

## **Briefing on Lung Cancer Screening (England).**

### **Background**

- Lung cancer screening of high-risk individuals, with Low Dose CT chest (LDCT), works. It enables earlier diagnosis, significantly improving survival. Detection at an earlier stage increases the likelihood of cure through treatments such as surgery or radiotherapy, compared to later-stage diagnosis, where options are limited and prognosis is poor. Treatment of early-stage disease is typically less extensive, associated with lower morbidity, shorter hospital stays and reduced healthcare costs.
- Lung cancer screening was highlighted in Lord Darzi's independent review of the NHS in England (September 2024) [1], as the reason why it is only lung cancer, which has shown an increase in the proportion of people diagnosed with earlier stage disease.
- Lung cancer screening in England began in 2019 as the Targeted Lung Health Check (TLHC) programme, a highly successful phased pilot. Following the positive recommendation by the UK National Screening Committee in September 2022, all 4 UK nations are moving towards implementation, with England by far the most advanced. In February 2025, the programme was renamed the Lung Cancer Screening Programme.
- Lung cancer screening with LDCT is recommended by the UK National Screening Committee, for people aged 55 to 74 years who are identified as being at high risk of lung cancer[2]. This reflects the strong evidence base and economic analysis, showing that lung cancer screening in the UK is cost effective, especially with smoking cessation included, as an integral part of the Programme.
- As of the end of February 2025, 6498 people have been diagnosed with lung cancer, through lung cancer screening, of which 76% had Stage I or II disease, where the aim of treatment is cure. This compares to only 30% of patients with stage I or II disease in areas where lung cancer screening has not yet been implemented.

### **I. Reducing Inequality.**

- People in the most deprived socioeconomic quintile are twice as likely to develop lung cancer than those in the most affluent. Thus, improving outcomes in lung cancer, through earlier detection, including screening, will have a direct effect on reducing health inequality.
- TLHC pilots started in areas of high incidence of lung cancer, which corresponds to areas with high deprivation.
- The most disadvantaged groups have historically had the lowest early-stage detection rate for lung cancer. However, with the roll out of lung cancer screening, people living in the most deprived areas are now more likely to be diagnosed with lung cancer at an earlier stage, compared to their counterparts in less deprived areas. The lung cancer screening programme is the only cancer screening programme to date, to have shown an impact on reducing health inequalities in the areas screened.
- Any reduction in lung cancer screening activity will rapidly reduce these improvements in inequality and detection of early stage lung cancer.

## 2. Roll out of Lung Cancer Screening

- The first large study which showed that lung cancer screening works (the National Lung Cancer Screening Trial) was published in 2011 [3]. If a screening programme had been implemented at that time, it is estimated that at least 17,000 lives would have been saved within 10 years.
- To ensure that NHS services had the capacity to accommodate screening and its impact on downstream services, a phased roll of the TLHC was put in place in June 2023.
- It was planned that the first phase would reach 40% of the eligible high-risk population by March 2025, with 100% coverage by the end of 2029/30 financial year.
- As of February 2025, 36% of the potentially eligible population has been offered an assessment for screening.
- The success of the roll out of lung cancer screening across England is world leading and is widely seen as an exemplar of best practice in national implementation.
- We are pleased to note the commitment of the Health Minister, Ashley Dalton MP, in her response to a written question on 8<sup>th</sup> April 2025, that for the lung cancer screening programme, the 'target is to be available to 100% of the population by the end of 2029/30' [4].

## 3. Action Required

- Inclusion of the Lung Cancer Screening Programme, within the National Cancer Plan (2025) for fully funded roll out to 100% of the potentially eligible population, by March 2030. Ensuring that the programme remains on track.
- Commitment to ensuring that by full roll out in March 2030, processes will be in place for Lung Cancer Screening to be alongside the other screening programmes, with funding administered through the section 7a agreement of the NHS Act.

(8<sup>th</sup> May 2025)

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**References:**

[1] <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

[2] <https://view-health-screening-recommendations.service.gov.uk/lung-cancer/>

[3] <https://www.nejm.org/doi/full/10.1056/NEJMoa1102873>

[4] <https://questions-statements.parliament.uk/written-questions/detail/2025-04-02/43686>