RM Partners
West London Cancer Alliance

Hosted by The Royal Marsden NHS Foundation Trust

NHS

Targeted Lung Health Checks – Information for Brent GPs

Overview

Targeted lung health checks (TLHC) are now being offered in Brent to support with the early detection and treatment of lung cancer. The service is being delivered through a partnership between InHealth and local NHS Trusts.

The TLHC team will invite eligible patients from participating practices on behalf of GPs:

- **Letters** will be sent to your patients aged 55-74 who have any of the SNOMED smoking codes on their record. These patients will then be contacted within 14 days to complete the assessment over the telephone.
- **Open letters** will be sent to your patients aged 55-74 without a recorded smoking status, with information on how to book an assessment if they have a smoking history.

The telephone assessment uses two validated questionnaires to review patient risk of developing lung cancer. This takes approximately 15 minutes. Patients who meet the risk threshold will be invited for a low dose chest CT scan at a mobile scanning unit at Brent Valley Golf Course.

Rationale and Background

TLHCs help detect cancer at an early stage when curative treatment is more likely to be possible. Lung cancer often goes undetected during its early stages, as there are often no signs or symptoms:

- Less than 20% of people diagnosed with lung cancer survive for 5 years or more due to late-stage diagnosis.
- To date, 80% of lung cancers found by our TLHC programme have been stage 1 or stage 2, compared to 30% of lung cancers diagnosed through other established routes.

The TLHC programme targets those most at risk of lung cancer based on their age and smoking history and is initially being made available in areas that have some of the highest recorded rates of smoking.

Programme History

- Following successful international and national pilots, RM Partners ran a pilot in Hammersmith & Fulham and Hillingdon during 2018-19 provided by the Royal Brompton Hospital.
- From 2021 we joined the NHS England TLHC pilot and expanded the programme into Hounslow, Merton, Sutton, and Wandsworth.
- The programme is now on a trajectory to full roll-out across England by 2028 and has been recommended to become a national cancer screening programme by the UK National Screening Committee.

How you can support the programme

We need your help to raise awareness of the programme and educate the public on the importance of detecting lung cancer early.

Data collected from the local programme's non-attendee survey shows the most common reasons given for non-attendance is people felt they '**did not need or see the benefit of a lung health check'** or had been '**invited by mistake'**.

You can help **support** this programme by:

- Having **opportunistic discussions** with eligible patients, to help them make an informed decision about having a lung health check when invited.
- **Coding** the smoking status of patients if not already done. A correct smoking status is key for invitations to be sent out to eligible patients.
- Directing those eligible for a check to more information on our **lung health check website** [https://lunghealthchecks-westlondon.nhs.uk].
- Adding information about lung health checks to your **practice website.**
- **Displaying** posters, flyers and leaflets in your practice waiting room. You can view and download this material here.
- **Displaying** a digital slide about the programme on waiting room screens. You can download digital slides here.
- More info about the programme can be found here.

Please note: eligible patients in Brent can make an appointment for a lung health check by calling the Booking Office on 020 3835 1600.

Further information

West London Lung Health Checks	[lunghealthchecks-westlondon.nhs.uk]
NHS England Lung Health Checks	[www.nhs.uk/conditions/lung-health-checks]
InHealth	[inhealthgroup.com/lung-health-checks]
Lung Health Checks Resources	[rmpartners.nhs.uk/publications-and-resources/targeted-lung-health-check-resources]

Lung Health Check patient outcomes - overview

- Patients with normal/no significant CT findings on the first scan will be invited every 2 years for an interval scan until they 'age out' of the programme at age 75, as per the national protocol.
- The TLHC team will book follow up scans for those with lung nodules identified on CT (3- or 12-month repeats).
- All abnormal CT results will be reviewed by a screening review meeting (SRM), which act as a triage service for the service. The meeting consists of a consultant respiratory consultant, a consultant respiratory radiologist and is supported by a fellow and coordinator. They are based at St Georges, Imperial and Harefield Hospitals.
- In line with the protocols of the TLHC programme, SRMs will action all significant abnormal CT findings, including onward referral for lung cancer and other respiratory/non respiratory conditions.
- The only CT findings to be passed back to GP practices will be **non-urgent incidental** CT scan findings and SRM clinicians will provide advice to practices. The tolerance for referral back to primary care is high (see Appendix 1 for further information).

Incidental findings in primary care

As the TLHC programme is part of a national pilot, it is not possible to confidently quantify the volume of incidental findings that may be sent to primary care. However, it should be noted that in the design and delivery of this programme, there has been significant co-design with GP Cancer Clinical Leads in west London to ensure that only findings that are suitable and appropriate are sent to primary care and that in all cases appropriate advice is given with such findings. We also know that other TLHC programmes in the country have been able to successfully navigate the issue of incidental findings and we value any advice and support you may offer us in this regard.

