** [](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://www.cancerresearchuk.org/about-cancer/&ei=CIefVda0E66Q7Aa58qWwBQ&bvm=bv.96952980,d.ZGU&psig=AFQjCNHPEUt_COVEbRdqVWRkwlVoDokh1A&ust=1436604449480179)**

**UK Lung Cancer Coalition and Cancer Research UK**

**Joint National Workshop on promoting the early and rapid diagnosis of lung cancer**

**Friends’ House, Euston, London, Wednesday 28th November 2018**

**I. Background**

It is well recognised that late diagnosis is the main reason behind the poor survival outcomes for patients with lung cancer. There is also evidence that in the UK a smaller proportion of patients are diagnosed at an early stage than in a number of other countries.

It is also clear that, even within the spectrum of stages I and II NSCLC, 5 year survival rates range from over 90% to less than 50% and that a stage shift within stages I and II can occur over a period of time often encompassed by typical delays between first presentation to primary care and treatment.

There is evidence of wide variation in stage at diagnosis, speed of the pathway to treatment, treatment rates and survival between different parts of the UK. There are likely major gains in survival and mortality rates to be had if effective measures to tackle these issues were universally adopted across the UK. These variations lead to inequalities of provision of, and access to, services and therefore inequalities of outcomes for patients. The main aims of this meeting are to examine how we can best achieve the earliest diagnosis possible for all patients with lung cancer in the UK, to understand what has been shown to work, to share best practice and to support the development of a more coherent strategy for tackling inequalities in lung cancer outcomes.

There are two distinct elements that need to be considered when planning interventions to improve the situation:

**a) Earlier diagnosis** this implies making a diagnosis at an earlier stage than might occur without any intervention. This involves methods of population-based screening or ‘targeted high-risk case-finding’ for lung cancer, the development and introduction of novel biomarkers and / or measures to improve public and primary care awareness of the earlier identification of people who may have lung cancer, based on symptoms and risk profiling.

**b) Rapid diagnosis** this refers to efforts to speed up the processes involved from the point when a patient first presents with symptoms to a GP or other health care professional to the point where they receive their first definitive treatment. Initiatives to shorten this ‘diagnostic interval’ include improving access to diagnostic tests in primary care, through carefully planned and efficient process for diagnosis and staging and then on to treatment in secondary care.

**II Purposes of the workshop**

1) To present a range of UK and international evidence on the scale of the problems around late diagnosis

2) To consider the extent to which this contributes to inequalities of care and outcomes for lung cancer patients across the UK

3) To better understand the effectiveness of interventions already tested aimed at tackling both the late and slow diagnosis of lung cancer

4) To present examples from across the UK of good practice in this clinical area

5) To encourage health care professionals, providers and commissioners to exploit any and every opportunity to promote the adoption of best practice and to develop innovative ways of achieving earlier and faster diagnosis, thereby increasing treatment rates, reducing inequalities in care and improving survival; encouraging them to take away a few concrete actions to try and implement in their own areas

6) To produce a report summarising a) the issues, b) the evidence base, c) an outline of best practice and d) a call for action on the issues where the maximum benefits for patients is likely to be achieved.