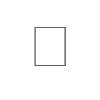
**Transcript**

 **Dr Kathy McLean**  
Hello and welcome to this podcast which is around lung health cheques. My name is Kathy McLean. I chair Nottingham, Nottinghamshire Integrated Care Board.  
And I'm really, really pleased to be able to do this podcast today because I think this is a fantastic programme which I've been out to visit.  
You know various times, so I'm going to introduce my colleagues who are going to be the panel today. Katie, could you just introduce yourself?

**Katie Le**  
Yeah, sure. So I'm I'm Katie Lee, and I am the project manager for the lung cancer screening programme across Nottingham and Nottinghamshire.

**Dr Kathy McLea**  
Thank you very much and Emma.

**Emma O’Dowd**   
And I’m Emma O’Dowd. I'm a respiratory consultant based in Nottingham and I'm the responsible clinician for the Nottingham City screening programme.

**Dr Kathy McLean**  
Fantastic. Thank you. So just to share a little bit more about.  
This it's a national programme, the lung screening, the lung cancer screening programme, national programme and it's aimed at people who are aged 55 to 74, who might be at increased risk of developing lung cancer.  
Started in about 2019, so it's been going now for a few years.  
And people are eligible if they are between 55 and 74.  
Have AGP and have ever smoked or are current smokers and I know that we will hear from Katie and Emma about the impact that this service has been having and the fact that we've had it as a sort of targeted particularly to more deprived areas.  
And people, perhaps you wouldn't normally come along for screening, and I think we'll hear a little bit more about the impact it's had the number of people who've been screened and the number of cancers it's picked up so.  
Hopefully you'll find that interesting.  
So I'm going to start out by asking. Emma, could you just tell us a bit more about, you know, really why we're doing this programme? What are the clinical benefits of lung cancer screening?

**Emma O’Dowd**   
Yeah. So I think the main challenge we faced for a really long time in lung cancer is the fact that the majority of people, when they develop symptoms, actually have lung cancer that are spread beyond the chest. So what we would call late stage lung cancer and that means that we can't offer treatment with a cure. We can offer treatment to try and slow things down. But the real benefit of the lung cancer screening is that we use ACT scan. So we use a low dose CT scan and that allows us to spot what we.  
Lung nodules, which are very small areas that may be cancers in the lung and that means that we're picking them up at an early stage. So often before people get any symptoms at all. And that means that we can actually offer people treatment with cure, which is a real game changer, to be honest, in terms of lung cancer, as someone who works seeing people with lung cancer every single week, actually the people we detect through the screening programme.  
Are the people where actually the outcomes are really, really positive?  
And we also know that from some trial data that actually screening people with lung cancer reduces your mortality from lung cancer. So your lung cancer deaths. So there's a trial that showed that it reduced lung cancer mortality by 20%. And there's also a European trial, which was even more impressive. So up to 24% reduction in lung cancer mortality in men. But in women actually.  
33% so potentially there's even more benefit.  
For women, so it's, it's not just about finding more cancer, it's about actually finding cancer that we can give treatment for and save people's lives.

**Dr Kathy McLean**  
That's fantastic. So basically what you're saying is this is allowing us to pick things up much earlier because as you say very often, it's quite late when we can't do very much. So that that's really good to hear that. So you've hinted there at the outcomes for this programme. Do you want to say any more about, you know, the benefits that this has brought? Because when I went to visit?  
I'm sure we'll come on to hear about the bus going out into communities. It wasn't just picking up or excluding cancer, it was actually offering.  
Support to stop smoking and other things. So do you want to say a little bit more, Emma about that?

**Emma O’Dowd**   
Yeah, I mean, that's actually crucial. So because we want to try and identify people who are high risk. So as you've already mentioned, we invite people who have ever smoked, but a proportion of those people. So 20 to 30% depending on the area that you go to will be current smokers. And what we're keen to do is even if you have a scan that is clear, essentially offer you treatment that helps reduce.  
Your chance of getting lung cancer moving forward, so by stopping smoking but also reducing reduce.  
Of problems that are associated with smoking. So actually there's a benefit from coming along both to be screened for the lung cancer but also to be offered treatment that is really effective at stopping you, smoking and stopping that future risk.

**Dr Kathy McLean**  
Fantastic. I'm going to turn to Katie now and then return to you, Emma.  
In a while. But Katie, can you say a little bit more about some of the data that you have and how you're able to use this so that you can determine which of the that, if you're like, the highest risk areas and the most beneficial to go out to because it'd be worth explaining how this programme is actually delivered, it's not people all necessarily coming to a big building, is it? Do you want to say a little about that?

