



Australian Government

NATIONAL  
**LUNG** CANCER  
**SCREENING**  
PROGRAM



Conversation Guide:

# Discussing Participation

## Conversation Guide: Discussing Participation

### Preparing for conversations

- ✓ Be mindful of your own potential biases – your perceptions of people who smoke and/or live with lung cancer impacts your patient's perceptions of survivorship and stigma.
- ✓ Be prepared to manage misconceptions and negative perceptions about cancer – e.g., fatalistic attitudes and stigma.
- ✓ Understand the [National Lung Cancer Screening Program Guidelines](#).
- ✓ Familiarise yourself with Quit resources. [The Quit Centre](#) provides healthcare providers with information, training and resources on smoking cessation.
- ✓ Provide available culturally appropriate patient-facing resources for the program that are readily accessible to priority populations and the general population.
- ✓ Understand the possible barriers to screening participation, and keep in mind that these barriers often overlap between the patient, the healthcare system, and the provider.

### Stages of conversation:

1. Discussing eligibility and suitability
2. Motivating patients to screen
3. Shared decision-making
4. Overcoming barriers to screening
5. Discussing tobacco use and lung cancer
6. Smoking cessation



## Discussing Eligibility and Suitability

### Conversation Starters

- 'Participation in the lung cancer screening program is based on eligibility criteria, and you may qualify. Would you like to discuss if this option is right for you?'
- 'Lung cancer screening, with low-dose CT scans, are free for eligible patients with Medicare.'
- 'You may feel fit and healthy and have no symptoms, but you can still be at risk of lung cancer.'
- Inquire about smoking status and history by asking, 'Do you feel comfortable sharing with me if you have ever smoked, or used any form of tobacco, such as cigarettes?'
- When assessing eligibility, discuss the hazards of other forms of smoking and ensure clear messaging is communicated to the patient/potential participant, specifically for cigarette tobacco smoking. To help to clarify ambiguous pack-years, you can ask:
  - 'What age did you start smoking?'
  - 'How often do you usually smoke throughout the day?'
  - 'What time of the day do you usually have your first cigarette?'

### Actions and values to bring

- Take steps to overcome any communication barriers, including having an interpreter or Aboriginal and Torres Strait Islander Health Worker, Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal Liaison Officer present. Consider encouraging a family member to be present for support.
- Use clear language and avoid jargon or complex medical terms to ensure the patient can easily understand.
- Avoid blaming language when discussing smoking history.
- Encourage patients to feel comfortable about sharing their smoking history and work with them to estimate the average number of cigarettes smoked per day and over how many years. It is the healthcare providers responsibility to calculate 'pack-years'.
- Use clinical judgement and best estimates to determine if a person is eligible to participate in the program when calculating pack-year smoking history.
- Check the list of contraindications for a low-dose CT scan to confirm they are suitable for screening.

## Motivating Patients to Screen

### Conversation Starters

- 'Screening is a way to stay proactive about your health and can help check for cancer earlier when it might be easier to treat. Would you like to learn more about the process?'
- 'Lung cancer screening can find 70 per cent of lung cancers at their early stages, before you have any symptoms and when treatment is most effective.'
- 'The risk of getting lung cancer increases with age and smoking history.'
- 'Participating in screening can help you stay well and protect your health, allowing you to be there for your family, friends, and community.'
- 'It sounds like your family are very important to you. How do you think they would feel about you taking the scan to ensure your health and well-being?'
- 'If you're comfortable, we can discuss how screening might be helpful for you, and I'm happy to answer any questions you might have.'

### Actions and values to bring

- Patients have a choice – promote patient agency.
- Build rapport, trust and good relationships with the participant and their support people.
- Aim to convey a message of hope, reassurance, and solidarity with people at risk of lung cancer and cancer survivorship communities.
- Be non-judgemental and avoid making assumptions.
- Recognise the importance of self-determined decision-making, partnership and collaboration in health care, which is driven by the individual, family, and community.
- Keep an open door for discussion down the track. If a patient chooses not to participate in the program now, they may be open to conversations about screening in the future.



## **Shared Decision-Making**

### **Conversation Starters**

- 'Let's work together to figure out if lung cancer screening is the right choice for you. We can discuss benefits and potential harms based on your health and preferences'
- 'There are both benefits and potential harms to all screening tests. We can look at these together and you can tell me what is most important to you in making this decision.'
- 'It is important that you feel comfortable with the decision. Let's review the details of lung cancer screening and discuss what matters most to you in terms of your healthcare.'
- 'Lung cancer screening is an option, but the decision is ultimately yours. We can take the time to go over the information together and talk about how it could fit into your overall health plan as well as what your goals are moving forward.'
- 'How do you think screening will impact you?'
- 'Each time a person has a low-dose CT scan, they are exposed to a very small amount of radiation. Low-dose CT scans are generally safe and use the smallest amount of radiation possible while still getting a high-quality image.'
- 'I understand that you're not interested in being in the program right now. It might be worth reconsidering later, and I'd be happy to discuss it again when you're ready.'

