

National Lung Cancer Screening Program Combined Governance Meeting – Communique

23 October 2024

Expert Advisory Committee, Program Advisory Group and Cancer and Population Screening Committee

The Department of Health and Aged Care convened a joint meeting on Wednesday 23 October 2024 for the National Lung Cancer Screening Program's (NLCSP) Expert Advisory Committee (EAC) and Program Advisory Group (PAG), along with other key stakeholders such as representatives from the Cancer and Population Screening (CAPS) Committee. The NLCSP implementation partners Cancer Australia (CA) and National Aboriginal Community Controlled Health Organisation (NACCHO) were also in attendance. Over 60 stakeholders attended the meeting in Canberra.

The meeting was facilitated by Associate Professor Chris Milross, Chair of Cancer Australia's Advisory council. Associate Professor Milross is a radiation oncologist and part of a multidisciplinary cancer care team that coordinates care at the Chris O'Brian Lifehouse in Sydney.

The Welcome to Country was delivered by Auntie Serena Williams a proud Ngunnawal – Wiradjuri woman, a Traditional Custodian who has lived in Canberra all her life and is heavily involved in the Aboriginal and Torres Strait Islander community and organisations in the ACT. Auntie Serena noted the high incidence of lung cancer in Aboriginal communities and how important this program will be for First Nations people.

This meeting was an opportunity to bring together states and territories, clinical experts, and other delivery partners involved in the design, implementation and delivery of the NLCSP to discuss implementation progress and readiness for the program's launch in July 2025.

The purpose of the meeting was to discuss key aspects of the NLCSP screening and assessment pathway and identify if there were any gaps in stakeholder preparations. Attendees were asked to consider:

- What supports is your jurisdiction/profession preparing for July 2025? Are these for clinicians or participants?
- Are there any potential gaps in preparations for clinicians and participants? If so, what would you recommend – including who should lead this and when you think it should be available. Is there a particular stage of the screening and assessment pathway you are concerned about?

To assist with the discussions at the meeting, the Department developed a NLCSP service blueprint, which at a high level also showed some of the key supports for different cohorts, including participants, priority populations and health care providers.

This communique summarises the following meeting topics

- NLCSP communication and education arrangements
- Supporting priority populations, including mobile screening
- The National Cancer Screening Register
- Targeted scope of practice review
- Management of additional findings and radiology reporting

Communication and Education

- There is significant work underway by jurisdictions, clinicians and the Commonwealth to support implementation of NLCSP.
- A number of NLCSP resources and information materials are currently being developed and tested by the University of Melbourne and the Daffodil Centre (consortium of ANU, Lung Foundation Australia and Cancer Council Victoria). These materials will be available prior to the launch of the program in July 2025. These materials will support healthcare professionals to deliver the program. The resources include:
 - Program Guidelines to assist healthcare professionals to support the management of participants' journeys through the screening and assessment pathway;
 - Consent and shared decision-making materials to support clinicians and other authorised healthcare professionals to have discussions regarding informed consent to participant in the program;
 - A suite of program information materials and online education modules for healthcare professionals to increase awareness and understanding of the program; and
 - Radiology-sector specific information and education resources are being developed by the Royal Australian and New Zealand College of Radiologists (RANZCR) with further training and workshops to be delivered from January 2025 - June 2025.
- In addition to workforce and patient education and information materials, a national communications campaign will promote the program, how to access it, and about other relevant support resources (for example, support to quit smoking). This will ensure awareness for both healthcare providers and participants.

Supporting Priority Populations, Including Mobile Screening

- NACCHO is engaging with the sector to determine the most appropriate implementation strategies, co-designing program materials and supporting the Aboriginal Community Controlled Sector to maximise community participation.

- Lung Foundation Australia is undertaking work that will provide recommendations to remove barriers and enhance access to the program for priority population groups, including for people from LGBTIQ+ communities, people in rural and remote communities, people from Culturally and Linguistically Diverse backgrounds, and people with disability.
- Noting existing health system challenges, the Commonwealth has commissioned and committed to several activities to further support the program and healthcare providers. These include additional avenues for participants to access the program:
 - Commissioning 5 mobile lung cancer screening trucks to visit rural and remote communities nationally, enhancing access to CT infrastructure. Heart of Australia will deliver this service.
 - Rural and remote participant travel supports, to ensure that participants can access biennial or follow-up scans at either fixed or mobile CT infrastructure.

The National Cancer Screening Register

Following the productive discussion at the meeting, the Department formalised definitions for functions of the NCSR that support the NLCSP, such as opt out or cease correspondence. These definitions have been provided to PAG and EAC members and incorporated into the Program Guidelines.

The low-dose CT scans of NLCSP participants will not be stored in the NCSR. Under the Intergovernmental Agreement on National Digital Health 2023- 2027, all Australian governments have committed to support a key strategic priority to develop national health information exchange capabilities. This work will establish the technical infrastructure requirements and national exchange standards needed by jurisdictions and industry to enable near-real-time data sharing of key health information between primary, acute and aged care health settings.

Supported by consistent standards for the recording, use and viewing of health information, this future capability will allow healthcare providers to discover and access key health information about their patients, including diagnostic images at the point of care, regardless where that information is stored.

Scope of practice review

The Department is undertaking a targeted scope of practice review, focused on understanding if there are currently ineligible healthcare professionals who may have the correct skills and experience to support participants through the NLCSP screening and assessment pathway, including issuing low-dose CT request.

Management of additional findings and radiology reporting

As part of their broader work plan, the Australian and New Zealand Society of Thoracic Radiology (ANZSTR) is currently developing guidance on the management of additional findings, the 'Additional Findings Guidelines for the National Lung Cancer Screening Program'. This piece of work is not in scope of the NLCSP.

Cancer Australia is working closely with RANZCR to develop a structured reporting template and radiology workforce education resources.

Other updates

Presentations were provided by states and territories, outlining how they are preparing for the program. States welcomed hearing about the different pieces of work underway in other jurisdictions and noted that further discussions would occur to gain further insight on various elements ahead of implementation.

Associate Professor Chris Milross and Deputy Secretary Dr Liz Develin thanked everyone for their attendance.

The NLCSP is on-track for July 2025 commencement, and implementation will continue to be overseen by various jurisdictional and clinical governance and assurance meetings.

The group will convene again in the first quarter of 2025.