



Submission of the European Respiratory Society, the European Society of Thoracic Surgeons and the International Association for the Study of Lung Cancer on the updating of Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030

CANCER

We note with alarm that interventions for lung cancer are not considered in the draft Appendix 3 update. Lung cancer is the leading cause of cancer death in the world. While accelerated tobacco control and improving air quality are essential, no stone should be left unturned for those where prevention is unfortunately too late.

The WHO discussion paper¹ outlines that the following criteria (used for identifying interventions in 2017) were applied for the 2022 update:

- An intervention must have a demonstrated and quantifiable effect size, from at least one published study in a peer reviewed journal;
- An intervention must have a clear link to one of the global NCD targets.

While we recognise that Appendix 3 cannot be an exhaustive list, we submit that given the high mortality of lung cancer, interventions on this cancer should be seriously considered for inclusion in this NCD global action plan update.

We hold that there is a very strong scientific basis for introducing programmes for lung cancer screening by low-dose computer tomography screening (LDCT) based on effectiveness and mortality burden. Lung cancer screening more than meets the above criteria and would likely achieve a high rating if the WHO Choice methodology were applied to it.

¹ https://cdn.who.int/media/docs/defaultsource/ncds/mnd/2022_discussion_paper_final.pdf?sfvrsn=78343686_7

Both the WHO discussion paper and the cancer technical briefing refer to: cervical cancer screening, breast cancer screening, oral cancer screening, colorectal cancer screening, early diagnosis of head and neck cancer and early diagnosis of prostate cancer.² Yet the technical briefing does not include any reference to interventions for the early detection of lung cancer. Given the very strong scientific evidence for lung cancer screening and given the enormous burden of lung cancer we find this to be a grievous omission.

There is very robust scientific evidence for adding targeted low-dose CT lung cancer screening for current and ex-smokers to organised screening programmes. This should go hand-in-hand with smoking cessation interventions to maximise benefits and increase cost-effectiveness. There is evidence from large-scale randomised controlled trials that lung cancer screening is highly effective in reducing the burden of lung cancer mortality when offered to smokers or ex-smokers of both sexes in the age range 50-80.³

The amount of overdiagnosis, overtreatment and other harms are limited and, depending on selection criteria used, cost-effective screening scenarios can be designed and are already in place in several countries. Screening should include high-risk current and ex-smokers, with eligibility based on age and pack-years smoked and/or risk models. Screening in several countries show high acceptance rates, and these programmes can also be instrumental in reducing smoking in a population that is relatively resistant to quitting. High-quality CT screening can significantly reduce the burden of lung cancer possibly to a similar extent to that achieved by current breast screening programmes.⁴

It is hard to understand that on the one hand, WHO recognises that, worldwide, lung cancer is the most common cause of cancer mortality accounting for 1.80 million deaths in 2020 alone.⁵ Yet on the other hand, no interventions for early diagnosis or screening of lung cancer are covered in the draft update to Appendix 3.

If we are credible about significantly reducing premature mortality from NCDs by 2030, we need to have reference to interventions for the early detection of lung cancer as an option for countries to consider in their NCD plans.

We urge a rethink.

²https://cdn.who.int/media/docs/defaultsource/ncds/mnd/2022_technical_brief_cancer_01_aug.pdf?sfvrsn=6d4cc25_7

³<https://www.feam.eu/wp-content/uploads/Final-Cancer-Screening-ERR.pdf>

⁴<https://www.feam.eu/wp-content/uploads/Final-Cancer-Screening-ERR.pdf>

⁵<https://www.who.int/news-room/fact-sheets/detail/cancer>