



Australian Government

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



Conversation Guide:

# Discussing Results

## Conversation Guide: Discussing Results

### Preparing for the results conversation

- ☒ **Mode of delivery** – Before sharing screening results, the requesting practitioner should determine if the participant prefers to receive them by phone or in-person. Ideally, this preference should be established during the referral appointment and participants should be encouraged to update their communication preferences in the NCSR, as the default method is by SMS. If a nodule is detected, a face-to-face discussion is generally preferred for clarity and support, although a phone call or video appointment may be more suitable for people living in rural or remote areas.
- ☒ **Support during the results consultation** – Ask in advance whether the participant wants to have a support person present during the consultation. Some participants will prefer to be alone to hear the news, even those who previously preferred to have someone present.
- ☒ **Plan your approach** – Consider the emotional impact of hearing that a nodule has been detected, and this may cause increased levels of anxiety and distress. The detection of a nodule could cause fear and confusion.
- ☒ **Plan next steps** – Understand the [National Lung Cancer Screening Program Nodule Management Protocol](#) for interpreting various types of scan results. For more details and guidance, please refer to the relevant sections of the protocol.
- ☒ **Support smoking cessation** – Familiarise yourself with Quit resources. The [Quit Centre](#) provides healthcare providers with information, training and resources on smoking cessation.



## Conversation Guide: Discussing Results

### The Consultation Setting

- ✓ **Timing** – Screening outcomes need to be communicated to the participant in a timely manner, ideally before results are uploaded to My Health Record.
- ✓ **Privacy** – The consultation should take place in a private place with no chance of interruptions. This is particularly important when results are delivered via telehealth.
- ✓ **Time** – Ensure sufficient time to provide information, support the participant, and discuss next steps with the participant. Be mindful of out-of-pocket expenses for results consultation.
- ✓ **Resources** – Provide available culturally appropriate patient-facing resources for the program that are readily accessible to priority populations and the general population.



## Results in Brief

Radiologists will prepare their reports following the [National Lung Cancer Screening Program Nodule Management Protocol](#) and using a structured template to ensure there is consistency nationally.

A negative screen is defined as Category 1, while a positive screen is defined as Category 5 and 6. **A negative screen does not mean that a participant does not have lung cancer. A positive screen does not mean that a participant has lung cancer.**

Result	Findings and management	Correspondence from NCSR
<b>Incomplete (Category 0)</b>	Part or all of the lung cannot be evaluated or the findings are suggestive of an inflammatory or infectious process.  Management may be for additional screening imaging or for a 1, 2 or 3-month low-dose CT. This category also includes protocols for results contingent on a prior chest CT being located for comparison.	The participant will be notified to contact the requesting practitioner.  The requesting practitioner will be notified to contact the participant.
<b>Very low risk (Category 1)</b>	No lung nodules found, or a detected nodule was assessed as very low risk. Management for this category of findings is for the participant to stay in the program and return for a low-dose CT scan in 2 years.	Both the participant and requesting practitioner will be notified of very low risk findings and to rescreen every 2 years.
<b>Low risk (Category 2)</b>	The nodule detected was found to be of a risk level or type that require the participant to stay in the program and return for a low-dose CT scan in 12 months.	The participant will be notified to contact the requesting practitioner.  The requesting practitioner will be notified to contact the participant.

## Results in Brief

Result	Findings and management	Correspondence from NCSR
<b>Low to moderate risk (Category 3)</b>	The nodule detected was found to be of a risk level or type that require the participant to stay in the program and return for a low-dose CT scan in 6 months.	The participant will be notified to contact the requesting practitioner.  The requesting practitioner will be notified to contact the participant.
<b>Moderate risk (Category 4)</b>	The nodule or cyst detected was found to be of a risk level or type that require the participant to stay in the program and return for a low-dose CT scan in 3 months.	
<b>High or very high risk (Category 5 or 6)</b>	Participant will need to see their GP be referred to a respiratory physician linked to lung cancer multidisciplinary team (MDT) for further investigation. If a respiratory physician is unavailable, referral may be to another specialist with relevant expertise, such as a thoracic surgeon, who is linked to a lung cancer MDT.	The participant will be notified to contact the requesting practitioner.  The requesting practitioner is notified (via phone call and correspondence) to contact the participant.
<b>Actionable additional findings (Category A)</b>	Imaging of the chest may identify unexpected abnormalities that are non-lung cancer related, both in the lungs (such as emphysema) and outside the lungs (such as heart disease). These will be listed in the radiology report, with suggestions for follow up. Clinically significant findings should be investigated as per usual care arrangements, appropriate to the specific finding, and may not preclude a participant from continuing in the program.	The participant will be notified to contact the requesting practitioner.  The requesting practitioner will be notified to contact the participant.

