Ethical implications of changing the eligibility criteria for the proposed National Lung Cancer Screening Program

To the Editor: The incidence of lung cancer and the five-year survival of patients diagnosed with lung cancer reflect the social gradient within the Australian society. Most notably, Aboriginal and Torres Strait Islander people are twice as likely to develop lung cancer and half as likely to survive lung cancer.[1] Reducing inequity in lung cancer outcomes was a key objective of Cancer Australia when it proposed a National Lung Cancer Screening Program (NLCSP) in 2020, following an enquiry that consulted both medical experts and the broader community.[1]

The Department of Health sought funding for Cancer Australia's proposed NLCSP in the 2021–2022 Budget but was required by the Department of Finance to refer the proposal to the Medical Services Advisory Committee (MSAC) for review.[2] So, when MSAC recently announced its support for the creation of the NLCSP, there was great relief within the lung cancer community. However, what few people seemed to realise was that MSAC had in fact designed, then endorsed, their own alternative model for an NLCSP.[3]

MSAC's model is fundamentally different to Cancer Australia's model in terms of who is eligible to be screened and, therefore, who can benefit from the screening program. Whereas Cancer Australia intended using an individual's risk of lung cancer (as estimated by the $PLCO_{m2012}$ risk calculator, which combines sociodemographic data and smoking history),[4] MSAC recommended using fixed cut-offs for age and smoking history. This is problematic in terms of both the evidence base that should have guided MSAC's decision and the ethical implications of the decision.

MSAC's approach aligns with the design of historical lung cancer screening trials but it ignores an extensive body of evidence, including both a priori and post hoc analyses of trial data that consistently demonstrate that risk calculators are more efficient than fixed criteria.[5] Furthermore, it also ignores international trends in the design of lung cancer screening trials and the implementation of lung cancer screening programs.[1] But more importantly, the inevitable consequence of applying MSAC's eligibility criteria will be that fewer socially disadvantaged individuals will be eligible to participate in the NLCSP. This has the potential to exacerbate the existing inequity.

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Competing interests: No relevant disclosures. ■

doi: 10.5694/mja2.52040

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