

# An international consensus on actions to improve lung cancer survival: A clinical review by the International Cancer Benchmarking Partnership (ICBP)

Charlotte Lynch<sup>1</sup>, Samantha Harrison<sup>1</sup>, John Butler<sup>1,2</sup>, David R Baldwin<sup>3</sup>, Paul Dawkins<sup>4</sup>, Joris van der Horst<sup>5</sup>, Erik Jakobsen<sup>6</sup>, Jonathan McAleese<sup>7</sup>, Annette McWilliams<sup>8</sup>, Karen Redmond<sup>9</sup>, Anand Swaminath<sup>10</sup>, Christian J Finley<sup>11</sup>  
<sup>1</sup>International Cancer Benchmarking Partnership (ICBP), Cancer Research UK, <sup>2</sup>Royal Marsden NHS Foundation Trust, <sup>3</sup>Nottingham University Hospitals, <sup>4</sup>Middlemore Hospital, <sup>5</sup>Glasgow Royal Infirmary, <sup>6</sup>Odense University Hospital, <sup>7</sup>Belfast City Hospital, <sup>8</sup>Fiona Stanley Hospital and University of Western Australia, <sup>9</sup>Mater Misericordiae University Hospital, <sup>10</sup>McMaster University, <sup>11</sup>St. Joseph's Healthcare Hamilton

## Background

The ICBP is a global partnership of clinicians, academics, data experts and policymakers. It is the first of its kind seeking not only to quantify international variation in cancer survival, incidence and mortality in high-income countries, but also, to explore factors that might influence observed variations.

ICBP research demonstrates that international variation in lung cancer survival persists, particularly within early stage disease (1). There is a current lack of published international consensus on critical contributing components to variation in outcomes and the steps needed to optimise lung cancer services to improve the quality of options for and equitable access to treatment, and ultimately improve survival.

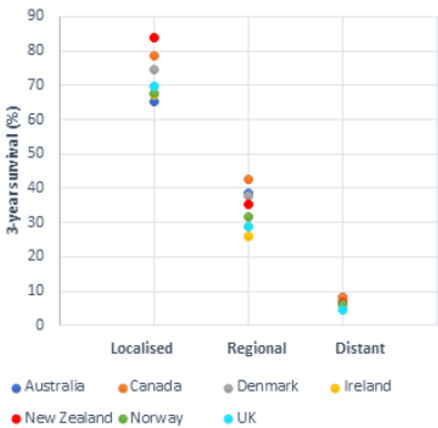


Figure 1. 3-year survival by stage for non-small cell lung cancer (NSCLC) in the ICBP countries

## Methods

Semi-structured interviews were conducted with 9 key informants from ICBP countries. An international clinical network representing 6 ICBP countries (Australia, Canada, Denmark, Ireland, New Zealand & the UK) was established to share local clinical insights and examples of best practice. Using a modified Delphi consensus model, network members suggested and rated recommendations to optimise the management of lung cancer. Calls to action were developed via Delphi voting as the most crucial recommendations, with Good Practice Points included to support their implementation.



Figure 2. ICBP countries

## Results

Five Calls to Action and thirteen Good Practice Points applicable to high income, comparable countries were developed and achieved 100% consensus. Calls to Action should be interpreted as key priorities to inform policy not only across the ICBP countries, but in similar high-income countries globally. It is recognised that different countries will have differing resource, capacity, funding, and population-based needs and should action these recommendations accordingly to their local settings.

## Calls to Action



Implement cost-effective, clinically efficacious, and equitable lung cancer screening initiatives



Ensure diagnosis of lung cancer within 30 days of referral



Develop Thoracic Centres of Excellence



Undertake an international audit of lung cancer care



Recognise improvements in lung cancer care and outcomes as a priority in cancer policy

## Conclusion

The recommendations presented are the voice of an expert international lung cancer clinical network, and signpost key considerations for policymakers in countries within the ICBP but also in other comparable high-income countries. These define a roadmap to help align and focus efforts in improving outcomes and management of lung cancer patients globally.

### References

1. Marzieh Araghi et al., International differences in lung cancer survival by sex, histological type and stage at diagnosis: an ICBP SURVMARK-2 Study. *Thorax* 2021.