



FREQUENTLY ASKED QUESTIONS FROM THE HEALTH WORKFORCE

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Background

What is the National Lung Cancer Screening Program?

The program is an Australian Government initiative being implemented in partnership with the National Aboriginal Community Controlled Health Organisation.

The program is being co-designed in partnership with communities and the healthcare workforce to be person-centred, equity-focused, accessible and culturally safe. It is being co-designed to improve lung cancer outcomes for those disproportionately impacted by lung cancer, including Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas, people from culturally and linguistically diverse backgrounds, people from the LGBTIQ+ community, people living with disability, and people living with mental illness.

Eligible participants will undergo low-dose computed tomography (CT) scans every two years. Investigation and treatment of lung cancer will be managed outside of the program in standard clinical care, according to the [Optimal Care Pathway for people with lung cancer](#)

Why should I encourage my patient to screen for lung cancer?

Lung cancer is the leading cause of cancer deaths in Australia.¹

Lung cancer screening saves lives.

Large international randomised trials have shown that screening using a low-dose CT scan can reduce lung cancer deaths by at least 20%, and can detect up to 70% of lung cancers at early stages.^{2,3}

Process

Who is eligible?

People may be eligible if they:

- are aged 50 to 70 years, **and**
- have no symptoms or signs that suggest lung cancer (for example, unexplained persistent cough, coughing up blood, shortness of breath for no reason), **and**
- smoke tobacco cigarettes or have a history of cigarette smoking (having quit within 10 years), **and**
- have a history of tobacco cigarette smoking of at least 30 pack-years (for example, a pack a day for 30 years, or 2 packs a day for 15 years).

What do I do if one of my patients does not meet the eligibility criteria but still wants to have lung cancer screening?

Unlike other cancer screening programs, this is a targeted program. The eligibility criteria for the program were chosen to maximise the benefits and minimise the risk and costs of unnecessary further diagnostic tests and treatments. See [‘Why am I currently not eligible for lung cancer screening?’](#) resource.

If a patient wants to have lung cancer screening, explain that the program does not consider other risk factors for eligibility such as family history or occupational exposure. Although they may not be eligible for the program, they may still be at risk of lung cancer and should be monitored for symptoms of lung cancer as per usual care practices.

It is important to regularly assess your patient’s smoking history as they may become eligible in the future. If your patient is a person who smokes but does not smoke the equivalent of 30 pack-years, offer support to quit smoking. Calculating pack-years is an ‘imperfect science’ and healthcare providers should use clinical judgement and best estimates to calculate smoking pack-years when determining program eligibility. Even if they are currently not eligible they can still take steps to reduce their risk such as quitting smoking. This includes checking eligibility again in the future and providing smoking cessation advice and support if applicable to reduce risk - see quitcentre.org.au

Discuss the benefits and potential harms of screening. Refer to the **information below about potential benefits** and **information about potential harms** ([next page](#))

What are the potential benefits of low-dose CT screening?

Finding lung cancer early: There are more treatment options and a better chance of a cure when cancers are found early.

Peace of mind: Screening rules out lung cancer but also other lung diseases. A low-dose CT scan can provide assurance of your patient’s lung health.^{4,5}

Gives your patient an opportunity to discuss smoking history and for you to provide support if they choose to quit.

What are the potential harms of low-dose CT screening?

False positives: Of all people screened, around 3% will have a high-risk or very high-risk nodule found. To see if a high-risk or very high-risk nodule is cancer, more tests such as a follow-up CT scan, PET scan or lung biopsy may be needed. Around 48% of those with a high-risk or very high-risk nodule will turn out to have lung cancer.⁶

Worry: Getting a scan and waiting for results might make your patients or people close to them worried. Around 22-51% of those who have lung cancer screening, will have a nodule and may need follow-up scans.⁷

Overdiagnosis and unnecessary treatment: Some cancers are very slow growing and may not cause problems during your patient's lifetime, particularly if they have other significant health problems. This is expected with screening because the tests are not yet sufficiently specific to only identify those cases that will lead to death. This kind of overdiagnosis happens for around 1 in 30 cancers found during lung cancer screening.⁸

Actionable additional findings: The scan can also see other parts of the body, in the neck, chest and upper abdomen. Sometimes this can show things either in the lungs (something other than cancer, such as emphysema) or outside of the lungs (something like heart disease). If there are actionable additional findings they will be reported in the radiology report and guidance regarding next steps will be provided. This can be a benefit because conditions are found earlier. It can also be a harm because it might be a false alarm or overdiagnosis.

