

# GETTING READY FOR THE NATIONAL LUNG CANCER SCREENING PROGRAM



Australian Government

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



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# Getting ready for the National Lung Cancer Screening Program

From July 2025, people may be eligible for lung cancer screening in the new National Lung Cancer Screening Program (NLCSP) if they are:

- aged between 50-70 years, and
- show no signs or symptoms suggesting they may have lung cancer (that is, they are asymptomatic), and
- currently smoke or have quit smoking in the past 10 years, and
- have a history of tobacco cigarette smoking of at least 30 pack-years.

Large international randomised trials have shown that a low-dose computed tomography (CT) scan can detect up to 70% of lung cancers at early stages and reduce lung cancer mortality by 20%.

In 2024, it is estimated that about 15,122 Australians were diagnosed with lung cancer and about 8,900 people died from the disease.

It is the responsibility of all healthcare providers in Australia to work towards providing a culturally safe NLCSP for all people who may benefit.

[New program resources and education](#) are now available to support you to get ready for the launch of the program.

## What you can do to get ready for the NLCSP

The program will launch on 1 July 2025, which means you will start to receive enquiries soon. Prepare for the program by completing the below steps.

- Complete the [eLearning modules](#) developed by Lung Foundation Australia, which offers Continuing Professional Development (CPD) points.
- The radiology workforce should access the resources and education developed by the [Royal Australian and New Zealand College of Radiologists \(RANZCR\)](#)
- Register and integrate your practice with the [National Cancer Screening Register](#), (NCSR) which will be essential for enrolling the participant, viewing their screening status and updating their record. The program specific CT request form lives in your native software for you to complete. Find more details on the [NCSR website](#)
- Review and update your smoking history practice data to identify patients who could be eligible from 1 July 2025



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- Establish electronic medical record (EMR)- based prompts to help identify potential participants as they become eligible
- Ensure your practice has undertaken formal cultural safety training, which may assist healthcare providers in fostering and providing culturally safe care to Aboriginal and Torres Strait Islander peoples
- Register on the [NACCHO website](#) to be notified when resources for Aboriginal and Torres Strait Islander people are available
- Familiarise yourself with the program, including eligibility and screening process on the [program website](#).

For more information, download the [Get your practice ready for the NLCSP](#) resource.

## Health workforce roles and responsibilities

The health workforce plays a critical role in promoting and supporting the NLCSP.

### Requesting Practitioner

- Promotion and recruitment
- Conducting eligibility and suitability check and requesting a low-dose CT scan
- Enrol participant with the NCSR
- Providing smoking cessation support
- Communicating low-dose CT scan results
- Manage low-risk, low to moderate risk and moderate-risk nodules and actionable additional findings
- Manage referrals for repeat scans and investigations.

### Radiology provider responsibilities

- Conduct the low-dose CT scan
- Read and report the low-dose CT scan
- Upload the scan results to the NCSR and inform the requesting practitioner as appropriate.

### Healthcare providers without authorisation to report a low-dose CT scan

- Promote the program and recruit participants
- Assess eligibility and facilitate shared decision-making
- Enrol participant with the NCSR
- Offer smoking cessation support
- Support results communication.

### Practice staff in primary care

- Promote the program and recruit participants
- Assist participant in making low-dose CT scan appointment
- Ensure NCSR is integrated with practice software.

### Health support workers

- Promote the program and recruit participants
- Assist participant to make an appointment
- Provide smoking cessation support
- Support results communication.

Read more on the [National Lung Cancer Screening Program health workforce roles and responsibilities](#).



### Assessing eligibility and supporting informed choice

Participants may self-refer into the program or be identified via the health setting as being potentially eligible. Participants that self-refer into the program will still need to have an eligibility assessment by a healthcare provider and be provided with a request for a low-dose CT scan.

