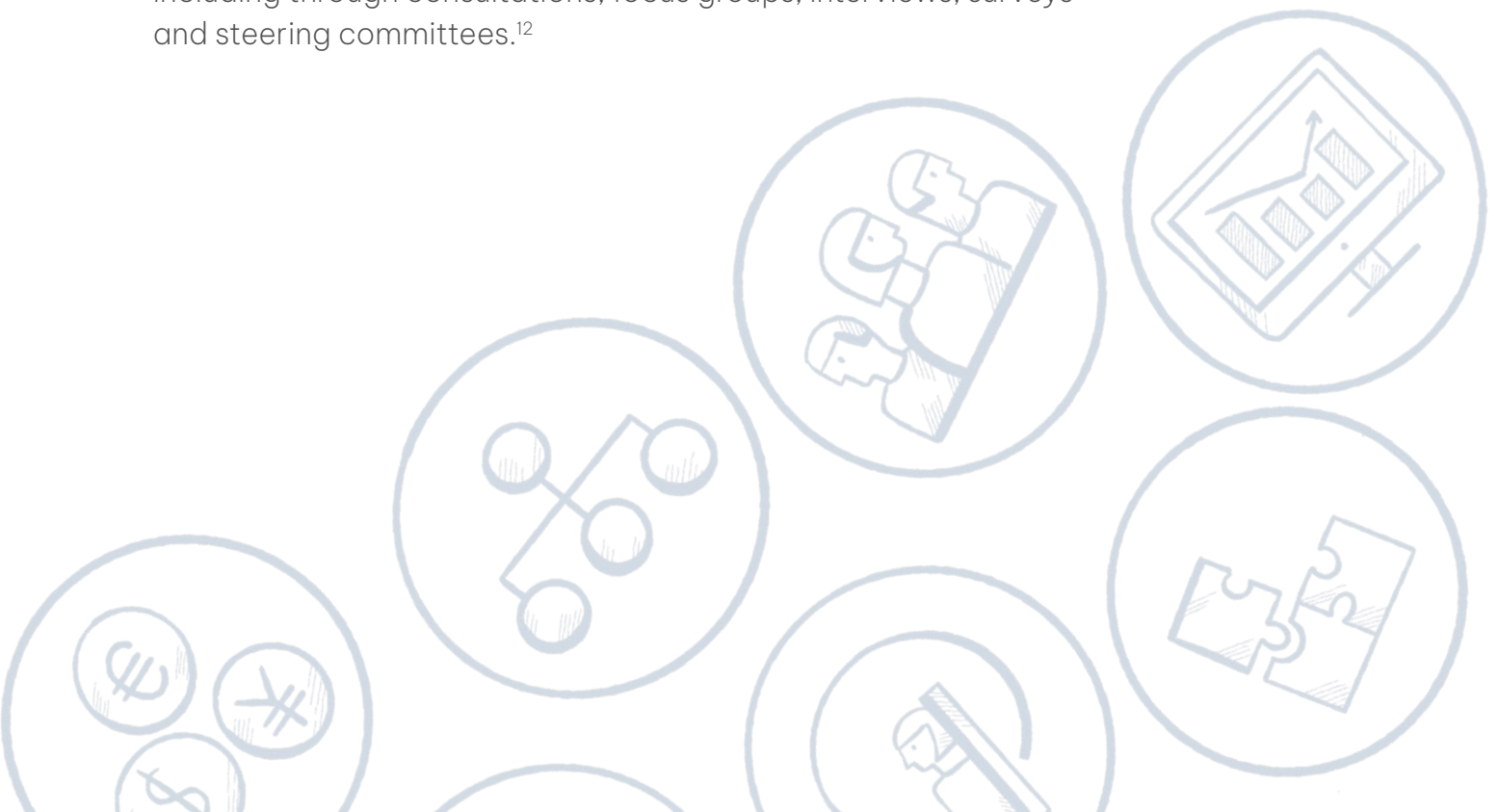
**The centres' responsibilities are to:<sup>11</sup>**

- ▶ send invitations to people eligible for screening to attend
- ▶ communicate and raise awareness of screening among the population
- ▶ organise the training of healthcare professionals involved in screening
- ▶ ensure appropriate follow-up of people who have been screened
- ▶ oversee quality assurance of screening
- ▶ collect data on screening attendance and programme effectiveness.

