Brussels, 11 November 2022

Declaration on implementing science-based screening recommendations on lung cancer

Lung cancer is the leading cause of cancer deaths in Europe.[i] [ii] It results in the highest economic burden of all cancers,[iii] with the estimated costs for healthcare, disability and premature mortality associated with lung cancer amounting to more than 100 billion EUROs annually.[iv] Despite this, lung cancer is not being treated as a public health priority nor with the urgency it requires at the policy level.[ii]

Lung cancer is too often detected at an advanced stage of disease when treatment options are limited and the median chance of surviving five years is estimated to be less than 10%.[v] Importantly, people diagnosed with early-stage lung cancer have an estimated median five-year overall survival of 68-92%. Evidence from clinical trials shows that targeted lung cancer screening is effective in detecting lung cancer at an early stage in former and current smokers.[vi] [vii] [viii] Therefore, early detection policies and actions that have screening at the core could have a very significant positive impact on the burden of lung cancer on patients and society.[vi] [vii] [viii]

Low dose computed tomography (LDCT) is currently the most suitable tool for the early diagnosis of lung cancer as shown by the results of the NLST, NELSON and MILD studies that support the use of LDCT and point out its resulting benefits in terms of survival (with a reduction in mortality of up to 25%); in addition, the LDTC has demonstrated that it fully meets the criteria defined by the World Health Organization for screening, namely reliability, safety, acceptability, sustainability and the ability to change the course of the disease.

Lung cancer screening evidence is not preliminary, is evidence-based recognised on page 3, Article 7 (in the draft text discussed at the meeting of the Working Party on Public Health held on 24 October 2022), where it's stated: "Evidence shows the efficacy of screening for breast, colorectal, cervical, lung and ***(to a lesser extent)*** prostate cancers, and gastric cancer in certain ~~*conditions*~~***circumstances."***

Investing in lung cancer screening has never been so urgent and imperative. In response to the significant body of evidence, including a cost-effectiveness analysis, the UK National Screening Committee has recently published a recommendation for lung cancer screening.[ix] The European Commission has also recommended that lung cancer screening is included in the upcoming European Council Recommendation on cancer screening, expected to be adopted by December 2022.[x] [xi] While this is encouraging, it is key that the final text of the EU recommendation is strengthened to recognise the evidence for – and the urgency in implementing – lung cancer screening. It will be then crucial that all countries across Europe, move at pace to develop and implement lung cancer screening programmes.

Finally, there is widespread stigma towards lung cancer and smoking, which can act as a barrier to seeking diagnosis and care.[ii] In addition, it can contribute to a lack of empathy for people who have been diagnosed.[xii] Therefore, education and awareness raising are also key in improving lung cancer outcomes.

We therefore call on you to propose the necessary recommendations that will ensure a reduction of the burden of lung cancer by adopting and implementing the actions below:

Ensure the extension of the European Council Recommendation on cancer screening to lung cancer by expressing the need for the upcoming recommendation to:

- include a standalone section on lung cancer screening with explicit recognition of the well-established evidence base;
- clarify the proposed "stepwise" approach for implementation of lung cancer screening, ensuring that evidence and lessons learned from lung cancer screening implementation activities across Europe are leveraged for new programmes;
- include a more ambitious review period for lung cancer screening than the 3 years within adoption and every 4 years subsequently, as the existing evidence for lung cancer screening and the implementation evidence from pilots and programmes should support faster implementation.

Avoiding about 320,000 deaths in Europe[xiii], offering patients more therapeutic options by improving their prognosis, helping to reduce direct and indirect costs, would represent the added value of the nationwide implementation of lung cancer screening.

We therefore call on you to recognise the high burden of lung cancer and take the evidence-based necessary steps to help minimise it through ensuring lung cancer screening and optimisation of the care pathway.

We thank you for your time and consideration

Sincerely,

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