# National Institute for Health and Care Excellence Lung cancer update

Consultation on draft quality standard – deadline for comments 5pm on 23/08/19

Please email your completed form to: <a href="mailto:QSconsultations@nice.org.uk">QSconsultations@nice.org.uk</a>

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on these questions:

- 1. Does this draft quality standard accurately reflect the key areas for quality improvement?
- 2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
- 3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
- 4. For draft quality statement 4: Is there currently variation in the extent to which the different investigations (PET-CT, brain imaging, spirometry and TLCO) are used in local areas?
- 5. For draft quality statement 5: Is it helpful to focus this statement on adults with advanced non-small-cell lung cancer or should it focus on a wider population?
- 6. For draft quality statement 6: Are adults with non-small-cell lung cancer stage Illa always assessed for treatment with curative intent and if so, is this routine practice? Please explain what happens in your area.

## **Organisation details**

| Organisation name – stakeholder or respondent | British HIV Association (BHIVA) |
|---|---------------------------------|
|   |                                 |

| (if you are responding as an individual rather than a registered stakeholder please leave blank)                    |                        |
|---|------------------------|
| Disclosure  | None                   |
| Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.            |                        |
| Name of person completing form  | Dr Thomas Newsom-Davis |
| Supporting the quality standard   |                        |
| Would your organisation like to express an interest in formally supporting this quality standard? More information. |                        |
|   |                        |

# Comments on the draft quality standard

| Comment number | Section               | Statement<br>number | Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.  |
|----------------|-----------------------|---------------------|---|
| Example 1      | Statement 1 (measure) | 1                   | This statement may be hard to measure because   |
| 1              | 4                     |                     | We suggest that, as part of statements about the treatment of lung cancer, the following is included:  "Patients known to be HIV positive with suspected lung cancer should be investigated and treated in the same way as those in the general population. All HIV positive patients with a lung cancer should be initiated on antiretroviral therapy and, if commencing anti-cancer therapy, particular attention to be paid to potential drug-drug interactions. Prophylaxis against opportunistic infections should be considered in all HIV positive patients undergoing systemic anticancer therapy for lung cancer." |

#### Insert more rows as needed

# **Checklist for submitting comments**

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

### Please return to <a href="mailto:QSconsultations@nice.org.uk">QSconsultations@nice.org.uk</a>

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.