Practices will receive clear instructions from the TLHC team by letter with regards to onwards management of patients who have been part of the TLHC programme. If practices are unsure of how to manage the findings, the TLHC programme team are on hand to answer any questions. Patients will also receive a letter with information about their findings. Appendix 1 details advice to primary care on findings that are actioned by the TLHC team and findings that routinely return to primary care for management.

Appendix 1: Advice to primary care

Findings actioned by TLHC team. No action needed by PC.

Lung cancer
A small number of initial CT thorax scans will present findings suggestive of lung cancer. The TLHC team will automatically refer these patients to the local Lung cancer teams and will contact the patient to inform them. You will also receive a notification.

Lung nodules
A larger number of CT thorax scans will present a potential significant nodule. At this stage, it is not possible to determine if the nodule is cancerous or not. The majority will be benign and some can develop malignant features over time. The TLHC radiologists follow strict guidance provided within the TLHC NHSE protocol and will highlight any nodules that require follow up. The TLHC team will automatically provide appointments for follow up scans and will contact the patient.

In some instances, reports may include details of nodules that have a clearly benign morphology and do not require follow up (e.g intrapulmonary lymph node, IPLN). Radiologists are obliged to note these in accordance with the national reporting template, but they will not require any further action.

Other cancers
Occasionally, a low dose non-contrast CT scan can present incidental findings suggestive of other cancers, such as Liver, Neck, and Breast. The scan protocol is focused (collimated) to just the thorax and not designed to detect other organ cancers and will not exclude them. If these are found, they require investigation and treatment in the normal way. The TLHC team will arrange the appropriate upgrade/referral for these findings.

Other respiratory findings
A minor degree of respiratory pathologies such as bronchiectasis, interstitial lung disease, and emphysema are common. The TLHC team will arrange the appropriate thoracic referral if required. If very minor changes, they will be referred back to primary care for appropriate routine onward referral (no action required unless specified).

Bone disease
Malignant, lytic, or sclerotic disease will be referred on by the TLHC team for onward management.

Cardiovascular
Thoracic Aortic Aneurysms/dilatation of aortic root **more than 5cm** will be referred by the TLHC team to appropriate cardiothoracic teams and the patient will be contacted to inform them.

Abdominal Aortic Aneurysm **more than 5cm** will be referred by the TLHC team to appropriate cardiothoracic teams and the patient will be contacted to inform them.

If less than 5cm, they will be referred back to primary care to arrange appropriate onward routine referral for surveillance.

Liver, Pancreas, Adrenal, Renal, Thyroid
Incidental cysts and nodule findings are common and these will be characterised as far as possible radiologically as benign or requiring further assessment. These findings will be discussed in the TLHC SRM to determine whether further action is required. If there is a required further urgent action, this will be undertaken by the TLHC team, if more routine they will be referred back to primary care to arrange appropriate surveillance.

Emphysema

Evidence of emphysema is a common finding and these will be characterised as far as possible as requiring further action or not requiring action at this time. The below table describes the finding and associated action for emphysema.

Mild emphysema	Your patient's CT scan confirms evidence of mild emphysema. No further action is required at this time.
Moderate or severe emphysema that is known to primary care	The scan revealed significant emphysema. As the patient is already known to have COPD, no further specific action is required at this time.
Moderate or severe emphysema that is NOT known to primary care	The scan revealed significant emphysema. We would suggest you refer the patient for community lung function test/COPD review as the patient is not known to have COPD. We have asked the patient to contact you to discuss this.

Findings requiring primary care action.

In this group, there will be common incidental findings found from the TLHC thorax scans, but some specific advice is provided below.

Lung consolidation
In some cases, there will be findings of consolidation or infection. The TLHC team will write to GPs with guidance to provide antibiotics if required.

Cardiovascular
Coronary artery calcification is seen on non-contrast CT scans however the protocol is not designed to undertake accurate calcium scoring for evaluation. It is present in the majority of people over 50 years of age, particularly smokers. Coronary artery calcification correlates very poorly with symptomatic ischemic heart disease which depends on the site the calcium deposit.
Coronary calcium artery disease, unless symptomatic, does not require secondary care referral. However, you may wish to consider a risk assessment as per NICE guidance and a Q risk score. This is the current recommendation by the TLHC national team, subject to an update from their cardiology working group, expected later this year.

If these are new findings we would suggest formal CVD risk review, including recent cholesterol, HbA1c and blood pressure.

Cardiomegaly and aortic valve calcifications are also common findings and these candidates should be referred for an echocardiogram as per NICE guidance, unless already known to you.

Bronchiectasis
Your patient's scan shows evidence of bronchiectasis which may require further assessment. We have told the patient that if they don't already know about this, they should make a routine appointment to discuss this with you. If the patient is symptomatic, please consider referral to your local respiratory service.

Bone disease
With new findings of osteoporotic disease, we recommend primary care teams arrange a bone assessment and DEXA scan. Your patient will have been informed that an incidental finding has been found and that they may require to see you about this.
If osteoporotic disease is already known to primary care, no action is needed.

If you have any further queries, please contact the TLHC team at westlondon.lunghealthcheck@nhs.net.