

## Senedd Briefing:

# Time for Targeted Lung Cancer Screening in Wales?



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## In brief

More than 190 lives a year in Wales could be saved by diagnosing people with lung cancer before they have symptoms. Around 1900 people die every year from lung cancer, making it the biggest cause of cancer death in the country.

Across Wales lung cancer is not experienced equally. The disease is linked to inequalities and takes a terrible toll on some of Wales' most vulnerable communities.

Lung cancer is also regarded as one of six "Less Survivable Cancers"; cancers of the lungs, liver, brain, oesophagus, pancreas and stomach. These have an average five-year survival rate of just 16%. These cancers are as deadly as they were decades ago, compared to other common cancers.

The UK National Screening Committee (UK NSC) recommended on the 29<sup>th</sup> September that targeted lung cancer screening should be offered to the high-risk group of people aged 55 to 74 years with a history of smoking.

### Tenovus Cancer Care calls on the Welsh Government to:

- Welcome the positive recommendation from the UK NSC concerning targeted lung cancer screening.
- Commit to delivering a sustainable targeted lung cancer screening programme that identifies lung cancers at an earlier stage.
- Fully support the delivery and evaluation of the Cwm Taf Lung Health Check pilot, and
- Direct Public Health Wales to work with the Wales Cancer Network, the UK NSC, the third sector and other stakeholders to develop and sustain a targeted lung cancer screening programme for Wales that is integrated with smoking cessation services and optimised to address socio-economic barriers to take up.
- Plan action to diagnose less survivable cancers earlier and faster; to ensure everyone receives the best care and treatment available; and for substantive research funding to close the gap on cancer inequality.

## An Historic First

On the 29<sup>th</sup> September 2022 the UK NSC<sup>1</sup> recommended that the 4 UK nations should move towards implementing targeted national lung cancer screening programmes - integrated with smoking cessation services - for people at high risk.

This positive recommendation is the first time the UK NSC has made a targeted screening recommendation under an expanded remit allowing it to do so.

Targeted screening aims to identify people at a higher risk of a condition beyond broad population criteria such as age or sex. In this instance, the UK NSC recommended that targeted lung cancer screening should be offered to the high-risk group of people aged 55 to 74 years with a history of smoking.

**The decision of the UK NSC raises an important question for the Senedd; how long will Wales have to wait until a target lung cancer screening programme is available here?**

## Lung Cancer in Wales

Earlier this year Tenovus Cancer Care published "[Tackling Inequalities: Lung Cancer](#)". The report sets out the challenge posed by the disease, the inequalities at the heart of the problem, current preventative interventions and more innovative approaches being developed to identify and diagnose lung cancer earlier.

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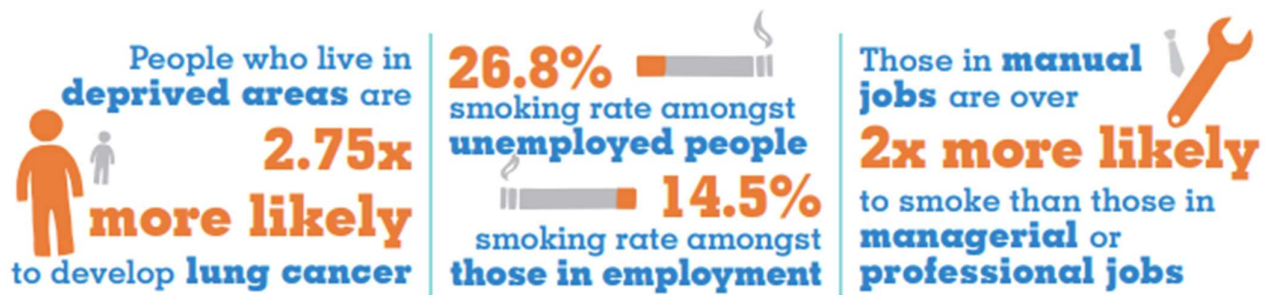
So many people die as a result of late diagnosis. Around 45% of people are diagnosed with stage 4 lung cancer when the cancer may have spread around the body and fewer treatment options exist.