Exposure to radiation: The CT scanners used for lung cancer screening use the smallest amount of radiation possible while still getting a high-quality image. This is lower than one year of exposure to natural radiation in regular life. If your patient has a nodule, they may need interval scans to observe the nodule.

Potential time costs: Your patient may need to spend time travelling and away from home/Country, family and employment.

Potential out-of-pocket costs: Your patient may incur costs for GP consultations, travel and accommodation. The low-dose CT scan is free for eligible people under Medicare.

How can my patient self-identify for lung cancer screening?

Self-identifying for lung cancer screening means that your patient has seen information about the program themselves. Assess their eligibility and check their suitability, then a requesting practitioner will need to refer them for a low-dose CT scan.

How can I support my patient to manage the stigma sometimes associated with lung cancer?

It is important to be conscious of the stigma associated with lung cancer and smoking, which may be a barrier to screening. Minimising stigma associated with tobacco use and cancer risk is critical when talking to someone about lung cancer screening.

See [Reducing stigma in the National Lung Cancer Screening Program](#)

How will I know which radiology providers offer low-dose CT scans as part of the program?

Your practice should be maintaining records of the radiology clinics that offer lung cancer screening. Local radiology clinics that you work with regularly may also let you know if they are taking part or not.

When/where will mobile screening trucks be available?

Mobile screening trucks will be available in some rural and remote areas. The routes have been planned in advance to enable awareness in the areas prior to the arrival of the truck. See: [Heart of Australia website for service routes and schedule](#)

What if my patient doesn't want to have information stored in, or communications from, the National Cancer Screening Register?

National Cancer Screening Register (NCSR) participation: Following an informed discussion, your patient can choose to have their information stored in the NCSR but not receive any communications from the NCSR. They can also opt out of having any information stored in the NCSR.

Their participation in the program will be managed by their healthcare provider to remind them about screening and follow-up.

External screeners: If your patient does not want their information stored in the NCSR but still wants to screen for lung cancer, they will become an 'external screener'. The patient can still use the MBS items to cover their scan. However, they are not counted as a program participant and their screening requirements will need to be managed by their healthcare provider.

See the [National Lung Cancer Screening Program \(NLCSPP\) privacy information](#)

How do I refer my patient for lung cancer screening?

1. Check your patient's screening eligibility.
2. Check the list of low-dose CT scan suitability restrictions. See the [Program Guidelines](#) to check that the patient is suitable to undertake the scan.
3. Provide the NLCSPP privacy information notice and have a discussion about the benefits and harms of lung cancer screening with your patient (including possible follow-up requirements if something concerning is found) alongside their preferences and personal context so they can make an informed decision on whether to participate in screening.
4. If they meet the eligibility criteria, the requesting practitioner will need to complete a NLCSPP specific low-dose CT scan request form to write the referral.
5. Enrol the patient in the program via the NCSR, including confirming their preferred communication method (text message or letter). If a participant does not want to be enrolled in the NCSR, they are still able to take part in screening using the MBS items but they will not be a participant in the program. You will need to manage their reminders for screening and follow-up scans.

Discuss smoking cessation if appropriate. See [Supporting smoking cessation: a guide for health professionals](#)

Results

How will my patient get their results?

If you have enrolled your patient with the NCSR and if the scan has no significant findings, the NCSR will let you and your patient know through their preferred communication method. You and your patient will receive a reminder from the NCSR in two years time to screen again.

For any nodules or additional findings that require action, you will receive the results. The patient will not receive the results but will be advised by the NCSR to schedule an appointment with you to discuss the findings and book another follow-up scan if required.

If you have not enrolled your patient with the NCSR, or they have ceased correspondence or opted out of the NCSR, the results will be sent directly to you, but the patient will not receive notification that the results are ready, - your practice will need to contact them as per usual arrangements. Follow up any findings according to the [Optimal Care Pathway for people with lung cancer](#) standard care protocols.

What are my responsibilities regarding screening results?