## ➤ **Involve communities targeted by screening in programme governance**

**Community engagement should be a cornerstone of lung cancer screening.** Involving representatives from communities targeted by the screening programme – in particular those who may face additional and sometimes complex barriers to participation – from the early stages of planning can ensure that programmes are designed with their needs in mind.<sup>12</sup> Efforts to engage relevant communities should continue for the entirety of the programme, from design to implementation and during programme operation. This can be achieved through suitable representation on screening programme governance boards (*Case study 4*)<sup>13</sup> and other programme committees or advisory groups.

**It is important to tailor the screening programme to each group or community to address their concerns and values.** Engaging with communities at risk of not participating in screening programmes can make clear the potential barriers they may face. Communication and outreach approaches that may help overcome these barriers can then be developed, which can, in turn, encourage and support screening attendance (*Case study 5*).<sup>12 14</sup> There are multiple ways to gather information about a community and garner its support, including through consultations, focus groups, interviews, surveys and steering committees.<sup>12</sup>



## Case study 4

### Bringing communities into programme design and governance



**Australia**

Cancer Australia conducted a national lung cancer screening inquiry to identify the best design and mechanism of delivery for a screening programme. Stakeholder engagement was central to the inquiry, and Cancer Australia used a range of methods to engage stakeholders from all states and territories from the start. For example, in addition to a series of public consultations, Cancer Australia formed advisory groups (Figure 4); in-depth discussions with these groups directly informed lung cancer screening design and the inquiry recommendations.<sup>13 15</sup> The Minister for Health and Aged Care recently announced funding for the programme in Australia.<sup>16</sup>

**Figure 4.** Lung cancer screening inquiry consultation methods in Australia\*<sup>3</sup>

Breadth of views on issues, practical challenges and opportunities, recruitment mechanisms and engagement, including issues for vulnerable and traditionally underserved groups

**Public consultation:**  
294 responses from people with lived experience, families, general public, clinicians, researchers and organisations

**Initial stakeholder workshop:**  
clinicals, consumers, researchers, jurisdictions and health service administrators

Initial ideas to inform the approach to the inquiry and the stakeholder consultation process

**Feedback to inform lung cancer screening programme design and recommendations**

Initial ideas to inform the approach to the inquiry and the stakeholder consultation process

**Aboriginal and Torres Strait Islander consultation:** 100 community members, 16 health professionals, and advocacy organisations

Considerations for designing a lung cancer screening programme to meet the needs of Aboriginal and Torres Strait Islander people

Expert insights to inform technical aspects of a lung cancer screening programme

\*The consultation involved Cancer Australia Advisory Groups: Lung Cancer Advisory Group, Intercollegiate Advisory Group on Aboriginal and Torres Strait Islander Cancer Control, and Research and Data Advisory Group

## Case study 5

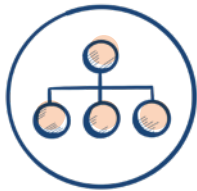
### Building target population involvement into screening programme governance



#### Aotearoa New Zealand

The importance of involving groups that are more likely to be affected by lung cancer in the programme governance structures is crucial to inform programme planning and development. In Aotearoa New Zealand, Māori representatives are fundamental members of the governance groups for the lung cancer screening research programme. The research programme is developing evidence to ensure that any future national programme benefits Māori, a group disproportionately affected by lung cancer.<sup>17</sup>

The involvement of Māori is facilitated via focus groups as well as a programme steering committee, which is Māori-led and supported by a technical advisory group, a primary care advisory group and a consumer advisory group (including people who may be eligible to participate in screening and their families or communities). The insights from these groups have directly informed the design of the pilot.<sup>17</sup>



## **KEY CONSIDERATIONS** to optimise governance for screening implementation

### **Engage the entire healthcare community and other relevant stakeholders to advocate for screening**

- Create a multidisciplinary group to build consensus on the adoption and implementation of lung cancer screening among stakeholders and make the case with governments

### **Establish clear leadership and accountability**

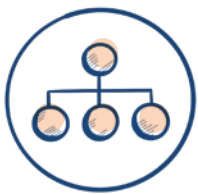
- Ensure governance processes are embedded across all aspects of the programme
- Establish operational responsibilities and coordination of the programme from the outset

### **Involve communities targeted by screening in programme governance**

- From the beginning, consult with and engage groups and communities who may face complex barriers to participation and involve them in the governance of the screening programme

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## **LUNG CANCER POLICY NETWORK**

The Lung Cancer Policy Network is a global multi-stakeholder initiative set up by the Lung Ambition Alliance. The Network is funded by AstraZeneca, Guardant Health, Johnson & Johnson, MSD and Siemens Healthineers. 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.