

Cross Party Group on Cancer: AGM and Lung Screening Session

Key Details

When: 13:00-14:00pm, Thursday 12th of October 2023

Where: MS Teams

Purpose of the Session: To hold the AGM for the CPG and to hear from experts on lung health checks.

Topic

This session was focussed on lung screening as a tool to diagnose cancer earlier. We were joined by Professor Phil Crosbie from the University of Manchester and Dr Sinan Eccles lead of the Lung Health Check pilot in Wales, to discuss the reasons why this new diagnostic tool is so important and how we progress its roll out in Wales.

Agenda

Welcome from Chair/AGM (1:00-1:10pm)

Presentation from Prof. Phillip Crosbie: (1:10-1:30pm)

Presentation from Dr Sinan Eccles (1:25-1:45pm)

Q&A (1:45pm-2:00pm)

Attendees

Megan Cole

Simon Scheeres

Sinan Eccles (CTM UHB - Respiratory Medicine)

Rees, David (Aelod o'r Senedd | Member of the Senedd)

Benedict Lejac

Hilary Webb

Thomas, Owen (Staff Cymorth yr Aelod | Member Support Staff)

Tessa Marshall

Hannah Wright

Hearne, Emily (Staff Cymorth yr Aelod | Member Support Staff)

Hussain, Altaf (Swyddfa Altaf Hussain | Office of Altaf Hussain)

Joseph Carter

Tomos Evans

Becky Mudd

Bettridge, Andrew (Staff Cymorth yr Aelod | Member Support Staff)

Madelaine Phillips

Sikha de Souza (Public Health Wales - No. 2 Capital Quarter)

Ben Coates

Thomas, Orla (HSS - Health and Wellbeing - Business Management Team)

Davies, Henry (Staff Cymorth yr Aelod | Member Support Staff)

Judi Rhys
Ceri Hogg (Cardiff and Vale UHB - Paediatric Oncology)
Brennan, Shane (Staff Cymorth yr Aelod | Member Support Staff)
Greg Pycroft
Pamela Smith
Kaleigh Cancer Aid MT
Eirlys (Guest)
Eleanor Jones
Suzanne Cass
Ryland Doyle
Heather Lewis (Public Health Wales, Magden Park)
Menai Owen-Jones (Cardiff and Vale UHB - Latch)
Hannah Buckingham
Griffiths, John (Aelod o'r Senedd | Member of the Senedd)
Thomas Brayford
Jacob Sinkins
Dr Peter Henley
Vickie Blake- Old Mill Cancer Foundation
Lowri Griffiths
Dawn Casey (CTM UHB - Patient Care & Safety)
Sian Morgan2 (Cardiff and Vale UHB - AWMGS)
Chris Emmerson (Public Health Wales - No. 2 Capital Quarter)
Isherwood, Mark (Aelod o'r Senedd | Member of the Senedd)
Tom Crosby (Velindre - Consultants)
Louise Carrington (NHS Executive)
Andrew Seggie

Sharon Hillier (Public Health Wales - No. 2 Capital Quarter)

Meeting notes

The meeting begins by David Rees welcoming CPG members to the session and introducing the AGM.

Megan Cole asks for any chair nominations.

Altaf Hussain – nominates David Rees for Chair.

David Rees is appointed chair.

David Rees nominates Megan Cole, Cancer Research UK as secretariat.

Altaf Hussain – seconds the nomination.

- David Rees proceeds to introduce the main part of the session on lung cancer and lung cancer screening.
- David Rees introduces first speaker Prof Phil Crosbie.

Phil Crosbie begins presentation

Phil starts by outlining the state of lung cancer in the UK, including prevalence, mortality and its status as a cancer of unmet need. Phil also explores the deprivation link with lung being experienced

more frequently by those from the most deprived quintiles. Hence, introducing a screening programme and aiding early diagnosis will allow for individuals from the most deprived groups to be diagnosed earlier, when treatment options are more viable. He then discussed how smoking is the biggest cause of lung cancer and the link between deprivation and smoking.