**Katie Lee**  
Yeah, sure. So ideally what we want to get to is this service being offered to all people that are eligible across Nottingham and Nottinghamshire. But as this was all very new when we started, we started in 2021 as part of the national pilot. We had to prioritise which areas we went to 1st.  
We did this really with three key pieces of data that was looking at lung cancer deaths in different areas. Looking at the current smoker rates in areas and also the other smoker rates. So those three things determined which areas we went to 1st.  
Saint Mansford and Ashfield was sort of top of that list, so we started our pilot in that area. Then we moved to Nottingham City. Since then we've been sort of rolling out a good a good pace with visited Hucknall, Arnold and Sherwood, and over the next few months we'll be starting to invite people from Nottingham West so that covers the Broxtowe area.

**Dr Kathy McLean**  
Fantastic. Could you just say a little bit then about how many people have have you actually seen now how many people have you screened and what sort of, you know, what sort of response in terms of finding people with cancer, how has there been?

**Katie Lee**  
And yeah, sure. So at the moment, we've invited about 86,000 people across Nottingham and Nottinghamshire. We've done 50,000 lung cancer screen. So that's the initial screen. We've done 35,000 scans out in the community. So that's a combination of first scans, surveillance scans and also recall scans.  
And the latest figures for cancers? We've got 378 cancers diagnosed. Now. Interestingly, they are not all lung cancer.  
So we've got 306 lung cancers, but we've also diagnosed 72 other cancers as well.

**Dr Kathy McLean**  
Which is incredible and I think linked back to Emma. What you were saying about picking them up early, a good percentage of those are at an early stage, in other words, with a greater chance of treatment. So that sounds fantastic, doesn't it really? And you know you've described.  
The scanning and so on. But can you just say a little bit more about how you've done that in communities and what sort of places you've been to?  
Certainly when I went out, there was a bus in a supermarket car park. So somewhere where people really are able to get to quite easily might be going about their normal business. Do you want to say a little about that, Katie?

**Katie Lee**  
Yeah. So we try and get the service out into the community and one of our preferred sites is a supermarket car park just because they tend to have the biggest car park. They're well known and they've got good visibility.  
And they have got good transport links as well, people, people like to go there because it's free parking. They can just go when they're pick up their weekly shop whilst they're there at the same time. And it's yeah really, really easy access for people to come to their local supermarket.

**Dr Kathy McLean**  
And the scanner is within the bus and it can all be done in in one stop really, which is quite amazing.  
Emma, the programme, as we've said a number of Times Now, is aimed at people between 55 and 74 who have ever smoked. Do you want to just say a little bit about why? Why it's confined to those groups? I mean, you've obviously gone through, you know, thousands of people here. So it's a large enough number, but people might be interested to know, why have you picked 55 to 74 and not?  
Different age range.

**Emma O’Dowd**   
Yeah. So it's a great question. So most of the reason when we're starting a programme is we have to use the data from the large studies that have been done that have shown benefit and we need to also identify people who are at highest risk of getting lung cancer.  
And the trials that I did mention before, so one's from the US and also Europe or used people who had ever smoked within a within an age bracket and they showed that the most benefit was in these current or former smokers age between 55 to 74 and we know that younger people or people who've never smoked are at a much lower risk of developing lung cancer.  
So it's not that other groups aren't important, but if we offer screening to them with a with act scan, they're a potential harm.  
Not necessarily outweighed by the benefits of finding cancer, and that's the same for any screening programme. So the breast cancer screening programme, for example, picks an age range where we know that people are at highest risk of getting breast cancer and are also likely to benefit from treatment. So it's a similar thing. And the idea is that we want to kind of have that right benefit of benefits and harms. And at the moment that's kind of where the targeted screening would sit, but that that doesn't mean to say that it won't.  
In the future and some of those criteria may be changed, but you have to start somewhere and this is the point where we know that that we're identifying that high risk population who were likely to benefit.

