



GET YOUR PRACTICE READY FOR THE NATIONAL LUNG CANCER SCREENING PROGRAM

Lung cancer is the leading cause of cancer death in Australia.¹ Currently, the majority of lung cancer cases are diagnosed at stages 3 and 4.² However, if found early, lung cancer can be successfully treated.³

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.^{4,5}

To address the incidence and mortality rates associated with lung cancer, from July 2025, eligible people aged between 50-70 years will be able to participate in the National Lung Cancer Screening Program (the program) using a low-dose CT scan, following shared decision-making with their healthcare provider. People with symptoms that suggest lung cancer should not be referred to the program. Instead, their symptoms should be investigated according to the Cancer Australia guide to [Investigating symptoms of lung cancer](#).

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 and communities.

The program is primary care-led. This checklist provides information on how to prepare your practice for the program.

People are eligible to participate in the program 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)



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References:

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2. Australian Institute of Health and Welfare. *Cancer in Australia 2021* [Internet]. Canberra, Australia: Australian Institute of Health and Welfare; 2021. Available from: <https://www.aihw.gov.au/reports/cancer/cancer-in-australia-2021/summary>
3. Medical Services Advisory Committee. 1699 – National Lung Cancer Screening Program Public Summary Document [Internet]. Canberra, Australia: Australian Government Department of Health; 2022 Jul [cited 2024 Mar 28]. Report No.:1699. Available from: <http://www.msac.gov.au/internet/msac/publishing.nsf/Content/1699-public>
4. Aberle, D. et al. National Lung Screening Trial Research Team. Reduced lung cancer mortality with low-dose computed tomographic screening. *New England Journal of Medicine* 365, 395–409 (2011).
5. De Koning, H. J. et al. Reduced lung-cancer mortality with volume CT screening in a randomized trial. *New England Journal of Medicine* 382, 503–513 (2020).



The checklist below will help you prepare for July 2025

The National Cancer Screening Register (NCSR) supports the program by welcoming participants into the program once they have been enrolled by their healthcare provider, and supports the participant journey by reminding participants to screen. If participants do not want to be enrolled on the NCSR, it will be the responsibility of the referring doctor to notify the participant when they are due for re-screening.

Review information about the program

The Australian Government has published the health professional and consumer information materials and health professional online education which is available on the [Department of Health and Aged Care's website](#). The education will offer Continuing Professional Development points.

Register with the National Cancer Screening Register

Integrate the clinical software with your organisation's HPI-O.

You will be responsible for enrolling the participant on the NCSR — this is different to bowel and cervical screening. You can view your patients' screening status for bowel, cervical and lung cancer screening, including if they are overdue, and update their participant record. Software compatible for integration include Medical Director, Communicare or Best Practice.

More information can be found on the [NCSR website](#), including links to user guides and walkthrough video guides. If you require assistance registering or integrating your clinical software, call **1800 627 701** to speak to a member of the NCSR Contact Centre.

Identify potential participants

Work with your practice to identify patients who could be eligible from July 2025. This includes reviewing and updating smoking history in your clinical patient records.

Unlike other types of cancer screening, this is a targeted screening program which includes an assessment of someone's smoking status along with their age. Because of this, the NCSR will not be sending invitations to potential participants.

Establish electronic medical record (EMR)-based prompts to help identify potential participants as they become eligible.