Yet despite its seriousness, a lung cancer diagnosis need not be a death sentence. Caught early enough, rates of survival are reasonably high.



Across Wales lung cancer is not experienced equally. The disease is linked to inequalities and takes a terrible toll Wales' most vulnerable communities.

<sup>1</sup> The UK National Screening Committee (UK NSC) advises ministers and the NHS in the 4 UK countries about all aspects of population screening and supports implementation of screening programmes.



Everyone deserves the same chance of survival from lung cancer. Tackling inequality is a priority for Tenovus Cancer Care and is at the heart of everything we do.

Lung cancer is also regarded as one of six “Less Survivable Cancers”, cancers of the lungs, liver, brain, oesophagus, pancreas, and stomach. These have an average five-year survival rate in Wales of just 14%. These cancers are as deadly as they were decades ago, compared to other common cancers.

We believe that pan-cancer commitments, ambitions, and targets have led to less survivable cancers being overlooked and under-resourced. Tenovus Cancer Care contributes to [the Less Survivable Cancers Taskforce](#), the UK-wide charity-led campaign drawing attention to these inequalities.

**Wales needs targeted planned action to diagnose less survivable cancers earlier and faster; to ensure everyone receives the best care and treatment available; and for substantive research funding to close the gap on cancer inequality.**

## Smoking Cessation Services

All smoking cessation services in Wales fall within the Help Me Quit brand, and over time these will tackle rates of lung cancer, and lung cancer inequalities. However, these services are also prone to inequalities.

People in more deprived areas are less likely to quit, although they might make the same number of cessation attempts as people in less deprived areas. They face significant barriers that must be addressed to prevent an increase in health inequalities:

- Smoking is normalised and embedded in communities, contributing to reduced peer support.
- Other unmet needs make quitting a lower priority.
- Decreased access to pharmacies or GP surgeries due to distance, time or transport issues.
- Increased socio-economic stress can lead to using smoking becoming a coping mechanism.

## Targeted Lung Cancer Screening in Wales?

Despite the recommendation of the UK NSC, and Wales’ own history of social deprivation and industrial heritage there are no pilots or studies in Wales to study the effectiveness of lung health checks.

A pilot is planned for Wales, but data and evidence used to inform the UK NSC recommendation came from research [largely taking place across England](#), and Scotland.

Tenovus Cancer Care has been closely involved in the development of a lung health check pilot as a 3<sup>rd</sup> sector partner. The pilot will be carried out within the Cwm Taf University Health Board area from late 2022/early 2023 onwards.

Less clear is the development and rolling out of a targeted lung cancer screening programme across Wales. The Welsh Government has not said whether it will direct Public Health Wales to implement a targeted lung cancer screening programme in light of a positive recommendation from the UK NSC.

The introduction of targeted lung cancer screening across Wales could prevent more than 20% of lung cancer deaths amongst those screened and improve outcomes for many more patients.

A new screening programme would complement smoking cessation services. Trials have shown that smokers who attend Lung Health Checks are more likely to successfully stop smoking, especially if they were identified for screening.

By targeting smokers between the ages of 55 and 77, it is predicted that many lung cancers could be identified at a much earlier stage.

**More than 190 lives a year in Wales could be saved by diagnosing people before they present with symptoms.**

However, other cancer screening programmes have encountered low or reducing uptake, particularly amongst people from low socio-economic backgrounds.

**The success of a targeted lung screening programme will depend on uptake.** Tenovus Cancer Care believe that screening will only be successful if we can change the narrative surrounding lung cancer.

With high survival rates when caught at stage 1, it is important that lung cancer is not regarded as a death sentence. Many people also believe that screening for health conditions is important only if you are symptomatic, this must be addressed as a matter of urgency.

Screening can catch cancers before they are symptomatic. They drastically improve outcomes for patients and reduce the cost to the NHS.

#### Potential barriers to screening uptake in deprived areas:

- Transport
- Time off from work
- Believing themselves too old to benefit
- Fear of lung cancer as a death sentence
- Discomfort with medical professionals/a medical environment
- Carer responsibilities
- Fear of judgement
- Belief that screening is for those with symptoms