### **Actions and values to bring**

- Be open, curious, patient, and seek to understand the participant's perspective.
- Discuss the benefits and harms of lung cancer screening using the patient decision-making tool to help your patient make an informed choice.
- Discuss the role of the NCSR and opt out provisions.
- Ensure genuine shared decision-making by using verifying techniques to check for patient understanding when discussing program participation.
- Consider the need for available translated resources.
- Use appropriate imagery, pictures, or analogies relevant to the patient so they can connect with what you are saying.
- Be aware of non-verbal communication for signs of understanding and worry.
- Ensure the discussion leads to an understanding of patient preferences and their personal context so they can make an informed decision on whether they participate in screening.

## Overcoming Barriers to Screen

### Conversation Starters

- Anxiety - 'It sounds like this is bringing up a few different feelings for you like possibly anxiety or fear. Can you share what aspects of the program are most concerning or worrying for you?'
- Fatalism - 'It sounds like you may believe that 'what will be will be'. Are you open to hearing more about how screening and early detection can be beneficial?'
- Inconvenience - 'From what you're saying, it sounds like there are a few obstacles to participating in the program, such as it being difficult to fit in with everything else in your life. Can you think of any positive aspects of the program that may benefit you?'
- 'It sounds like this is a decision that you would like some time to consider. You are welcome to take the time to discuss screening with your family and can bring a support person with you to our next appointment if this is helpful for you.'
- 'There are resources available to support participation in the program, such as videos, factsheets, or telephone support. What kind of support would be useful for you?'

### Actions and values to bring

- Use a participant-centered approach.
- Be aware of known logistical barriers to screening participation, particularly for Aboriginal and Torres Strait Islander peoples and other priority populations, including transport, accommodation and other associated out-of-pocket costs.
- Be aware of service level barriers, including a lack of culturally safe services and communication and language barriers.
- Suggest that the participant may choose to make a follow-up appointment to focus on their questions, bring in family/community supports to also ask questions or to be an ear for them.
- Recognise that the ability to participate is influenced by a range of factors and may change throughout the program journey.
- Provide [patient facing resources](#).





## Discussing Tobacco Use and Lung Cancer

### Conversation Starters

- 'Early detection and new treatments offer hope.'
- 'For people who have a higher risk of lung cancer, receiving a negative screening result can provide significant emotional relief.'
- 'As many as 50% of people who have lung cancer screening will have a nodule on their first scan, but almost all (over 95%) of these nodules will NOT be cancer.'
- 'Regardless of what the screening shows, it's important to remember that many factors contribute to health. We'll use this opportunity to focus on what we can do now to support your health and well-being.'
- 'It's okay to have concerns about the results but remember that screening is a tool for early detection, not a judgment of past choices. Regardless of the results, we'll focus on your care plan and the support you need.'

### Actions and values to bring

- Minimising stigma and shame associated with tobacco use and cancer risk is critical.
- Avoid blaming, oversimplifying, and labelling language.
- Consider and adopt language alternatives.
- Conversations and language around smoking cessation, screening, and lung cancer detection and treatment should be person-centred and strengths based.



## Smoking Cessation

### Conversation Starters

'You are still eligible for the screening program even if you still smoke.'

Use the 'brief advice model':

- **ASK** all patients about their smoking status and document this in their medical record. 'Can I check in about your smoking status for our medical records? Are you currently using tobacco products?' or 'Can you tell me about your experience with smoking and any challenges you have faced in cutting back or quitting?'
- **ADVISE** all patients who smoke to stop using tobacco in a clear, non-confrontational and personalised way, focusing on the benefits of not smoking and advising of the best way to stop using tobacco. 'I understand quitting smoking can be very challenging due to its complexities, and it's not your fault. However, stopping smoking offers major health benefits, like reducing your risk of lung cancer. Would you like to work together on a plan that supports you? I'm here to help.'
- **HELP** by offering direct referral to behavioural intervention through Quitline (13 7848) and prescribe (or help patients to access) pharmacotherapy, such as nicotine replacement therapy. 'Would you be open to discussing a referral to Quitline and exploring treatments like nicotine replacement therapy? I'm here to help with any questions you have and to support you if you decide to proceed.'

### Actions and values to bring

- Avoid applying pressure or making assumptions about a patient's readiness to stop using tobacco.
- Respect patients' self-determination and autonomy.
- Using motivational interviewing techniques, particularly over time, can be effective to engage patients in moving towards smoking cessation and screening participation.
- Health professionals should recognise that each patient has unique experiences with tobacco-related messaging, and that smoking, and its associated risks can hold different meanings for different groups of people.
- By acknowledging the complexities surrounding nicotine dependence through offering a non-judgmental approach, health professionals can foster a trusting environment where patients feel comfortable discussing their smoking behaviour and exploring their readiness to stop using tobacco.
- Determine the most suitable person/resources to provide smoking cessation support.





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