For any lung nodule or high-risk / very high-risk findings, you will need to follow the appropriate next steps. See [What are the possible results?](#) below.

Subsequent investigation and treatment of lung cancer are not managed by the program. These will be managed via usual care arrangements and follow the [Optimal Care Pathway for people with lung cancer](#)

Primary care providers will take responsibility for any required assessments and investigations for actionable additional findings. These will be communicated to the requesting practitioner in the radiologist report, and screening participants will be told to schedule an appointment with their healthcare provider to discuss.

For participants with no significant findings, discuss how they can look after their lung health until their next scan in two years time.

Participants with low risk, low to moderate risk, and moderate risk findings require more frequent monitoring and will need to obtain a low-dose CT scan request arranged by the requesting practitioner for the follow-up low-dose CT scan at the interval specified in the NLCS [Nodule Management Protocol](#) (12, 6, or 3 months respectively).

What are the possible results?

Category	Category descriptor	Findings	Management
0	Incomplete	This means there is suggested inflammation or infection on the lungs, or part or all of the lung cannot be evaluated.	It is important that your patient returns for a follow-up scan when they receive a reminder.
1	Very low risk	This means that no significant abnormality was found in the scan.	It is still important for your patient to get screened every 2 years if they remain eligible.
2	Low risk	Most people will have lung nodules which are unlikely to be cancer and are considered normal. Some people have small nodules found that are unlikely to be cancer but still concerning enough to not wait 2 years to check again.	A 12-month interval scan will need to be arranged by the participant and their requesting practitioner.
3	Low to moderate risk	This means a lung nodule has been found that requires short-term surveillance.	A 6-month interval scan will need to be arranged by the participant and their requesting practitioner.
4	Moderate risk	This means a lung nodule has been found that requires short-term surveillance.	A 3-month interval scan will need to be arranged by the participant and their requesting practitioner.
5/6	High-risk / very high-risk	This means a lung nodule has been found that requires referral to a respiratory physician (or other specialist) linked to a lung cancer multidisciplinary team for assessment and possible investigation.	The participant's requesting practitioner will need to arrange a referral to a specialist linked to a multidisciplinary team for further investigation and treatment where appropriate.
A	Actionable additional findings	The scan can see other parts of the body in addition to the lungs, including the neck, chest and upper abdomen. Sometimes this can show findings either in the lungs (something other than cancer, such as emphysema) or outside of the lungs (something like heart disease). The NCSR will encourage the participant to see their doctor to discuss next steps.	The requesting practitioner will need to talk to the participants about the need for any further tests or a referral to a specialist. An additional finding does not necessarily mean the participant cannot continue in the lung cancer screening program.

Smoking and cessation

What if my patient smokes cigars, pipes or vapes?

The best evidence supports lung cancer screening for people with a history of tobacco cigarette smoking, rather than cigars, pipes and vapes. Therefore, they are not included in the program.

Healthcare providers should encourage all people who want to quit smoking to consider referral to behavioural interventions and support them by prescribing pharmacotherapy (if clinically appropriate).

See:

[RACGP: Supporting smoking cessation: A guide for health professionals](#)

What about smoking cessation?

While participants do not need to quit smoking to participate in the program, healthcare providers should speak with participants about the importance of smoking cessation at all interactions throughout the screening and assessment pathway, including participants with no significant findings.

This should be done in a clear, non-confrontational and personalised way. It is important to be conscious of the stigma associated with lung cancer and smoking.

[The Quit Centre](#) provides healthcare providers with information, education and resources on smoking cessation. You should encourage all people who want to quit smoking to consider referral to behavioural interventions through Quitline (quit.org.au) and support them by prescribing pharmacotherapy (if clinically appropriate). Ensure they have provided informed consent for the Quitline request and agree to be contacted by Quitline.

Additional cessation support, including tools and tips, is available through [the National Cessation Platform \(\[quit.org.au\]\(http://quit.org.au\)\)](#) and via the [MyQuitBuddy mobile app](#)

How is smoking perceived and what does it mean in different cultures?

Smoking can be normalised in many cultures. Make sure you talk to your patient about their personal circumstances and how smoking is viewed in their community.

See:

[Smoking cessation for high-prevalence groups](#)
[Reducing stigma in the National Lung Cancer Screening Program](#)
[Conversation starters](#)

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