

Domain 3: Potential costs to consider for lung cancer screening programmes



A comprehensive budget is needed to ensure all aspects of a lung cancer screening programme are sufficiently resourced. This summary table provides examples of costs to consider when planning for screening programme implementation. It can be used to help identify potential sources of financing for setting up the programme and to determine how costs for maintaining the programme will be funded in the long term.

| Programme component | Example activities and costs related to screening* |
|------------------------------------|---|
| Recruitment | <ul style="list-style-type: none"> designing, delivering and maintaining a public health campaign to raise awareness of screening (e.g. website, advertisements, evaluation of outreach with marketing specialists) providing information during routine check-ups (e.g. use of decision aids) potentially compensating primary care or community-based healthcare professionals for referring participants for screening setting up and maintaining a database for recruitment (see also 'Data management and infrastructure'). |
| Eligibility assessment | <ul style="list-style-type: none"> designing and delivering questionnaires for assessing an individual's eligibility to participate in the screening programme recruiting trained staff to onboard participants (e.g. primary care nurses) who can: <ul style="list-style-type: none"> provide information on the benefits and harms of screening (including decision aids) screen for other non-communicable diseases and collect biospecimens (e.g. blood samples) if these will be used to determine eligibility if necessary, refer people found to have conditions other than lung cancer to relevant primary care services. |
| Smoking cessation | <ul style="list-style-type: none"> determining the design, coordination and resources required to deliver smoking cessation services, including: <ul style="list-style-type: none"> either hiring smoking cessation specialists or training screening programme personnel on smoking cessation counselling (if needed) developing or licensing decision aids coordinating and securing participant access to existing support services (e.g. telephone support), nicotine replacement therapy or pharmacotherapy collecting data on outcomes from participating in the intervention. |
| Administration | <ul style="list-style-type: none"> setting up a governance board/steering committee recruiting non-clinical personnel (e.g. administrators, programme coordinators) to run the programme, with tasks including: <ul style="list-style-type: none"> oversight of the organisational set-up and coordination of the programme legal and financial management (e.g. reimbursement of screening) tracking data collection and appointment scheduling for participants, including managing consent forms and other paperwork programme evaluation and data management. |
| LDCT screening | <ul style="list-style-type: none"> delivering LDCT scans developing a system for quality management to ensure the programme meets all regulatory and safety requirements implementing quality assurance and quality control processes interpreting scan results through coordination and consultation with multidisciplinary teams. |
| Follow-up and diagnosis | <ul style="list-style-type: none"> communicating scan results and next steps to participants, possibly via patient navigators coordinating with primary care/family physicians to relay information about screening results following up LDCT imaging and other tests for the further investigation of possible lung cancer, including communication with medical and pathology lab scientists and cancer care services, as well as onward referral following any incidental findings from screening. |
| Data management and infrastructure | <ul style="list-style-type: none"> setting up and maintaining a data management system for all data collected across the screening programme potentially licensing and installing a computer-aided detection system hiring specialists to support monitoring and evaluation and/or data management renting clinic/office space to deliver the programme, including equipping mobile CT units (if applicable) and acquiring other necessary equipment linking with cancer registries and (if available) screening registries to make it possible to evaluate the impact of lung cancer screening. |

* Note: training may be needed for personnel responsible for each component of the screening programme, and some costs may need revisiting as the programme scales up. This resource is designed to provide prompts for financial planning and is not exhaustive.