RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

February 14, 2022

MSAC Secretariat
Medical Services Advisory Committee

Via email: commentsMSAC@health.gov.au

Dear MSAC Secretariat,

Re: MSAC application 1699 – National Lung Cancer Screening Program

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Services Advisory Committee (MSAC) for the opportunity to respond to the National Lung Cancer Screening Program Consultation. The RACGP is cautiously supportive of a lung cancer screening program for high-risk populations and advocates a staged approach to implementation with general practice being the principal route of entry into the program.

Our submission[1] of 17 February 2020 outlined concerns relating to clearly defining the target population for Low-Dose Tomography Screening (LDCT) and the risks of overdiagnosis with associated harms. We are pleased to note that on balance, the majority of these concerns are being addressed in the proposed program.

We provide the following comments regarding the implementation of a national lung cancer screening program for consideration.

1. The role of general practice

General practice should be central to implementation of the screening program. General practice offers patients a clear route into the program with almost 85% of the population seeing a general practitioner (GP) at least once each year. General practice has knowledge of patients' histories, the ability to field questions specific to individual patient circumstances, undertake shared decision making, and a proven impact of a direct recommendation to screen.

The benefits of screening are highly contingent on identifying the appropriate high-risk target populations and the specificity of screening tools. As raised in our earlier submission[1], identification of the at-risk population and engaging hard to reach groups is not straightforward. Therefore, embedding risk assessment tools in the general practice setting enables systematic identification of the at-risk population.

Eligibility criteria for screening should also identify fitness to undergo lung surgery. Patients with significant co-morbidities are less likely to benefit from a screening intervention, and there are increasing risks for elderly populations.[2] These eligibility criteria should form part of an assessment by a GP.

All entrants into the program require a referral form for LDCT completed by a general practitioner or other eligible practitioner. The current proposal is unclear about who will conduct the risk calculation, consent, and referral process for LDCT and how the costs of providing these services will be covered.

It would be useful to model what proportion of participants are likely to be required to consult with their GP because of an incidental finding resulting from a LDCT scan. Further clarification is required about the pathways for the management of incidental findings including coronary calcium and thyroid nodules.

2. Ongoing evaluation

Any national screening program should have a rigorous quantitative and qualitative evaluation built into the program design from the outset. We reiterate that it is essential to have continuous evaluation of the lung cancer screening program to monitor for overdiagnosis by prospectively comparing mortality rates between screened and unscreened populations. The RACGP believes it is insufficient to just monitor for detection of cancer at earlier stages or 'cure rates' given many slow growing and low risk cancers will appear to have been cured by the treatment.

Patient consent and information should clearly outline the possible harms from engaging in screening i.e. the potential for overdiagnosis, and not just provide information on the benefits of screening.

The RACGP thanks MSAC for the opportunity to provide this feedback. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, National Manager, eHealth and Quality Care on (03) 8699 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely,

Dr Karen Price
RACGP President

[1] https://www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2020-reports-and-submissions/cancer-australia-lung-cancer-screening-enquiry

[2] Lew J-B, Feletto E, Wade S, et al. Benefits, harms and cost-effectiveness of cancer screening in Australia: an overview of modelling estimates. Public Health Res Pract. 2019;29(2):e2921913. https://doi.org/10.17061/phrp2921913