He proceeds by showing a graphic which outlines the % of patients diagnosed at each stage prior to a screening programme, with most patients being diagnosed in the later stages. He then shows a graphic post screening in Manchester which shows more patients being diagnosed at stage 1 and 2.

Phil then outlines the work of his team in Manchester and the stages their pilot went through in aiding diagnosis and highlighting the need for a screening programme.

Phil then discusses the impact of COVID-19 on the work of the pilot and the delays this lead to.

Phil proceeds by discussing the impact of the UK National Screening Committees recommendation for a full roll out of lung screening in all 4 UK nations.

He discusses how recently England committed to a roll out of lung screening, but how the Devolved Nations are yet to follow.

- David Rees thanked Phil for his presentation and discussed how important it is for Wales to follow in the footsteps of England. Highlighting how Phils work provides us with learnings.
- David then introduced Dr Sinan Eccles who will be presenting on his work and pilot on lung screening in Wales.

Sinan began by thanking Phil and the team in Manchester for leading the way and providing many learnings and insights to his team in Wales through their pilot.

Sinan then presented Wales specific stats on lung cancer prevalence and mortality rates in Wales, before highlighting the deprivation levels in Wales and the impact of smoking on the rates of lung cancer within these communities. He mentioned that to do something about lung cancer is to act on cancer inequality on the whole with the two being intrinsically linked.

Sinan then discussed the other screening programmes in Wales, with the full roll out of breast, bowel and cervical screening services. He then discussed how lung screening would fit in with these and the processes Wales would need to undertake to achieve a full roll out.

He then outlined his work in Wales pursuing a pilot, with no funding from the public sector, Sinan sought funding from various organisations in the third sector and how this allowed for progress. He then discussed the three goals for the pilot, including benefitting individual's, learning from findings and trying to de-risk future roll out. Sinan discussed how the pilot in Wales began in September 2023 and has funding to perform 500 scans on individuals deemed at a higher risk of developing lung cancer.

He then discussed the political context in which the work operates, with budget constraints from Welsh Government, alongside a recent commitment to lung screening in the Cancer Improvement Plan Welsh Government published in January of this year.

He then concluded by outlining how lung screening is proven as shown by the work in England and how it would be the single biggest innovation in saving lives and diagnosing lung cancer early in Wales.

- David Rees thanked Sinan for his presentation and proceeded to the Q&A portion of the session.

Q&A

- **David Rees MS opened by asking the speakers if there is sufficient data to identify those most at need within the system?**
- Phil answered by highlighting the current process in England whereby patients are contacted based on existing records in primary care and then approached for screening. Phil also discussed the importance of phone consultations whereby individuals are asked questions relating to smoking habits to identify if screening is needed.
- Sinan also discussed the benefit of England being further down the line and how his pilot in Wales has been able to cherry-pick the best parts of the pilots in England and use a combined approach of phone consultations also accessing primary care records.
- **John Griffiths MS asked whether passive smoking would play a role in people being approached for screening.**
- Sinan responded by discussing how there is currently no scope for screening those who have not been smokers themselves. Instead individuals must meet 4 out of 5 criterion for being identified as in need of lung screening.
- Phil echoed this by suggesting that although non smoker lung cancer is an unmet cancer need. There is currently no scope for screening these individuals due to the risk of CT scanning.
- **Altaf Hussain MS asked the speakers about the age range for screening with it currently being recommended for those age 55-74, asking whether there would be scope for expanding this?**
- Phil discussed how the incidence of lung cancer goes up with age and the % of those diagnosed over age 74 is 40%. He discussed how the age was pushed up to 80 in the Manchester programme and they have recently been awarded a grant to pursue this work further.
- Sinan countered this point by suggesting the evidence was not there to screen people over 74 and highlighted the risk of CT scans as a reason not to.

David Rees then concluded the session and thanked all the speakers and attendees for coming to the session.