## Communicating the Results

Taking a participant-centred approach involves conveying the appropriate level of information, encouraging two-way communication, respecting the participant's values and preferences, offering emotional support and collaborating on next steps.



### **Tips to help reduce participant anxiety and distress when explaining scan results.**

- ☒ **Use a sensitive approach** – provide the participant with information in a compassionate, open, non-judgemental manner using plain language.
- ☒ **Tailor to the participant** – remember to tailor your communication style to the participant, considering their age, education level, health literacy, parity, cultural/religious beliefs, mental health concerns, language proficiency and how much detail they want when discussing their results.
- ☒ **Provide useful resources** – to help supplement your discussion, use pamphlets, fact sheets or infographics to reinforce the information. The participant may use these resources to understand the discussion after the consultation.
- ☒ **Provide next steps** – direct the conversation towards addressing the next steps for investigation or follow-up.
- ☒ **Provide reassurance** – remind the participant that that if further tests reveal lung cancer, early detection provides the best chance of survival.

For all test results, it is important to help participants understand the meaning of the scan results – even if participants do not ask for more information. Be aware of both verbal and non-verbal cues.

Primary healthcare providers will take responsibility for any required assessments and investigations for actionable additional findings.

## **For participants with negative screening results – Category 1**

### **Result type**

**For participants with negative screening results defined as very low risk**

### **Communication suggestions**

- ‘Staying involved in the National Lung Cancer Screening Program can help monitor your lung health and identify cancer early, when it might be easier to treat. This ongoing participation helps you maintain your wellbeing and continue to be active and engaged with your family, friends, and community.’
- ‘It’s a good idea to be aware of the timing for your next appointment, so we can assess your suitability for your next low-dose CT scan. I can set a reminder in your file in our system, and you may like to add this to your personal calendar’.
- ‘Even after your screening, it’s important to be aware of any new or changing symptoms, like an unexplained persistent cough, shortness of breath, or coughing up blood. If you notice any of these symptoms, don’t wait until your next screening scan. Please book an appointment straight away. This can help us monitor your health and wellbeing.’

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

- Emphasise importance of remaining engaged in the screening program.
- Remind the participant to make another appointment with a primary healthcare provider to reassess suitability and submit a request for a low-dose CT at the recommended 2-year interval.
- Ongoing lung cancer risk remains, so continue to monitor any symptoms closely. If any changes are noticed, advise participant not to wait until next scan.
- Offer follow-up smoking cessation support.

## **For participants with screening results – Categories 2, 3 & 4**

### **Result type**

**For participants with screening results defined as low risk, low to moderate risk, and moderate risk**

### **Communication suggestions**

- 'A nodule is a small lump, and they can be caused by cancer, infection, scar tissue, or other conditions. Repeat screening over time can help to determine if a nodule may be cancer.'
- 'The scan picked up a nodule in your lung. I want to reassure you that nodules like this are common and most of them are not cancer. Right now, the findings are considered 'moderate' risk which means it is important for us to keep an eye on it. This is why we need to do another scan in 3 months, to make sure that there aren't any changes over time.'
- 'Your screening scan has detected a 'low to moderate risk' nodule on your lung. Whilst this doesn't mean you have cancer; we need to keep a closer eye on your lungs to make sure we catch any changes early. We will arrange additional monitoring, in 6 months instead of the usual 2 years to reassess the nodule.'
- 'Your screening scan has detected a 'low risk' nodule on your lung. Whilst this doesn't mean you have cancer; we need to keep a closer eye on your lungs to make sure we catch any changes early. We will arrange additional monitoring, in 12 months instead of the usual 2 years to reassess the nodule.'
- 'People often feel overwhelmed hearing about their screening results, they then realise when they get home that they have further questions they wished they had asked. If you think of any questions after the appointment, please feel free to reach out, and if needed, we can arrange another appointment to discuss the results and next steps.'

