

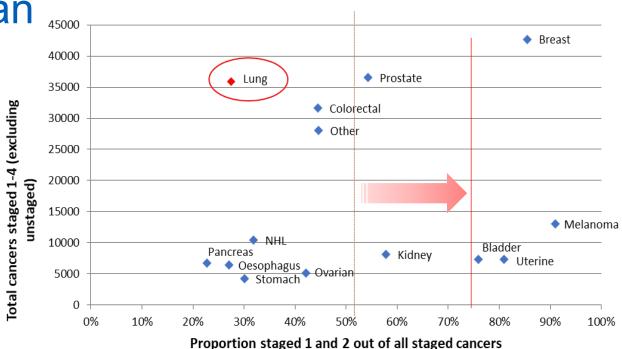
# The NHS England TLHC Programme







## Early Diagnosis and the Long Term Plan



Two ambitions set by the government. By 2028:

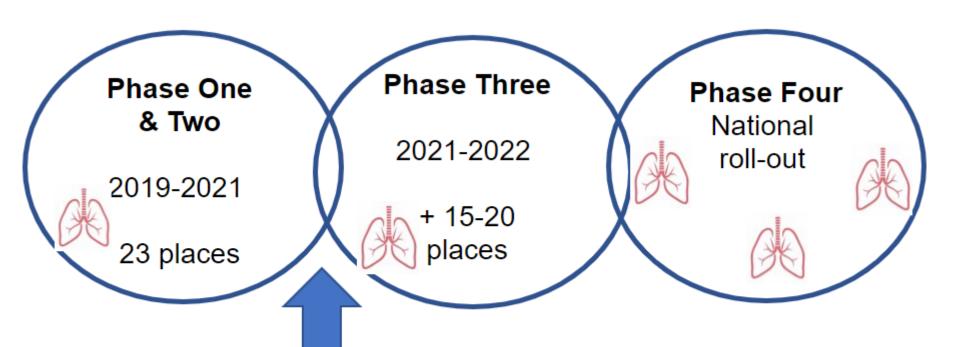
- An extra 55,000 people each year will survive for five years or more following their cancer diagnosis.
- Three in four cancers (75%) will be diagnosed at an early stage.







### Targeted Lung Health Checks



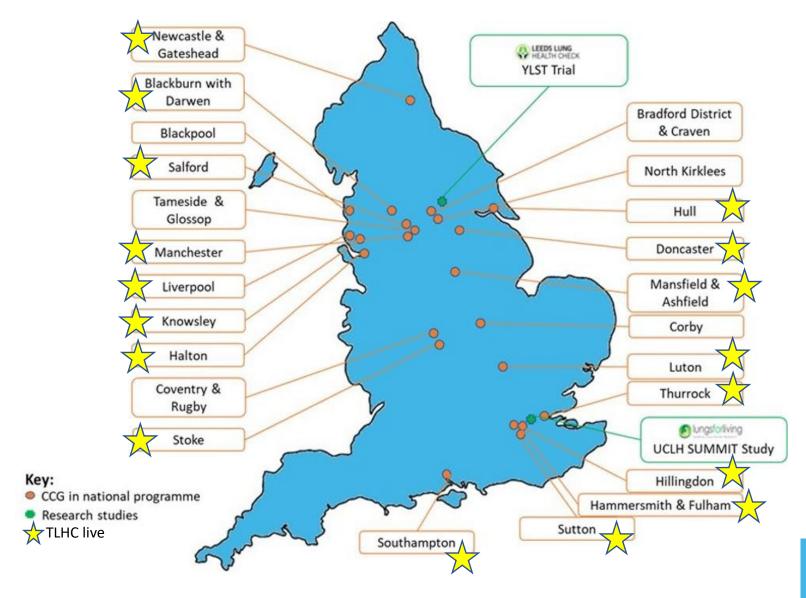
We are here





#### Geographical Spread

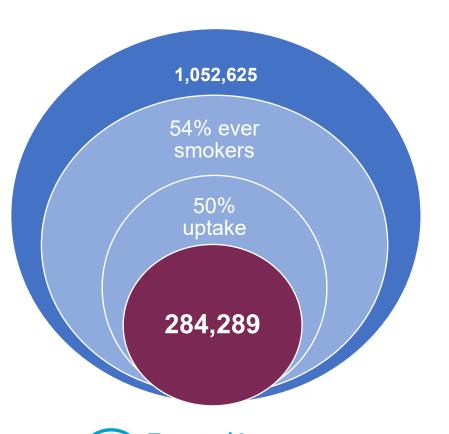




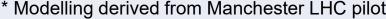




## Potential Impact of Phases 1 & 2



Aged 55 - 74	1,052,625
Ever smoked	568,418
Lung Health Checks	284,289
Initial CT scans	142,032
Clinical Investigations	8,380
Indeterminate results	20,168
24 month follow up CT scan	117,318
Lung cancers detected	6,101
* Modelling derived from Manchester LHC pilot	









