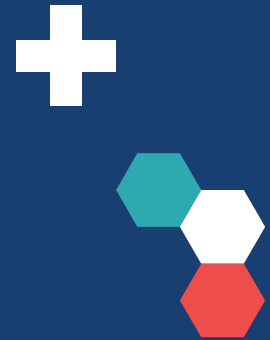




NSC TLHC Seminar Eligibility Assessment

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Introduction & COI

- Chest Physician & ‘Champion for Early Diagnosis’, RMH/ICR BRC
- NHSE Joint National Clinical Lead Targeted Lung Health Checks
- NIHR CRN National Specialty Lead – Screening, Prevention and ED
- NIHR Oncology-TRC ED theme chair

*COI: RMCC funded, NHSE TLHC co-Lead, NIHR CRN SPED Lead
Academic collaborations/joint grants with Optellum, QURE and Roche*

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Risk Assessment (NHSE TLHC Protocol section 3.3)

- Assessment of risk essential to maximise cost effectiveness of the intervention.
- Standard protocol uses two thresholds to identify participants: a risk threshold of $\geq 1.51\%$ risk of lung cancer over 6 years as the minimum threshold for PLCOM2012; and $\geq 2.5\%$ risk of lung cancer over 5 years for LLPv2.
- Triage, or pre-population of risk calculator data can be performed by appropriately trained admin staff.
- Decision to proceed to LDCT requires review by a doctor/nurse. Cases excluded from LHC assessment by a non-clinician should be audited by the responsible assessor or delegated clinician \geq Band 6 LHC nurse

Table 2: Factors included in two multivariable risk prediction models

LLPv2: $\geq 2.5\%$ risk	PLCO _{M2012} : $\geq 1.51\%$ risk
<p>Age Gender Smoking duration (years) Previous pneumonia/ COPD/ emphysema/ bronchitis/ TB Occupational asbestos exposure Previous history of malignancy Previous family history of lung cancer; and relative's age at onset i.e. <60 y or >60 years; whether first degree relative</p>	<p>Age (years) Education level Body mass index COPD/ chronic bronchitis/ emphysema Personal history of lung cancer Family history of lung cancer Ethnicity* Smoking status Average number of cigarettes smoked per day Duration smoked (years) Years having ceased smoking</p>

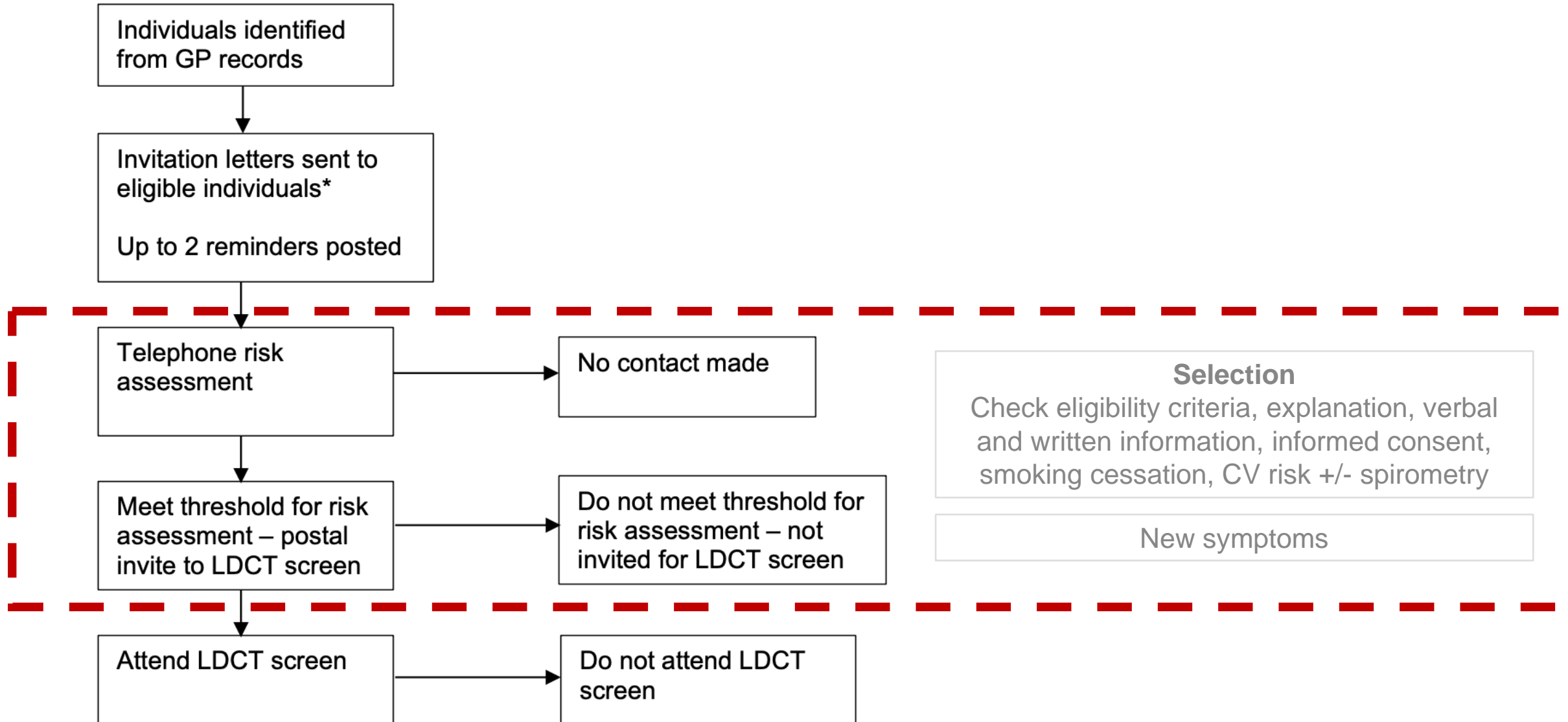
* referred to as 'Race' in the original PLCOM2012 risk model

Exclusion Criteria

- Participant does not have capacity to give consent (standard criteria for assessing capacity apply);
- Weight exceeds restrictions for scanner (>200kg);
- Participant unable to lie flat; or
- Poor physical fitness (treatment with curative intent contra-indicated)

Figure 9 Assumed pathway to LDCT screening

Recommended Schema



*eligibility defined by smoking history and age.

Process: Eligibility and assessment

- Lung cancer pathways task and finish group
- Lead authors: John Field, Richard Lee, Amelia Randle
- Key Suggestions for modelling:
 - Only include smokers – on GP records
 - Who does the assessment of eligibility?
 - Multivariable models vs. smoking/age
 - Benefit prediction uncertainty
 - Link to adjustments paragraph as may influence assessment method
 - Telephone vs F2F
 - Smoking Cessation advice built into first CT appointment
 - Importance of fitness
 - If patient DNA, offer one further appointment
 - Reassessment method – in silico or further contact to confirm data
 - Additional health check items – nil vs all vs selected e.g. spirometry