## **For participants with screening results – Categories 2, 3 & 4**

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

- Provide the most important information first.
- Ensure the participant understands the results by breaking down the information and checking their understanding at each step.
- Discuss the meaning of a 'nodule'.
- Discuss the recommended interval for follow-up scans and why this is important.
- Provide opportunity to allow the participant to talk about worries or concerns that they may have.
- Offer ongoing support for participants, including emotional support and follow-up as needed.
- Provide written/visual information on what the findings mean for the participant to take home.
- Offer follow-up smoking cessation support if the participant expresses readiness to quit.
- Offer to arrange another consultation to ask questions that might occur later.



## **For participants with positive screening results - Categories 5 & 6**

### **Result type**

**For participants with positive screening results defined as high risk or very high risk**

### **Communication suggestions**

- 'A positive screen does not mean that you have lung cancer. Your screening results indicate that further tests are needed, I will arrange a referral to a specialist, and they will then determine what additional investigations are required, for example a biopsy may be necessary. I understand this can be worrying, but we're here to support you through each step. We can help you arrange these next steps and connect you with mental health resources if you feel that would be helpful.'
- 'The scan showed a finding that is considered high risk. This means that there is a chance that there could be something serious, like lung cancer. Whilst this does not mean that you have cancer for certain, we do need to investigate it further to understand what is going on. The next step is to refer you to a specialist who will see you to arrange additional tests. I understand this can feel overwhelming, but I want you to know that we're here to support you through every step of the way, and early investigation is an important part of the follow-up plan.'
- 'Lung cancer is complex and there are many factors that can contribute to its development. It affects people in many different ways, but it is not your fault. Our focus is on how we can support you now to make sure you get the best possible care.'
- 'Discovering something on a screening test can be unsettling, but it's a chance for us to act early. We're here to support you through every step, and it's about moving forward together, not about what's happened in the past.'
- 'It is completely normal to feel a range of emotions, this is not about blame or shame. We are here to help you with what you are going through.'

## **For participants with positive screening results - Categories 5 & 6**

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

- Provide the most important information first.
- Ensure the participant understands the results by breaking down the information and checking their understanding at each step.
- Discuss the meaning of a 'nodule'.
- Discuss the urgency of referral to a specialist for further investigation, such as a biopsy.
- Provide opportunity to allow the participant to talk about worries or concerns that they may have.
- Provide written/visual information on what the findings mean for the participant to take home.
- Offer support and follow-up for participants including emotional support.
- Urgently refer to a Respiratory Physician linked to a lung cancer MDT.
- Offer follow-up smoking cessation support.



## Offering Smoking Cessation Support

### Result type

All participant result types

### Communication suggestions

- 'I understand that deciding to quit smoking is a personal choice and may not be something you're ready for now. Many people find that when they're ready, having access to support can make a difference and, I'm here to assist if you decide you want to explore this.'
- 'I understand that quitting smoking is more complicated than just about having the willpower. Nicotine affects both the body and mind, making it a real challenge. Our smoking cessation programs have helped many people successfully quit, and if you're ever interested in exploring this, I'm here to help you with the support and resources you need.'
- 'You are a person with a unique set of circumstances and smoking is just one part of the picture. Let's focus on your overall health and wellbeing.'
- 'Smoking is often tied to many factors, including stress, environment and habits that develop over time. It is not as simple as just quitting and I recognise that.'
- 'We know that nicotine dependence is powerful and overcoming it can be a long and difficult journey. What matters most is that we support your health in the best way possible.'
- 'You've taken a proactive step by participating in screening, which shows a commitment to your health. Whatever the results of the follow-up tests, we'll work together to address them and explore the best options for your care.'

## Offering Smoking Cessation Support

### Actions and values to bring

- Offer follow-up smoking cessation support.
- Offer the participant the option to schedule another consultation to discuss smoking cessation, based on their readiness to change.
- Minimise stigma and shame associated with tobacco use and a possible cancer diagnosis.
- Avoid blaming, oversimplifying and labelling language.
- Consider and adopt language alternatives.
- Avoid applying pressure or making assumptions about a participant's readiness to stop using tobacco.
- Respect participants' self-determination and autonomy.
- By acknowledging the complexities surrounding nicotine dependence through offering a non-judgmental approach, healthcare providers can foster a trusting environment where participants 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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