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Royal Australian College *of* General Practitioners

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27 January 2021

Professor Dorothy Keefe

CEO, Cancer Australia

Email: Lungcancerscreening@canceraustralia.gov.au

Dear Professor Keefe,

Thank you for the opportunity to comment on Cancer Australia's *Report on the lung cancer screening enquiry*. The RACGP would like to offer the following feedback.

In our submission to the enquiry, we noted a number of issues that need to be resolved before lung cancer screening is implemented in Australia. We raised several concerns related to:

- ***Primary prevention.*** A screening program could detract from primary prevention efforts.
- ***Research and evidence.*** There is lack of evidence in the Australian setting to support a national screening program.
- ***Reaching population groups.*** There are difficulties in reaching the target high-risk populations, who already face barriers to screening.
- ***The usefulness of the screening test.*** Lung cancer is a complex disease, and there is no clear target population for low-dose tomography screening (LDCT). More research is needed to provide guidance for when further investigation of lesions detected by LDCT is recommended. Overdiagnosis and ensuing harms from treatment are possible with LDCT, and again, more research is needed to determine the rate of overdiagnosis in the intended screening population.
- ***Implementation.*** Information is needed regarding the cost-effectiveness of a screening program and what ongoing support and education would be needed for both the general public and healthcare professionals.

The RACGP is pleased that these concerns appear to have been raised in the enquiry and are addressed in the report. We reiterate that it is critical that these issues continue to be considered throughout the implementation and evaluation of any screening program that is established.

Implementation of the program

To be effective, a national screening program will need general practice teams to be central to the roll out. We propose the following practical measures to support implementation:

- providing resources to support GPs or practice nurses with case-finding, shared decision making and follow-up
- integrating risk assessments into GP practice software
- providing funding to support integration of the screening program with other aspects of primary care; for example, so that people who are deemed 'high risk' are referred not only to LDCT, but also to clinics or programs that help with smoking cessation.

Patient consent

The report does not clearly state how patient consent to participate will be handled. We suggest a clear consent framework be developed that is based on shared decision making principles. This should include developing and providing decision aids that clearly explain concepts such as risk of overdiagnosis, false positives and absolute risk reduction.

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The RACGP thanks Cancer Australia for the opportunity to comment. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, Manager, e-Health and Quality Care on (03) 8699 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely

Dr Karen Price
President

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