

## Lung cancer: diagnosis and management (update)

Consultation on draft scope – deadline for comments 5pm on 13/07/17

email: [LungCancerUpdate@nice.org.uk](mailto:LungCancerUpdate@nice.org.uk)

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline?</li></ol> <p><a href="#">Developing NICE guidance: how to get involved</a> has a list of possible areas for comment on the draft scope.</p>
<p><b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p><b>[British HIV Association (BHIVA)]</b></p>
<p><b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p><b>[none]</b></p>
<p><b>Name of person completing form:</b></p>	<p><b>[Dr Thomas Newsom-Davis]</b></p>
<p><b>Type</b></p>	<p>[for office use only]</p>

Comment No.	Page number or ' <u>general</u> ' for comments on the whole document	Line number or ' <u>general</u> ' for comments on the whole document	Comments  Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table.
1	General	General	All patients with lung cancer should undergo routine HIV testing prior to initiation of systemic anti-cancer therapy or radiotherapy, as per BIHVA guidelines.
2	General	General	Lung cancer patients with HIV should not be excluded from treatment on the basis of their HIV status alone.
3	General	General	Lung cancer patients with HIV should not be excluded from clinical trials because of their HIV status alone.

Add extra rows if 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.
- Include page and line number (not section number) of the text each comment is about.
- 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
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

**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.

Please add extra rows as needed

Please return to: [LungCancerUpdate@nice.org.uk](mailto:LungCancerUpdate@nice.org.uk)

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