# SCREENING AND ASSESSMENT PATHWAY

The National Lung Cancer Screening Program Screening and Assessment Pathway summarises the seven key stages in the pathway:

* Promotion and awareness
* Screening eligibility
* Program entry
* Screening
* Scan assessment and reporting
* Results and management
* Results and reminders.

Each stage has additional steps along the pathway.

## Promotion and awareness

The pathway starts at promotion and awareness. All health professionals can play a role in promoting and raising awareness of the National Lung Cancer Screening Program.

## Screening eligibility

To be eligible for the National Lung Cancer Screening Program, a person must:

* Be aged 50-70 years old and
* Have no signs or symptoms suggestive of lung cancer and
* Be currently smoking or quit in the past 10 years and
* Have an equal to or greater than 30 pack-year cigarette smoking history.

A person may be eligible for screening if they fulfil all these criteria. If a person is not eligible for screening, they should still be offered smoking cessation support according to best practice guidelines using the Ask, Advise, Help model.

## Program entry

The first step in program entry is participant recruitment. This means that a person is identified as being potentially eligible for screening by a healthcare provider or health support worker and may occur through four different entry points. Entry may be:

1. Organised by a primary care provider
2. Opportunistic identification in an unrelated consultation
3. Facilitated by any healthcare worker to see a requesting practitioner
4. Self-identification by a participant.

## Enrolment and shared decision-making

A requesting practitioner is required to complete the NCSR enrolment form, which records that:

* Eligibility for screening is confirmed
* Suitability for a low-dose CT scan has been assessed
* Informed choice to participate has been recorded.

A requesting practitioner then provides the participant with a low-dose CT scan request and offers them smoking cessation support according to best practice guidelines using the Ask, Advise, Help model.

## Screening

The low-dose CT scan is performed by a radiographer. Scan images are retained as per usual practice in the radiology facility.

## Scan assessment and reporting

Scan assessment is the responsibility of a radiologist. The scan is read using the NLCSP Nodule Management Protocol.

The scan results are then reported using a structured reporting template. The completed structured report is sent to the requesting practitioner and to the National Cancer Screening Register.

## Results and management

The NLCSP Nodule Management Protocol categorises results based on risk and dictates how each category is managed:

* Very low risk means that the participant returns for screening in 24 months.
* Low risk means that the participant returns for screening in 12 months.
* Low to moderate risk means that the participant returns for screening in 6 months.
* Moderate risk means that the participant returns for screening in 3 months.
* High risk means that the participant is referred to a respiratory physician or other relevant specialist linked to a lung cancer multidisciplinary team.
* Very high risk means that the participant is referred to a respiratory physician or other relevant specialist linked to a lung cancer multidisciplinary team.
* Actionable additional findings are managed as appropriate to the specific finding.

## Results and reminders

The requesting practitioner is responsible for communicating results to the participant. However, the National Cancer Screening Register also communicates with the requesting practitioner by sending correspondence of the results to the requesting practitioner.

For very low risk findings, the National Cancer Screening Register notifies the participant of the result. The National Cancer Screening Register also reminds the participant to screen at the required interval (in two years).

For any findings with further action needed, the National Cancer Screening Register notifies the participant to contact their requesting practitioner. The requesting practitioner then provides the results to the participant and manages the results according to the NLCSP Nodule Management Protocol. The requesting practitioner should also offer smoking cessation support according to best practice guidelines (using the Ask, Advise, Help model).