**Dr Kathy McLean**  
Yes, thank you. I know. And we heard from the figures there that you know you've screened thousands, you've screened a large number of people with ACT scan. You know in the order of I think it was about 35,000.  
Some of those are repeat, but actually the number of cancers actually picked up is only 378, which is 378. You wouldn't have picked up otherwise, but I suppose a message to people is you are still less likely to be found to have cancer when you go for a scan than you are to have cancer. So I think it's an interesting, interesting thought. It is screening, isn't it?  
And so on. So that's brilliant.  
Katie, we know of this particular targeted lung Health Check programme has been particularly successful in Nottingham, Nottinghamshire in terms of the highest uptake rates.  
Rates because you can ask people to come to those things and they don't always do that, but actually they've been doing that here, haven't they? They've turned up, they've had the scans, they've got the treatment if required. And what why is that? Why is this programme doing so well?

**Katie Lee**  
Yeah, this is a question I get asked a lot actually by the national team of other lung cancer screening programmes. So the national average uptake for the programme is around 50% and at the moment we're averaging around 65% across Nottingham and Nottinghamshire. But we do have areas as high as 74% in in mid Nottinghamshire. So that's that, that's great. And I I feel it's down to a combination of of three things really. So first of all, the initial assessment is over the telephone.  
So that initial assessment goes through some lifestyle questions. Family history of cancer, smoking history.  
And ultimately that decides whether a person is eligible to have act scan. So that's over the phone. We can do it on the spot. No, no appointment needed. So whenever is convenient for that person, so it doesn't take much effort that that first part of the pathway. Secondly, I think it's the Community model which we've already spoken about. So if a patient is high risk and invited for ACT scan, that will be out in hopefully their local supermarket car park.  
The feedback that we get from that is is great. Often when I'm at events, I get people coming up to me and saying I've seen your unit in my local supermarket. So that's really good and people have responded really well to having that out in the community.  
We also scan seven days a week, 12 hours a day, so just to add to that, we want to make it as easy as possible.  
To come for their scam.  
And thirdly, we have a fabulous comms and campaign manager who works for our programme and before we visit a new area we will do lots of community engagement, so you will find our advertising on buses, trams. You'll find us at any local community events we distribute materials to faith centres, libraries, anybody that we can think of, what who could benefit from sending those, we'll send them out to. We also do a targeted social media campaign and that's by post code. So that really complements the community.  
All really well and all of this is really tailored to that local area.

**Dr Kathy McLean**  
OK, so one of the things that it seems to me this that the model you've used, which has been so successful getting out into the community, all of that very, very careful communication is perhaps something that could be used in other services. So I'm sure we'll be interested in that in, in the future.  
Just final points, Emma. Is there anything you would like to see happen as a consequence of this? And you know, as a clinician, you're often seeing people who are quite poorly and so on. And I'm sure, you know, this is a really great. You're really grateful for the way this is going. But is there anything you'd like to see in the future?

**Emma O’Dowd**   
So I think as we roll out more widely, I think what's going to be exciting is actually that that lung cancer is going to become seen as a much more treatable condition because I think there is still this very nihilistic viewpoint where we still only get it, you know, we have very good uptake in Nottingham and Nottingham City, but we still don't have 100% of those people that are eligible. So what I would hope is that as more positive stories and we sort of reframe.  
What lung cancer diagnosis means that we will actually get a higher uptake.  
In those groups at risk, so we'll be able to diagnose even more people. So I think it's really positive news so far. But I think we can always push harder and do better. And I think we need those positive stories as well to help those communities come forward.

**Dr Kathy McLean**  
Fantastic. Thank you, Emma.  
Katie, any final point from you that you know in terms of the, the future of the programme or anything that you'd like to say that?

**Katie Lee**  
I mentioned that our focus is on expanding the service so that everybody eligible across Nottingham and Nottinghamshire can have the opportunity to attend. We're making really good roll out with our progress. So we're about 65% population coverage at the moment and we hope to get to 100% over the next few years.  
At the same time, what we're looking to do now is transition into a continuous screening programme, so inviting people every two years for a repeat CT scan.  
And also inviting the people that be turned 55 years old and then age into the screening programme as well. So two things really, we're focusing on widening the roll out and getting to 100% coverage and also that transition into a continual screening programme.

**Dr Kathy McLean**  
Thank you. Well, thank you so much, Katie and Emma. I hope those of you are listening and can hear what a fantastic programme this is. It's an exemplary approach to dealing with inequalities, but also, you know, moving the curve here on a, on a condition that has, as Emma says, traditionally been seen as, as you know, a kind of hopeless.  
Condition. That's clearly not the case, and I'm delighted that it's going so well and I hope it continues to do so.  
So thank you.