Consultation on draft guideline – deadline for comments 5pm on 7 November 2018 email: LungCancerUpdate@nice.org.uk

| 12 October 2018 | 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 the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.

In addition to your comments below on our guideline documents, we would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)

See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting. |

| Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank): | [British HIV Association] |

| Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. | [Nil] |
BHIVA suggests 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.”
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• 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
• For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations 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. Further information regarding our privacy information can be found at our privacy notice on our website.