## Rollout/expansion

- The TLHC programme will be expanded by 15-20 sites and an additional 750,000 1,000,000 eligible participants.
- It is estimated that over 4 years, an additional 4,500 cancers could be diagnosed, with 3,000 at an early stage
- A full national rollout could diagnose an additinoal 6,500 cancers at early stage each year by 2028,







#### How TLHC works

- Standard Protocol
- Patient pathway
- Governance
- Risk tools
- Quality Standards
- Smoking cessation







#### **Standard Protocol**



Targeted Screening for Lung Cancer with Low Radiation Dose Computed Tomography

Standard Protocol prepared for the Targeted Lung Health Checks Programme



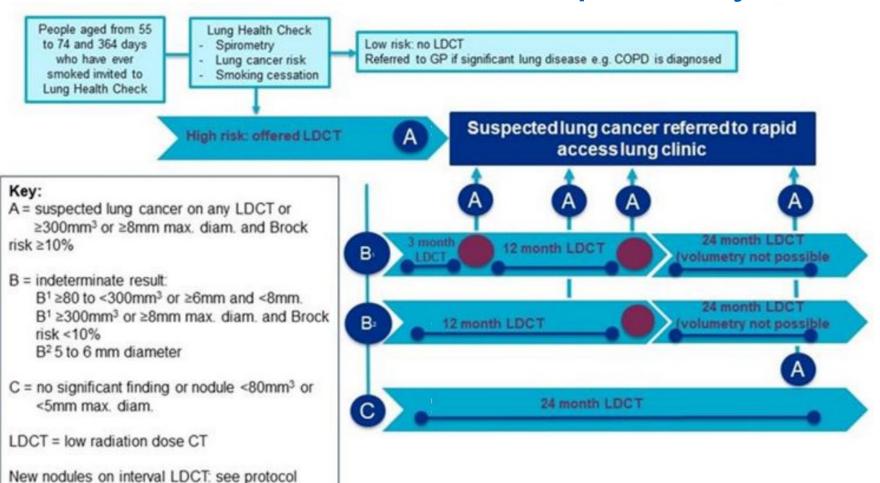






## Standard Protocol: Patient pathway

section 5.1.2





#### Standard Protocol: Risk tools

- PLCO risk prediction model
  - (≥ 1.51% over six years)
- Liverpool Lung Project v2
  - (≥ 2.5% over five years)
- Common risk factors:
  - Age
  - Smoking history
  - Family history
  - Other conditions
- Other factors
  - Education level
  - BMI
  - Ethnicity
  - Gender
- MHRA approval









#### Standard Protocol

#### **FAQ Decision Log**

#### Patient information and consent

- Information resources are available on Futures
- Patients must be made aware of the risks and benefits of LDCT

#### LDCT acquisition and reading

- Software requirements
- CT image acquisition protocol
- Repeat LDCT (follow-up scans)

#### **Management of findings**

- BTS 2015 pulmonary nodule guidelines
- NICE guidelines

#### Communication of results



NHS

#### Targeted Screening for Lung Cancer with Low Radiation Dose Computed Tomography

Standard Protocol prepared for the Targeted Lung Health Checks Programme







## **Smoking cessation**

- Entire population of current smokers
- Participants should be offered a smoking cessation intervention
- Different approaches
- Co-location of TLHC and smoking cessation services





#### Sandwell

Total eligible population 62,234

• Ever smoked 33,606

Appointments booked 16,803

Non attendees 1,344

LHC's performed 15,459

Positive LHC's 8,657

Excluded from CT scan 260

Initial CT scans performed 8,397

• Indeterminate - require second scan 1,192

Negative CT Scan - 24 months follow-up 6,936

Activity Impact of Cancers Identified

Findings No.

Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)

Cancers found 252

• **24 months follow-up** 6,936

Patient needing clinical investigation following 24 month scan 166

Cancers found at 24 months follow-up 109

Total cancers found 361





## Questions



