European Respiratory Society statement on the EU Council cancer screening recommendation discussions:

The European Respiratory Society (ERS)[1] would like to address national governments across the EU on the Proposal for a Council Recommendation (CR) on Strengthening prevention through early detection: A new approach on cancer screening replacing CR 2003/878/EC. We are very concerned to hear reports that this crucial life-saving recommendation is being watered down as to be made ineffective.

Specifically, on lung cancer screening – we urge you to please:

- **Follow the very strong evidence**
- **Consider the massive burden**
- **Prioritise implementation accordingly**

Member States should consider prioritisation in implementation of lung cancer screening based on the strength of available evidence, and due consideration must be given to methods undertaken by the valid and independent Scientific Advice Mechanism expert report. Without prejudice to other cancer screenings, we are concerned with unconfirmed reports that the Council recommendation text as currently drafted could hinder rather than support the introduction of national lung cancer screening programmes, for low-dose computed tomography (LDCT) scans, to save human lives and at the same time reduce healthcare costs by the early detection of lung cancer in asymptomatic high-risk individuals.

While we understand certain implementations concerns, limitations of health systems, and that some countries are further along the screening pathway than others, it must be recalled that Croatia, Poland and the Czech Republic have already put in place successful programmes with nationwide reach. Therefore, the strength of the already available evidence in relation to comparative safety, clinical effectiveness, cost-effectiveness and total cost of lung cancer screening must not be cast aside in discussions on the eventual Council text on the cancer screening recommendations. We need to keep in focus the fact that lung cancer is the leading cause of cancer death in the world. In Europe, 726,000 suffer with the disease and in 2019 alone 10.3 million healthy years of life were lost.[2] We need recommendations that will be successful.

Cancer screening for lung cancer has demonstrated clinical effectiveness in nine randomised controlled trials (RCTs) (including the large National Lung Screening Trial [NLST] started in 2002[3] and

[1] Representing more than 35 000 respiratory physicians and scientists from over 160 countries, ERS sees it as our duty to support the EU and national policymakers with accurate information about this intervention and see through that lung cancer screening receives its due prioritisation and fair basis for successful adoption and implementation by Member States via the updated Council recommendation

[2] https://international-respiratory-coalition.org/diseases/lung-cancer/

[3] Aberle DR, Adams AM, Berg CD, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. 2011 Aug 4;365(5):395-409.

NELSON trial started in 2003[4]), comprising a total of 90,000 participants. These studies showed that lung cancer screening reduces lung cancer mortality. The Science Advice for Policy by the European Academies (SAPEA) as part of its work for the Scientific Advice Mechanism, assembled an interdisciplinary working group of Europe's top independent experts on the topic of cancer screening. This group wrote an Evidence Review Report — a detailed overview of the current scientific knowledge on screening which was used to inform the Scientific Opinion of the Group of Chief Scientific Advisors. Both the Evidence Review Report of SAPEA and the independent Scientific Opinion of the Group of Chief Scientific Advisors of the Scientific mechanism recommended the extension of screening programmes to lung cancer based on strong scientific evidence:

High-quality CT screening can significantly reduce the burden of lung cancer in the EU, possibly to a similar extent to that achieved by current breast screening programmes. We consider that there is a strong scientific basis for extending screening programmes to lung cancer screening by low-dose CT scanning based on effectiveness and mortality burden.

We draw your attention to the fact that this strength of recommendation only applied to lung cancer screening and believe this should be appropriately reflected in your recommendations.

Lung cancer is often diagnosed too late when curative treatment options are limited, contributing to an extremely low 20% 5-year survival rate. Screening will lead to earlier diagnosis, ultimately providing greater treatment options and a higher likelihood of survival. Already, national lung cancer screening programmes have saved lives from the very first years of introduction and they have helped to reduce the financial burden to the health systems associated with lung cancer in the long term inside and outside the EU. We implore you to take these considerations into account in the Council text and your discussions.

Yours sincerely,

Dr Torsten Blum, Prof. Carlos Robalo Cordeiro and Prof. Arzu Yorgancioğlu, on behalf of the European Respiratory Society

[4] De Koning H, Van Der Aalst C, Ten Haaf K, Oudkerk M. PL02.05 Effects of Volume CT Lung Cancer Screening: Mortality Results of the NELSON Randomised-Controlled Population Based Trial. Journal of Thoracic Oncology. 2018;13(10):S185.