Australians who are eligible for the program must:

- Be aged between 50-70 years, and
- show no signs or symptoms suggesting they may have lung cancer (that is, they are asymptomatic), and
- currently smoke or have quit smoking in the past 10 years, and
- have a history of tobacco cigarette smoking of at least 30 pack-years.

Calculating pack-years is an 'imperfect science', clinical judgement is required which may err on the side of inclusion. When calculating a patient's smoking history, primary care providers will need to work with them to estimate the average number of cigarettes smoked per day and over how many years.

People with potential lung cancer symptoms should not be referred to the NLCSP. Instead, their symptoms should be investigated according to the [Cancer Australia guide](#) to investigating symptoms of lung cancer.

### Informed consent

It is important to discuss the benefits and harms of lung cancer screening with your patients so they can make an informed decision to participate in lung cancer screening.

Each time a person has a low-dose CT scan, they are exposed to a very small amount of radiation. The low-dose CT scanners used for lung cancer screening use the smallest amount of radiation possible while still getting a high-quality image.

Primary care providers can use this [Shared decision-making and informed choice for lung cancer screening guide for healthcare providers](#) to support these conversations.

### Enrolment in the NCSR

You will be responsible for enrolling the participant in the NCSR; this section needs to be completed even if the participant is enrolled for 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.

Individuals can choose to opt-out of the NCSR and still have a free low-dose CT scan; however, they will not be considered a participant in the program or receive communication from the NCSR. These individuals will continue to be followed up by the requesting practitioner.

Participants should be provided with the [NLCSP privacy information notice](#). They will also receive the notice in the welcome letter from the NCSR once they have been enrolled.

### Requesting a low dose CT scan

Providers will need to complete a [low-dose CT scan request form](#) to refer eligible participants to undertake a lung screen. Low-dose CT scan request forms will be made available through clinical information software including Communicare, Best Practice, Medical Director Professional and MMex. It is preferred that requesting practitioners use the program-specific form. However, if using a usual practice form, then the low-dose CT scan request will need to identify that it is for lung cancer



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screening and include family history of lung cancer in any first-degree relative (i.e. parent, sibling or child), details of any previous chest CT (if known) and history of any cancer.

The form can be completed and participants enrolled either through the NCSR interface integrated with clinical software or through the [NCSR Healthcare Provider Portal](#). All participants need a request for screening.

The low-dose CT scan is free for eligible people under Medicare. The cost of the low-dose CT scan is reimbursed to the radiology imaging provider by Medicare, provided there is a request from a requesting practitioner, which indicates that it is for a low-dose CT scan under the NLCSP.

Scan results will be provided to the requesting practitioner by the NCSR and by usual means.

See the [GP resource guide](#) for detailed information for primary care providers on eligibility, low-dose CT scan, informed consent and screening results.

### Supporting participants

Participants should be advised to contact radiology services participating in the program to book a low-dose CT scan appointment as soon as possible after receiving the low-dose CT scan request. Clinics are encouraged to compile a list of participating local radiology clinics to help patients with this step.

### Assessment and reporting

Reports for a participant's scan are read and reported using the National Lung Cancer Screening Program (NLCSP) [Nodule Management Protocol](#). The protocol has been developed by the Royal Australian and New Zealand College of Radiologists (RANZCR) and the Thoracic Society of Australia and New Zealand (TSANZ).

Radiologists are responsible for the supervision, interpretation and reporting of the low-dose CT scan.

Low-dose CT scan reports are sent to the NCSR. Radiology providers are required to share low-dose CT scan reports to My Health Record by default and

provide to the requesting practitioner through usual care arrangements for imaging reporting processes.

The requesting practitioner will also be notified by the NCSR that the results report is available.

Access [RANZCR](#) resources and education for the radiology sector.

### Results communication

The requesting practitioner is responsible for communicating screening results to the participant. Both the requesting practitioner and the participant will be notified by the NCSR when the results report is available.

Requesting practitioners are advised to manage results communication according to usual care, including for actionable additional findings.

All communication with participants should be sensitive to the likelihood of "scan anxiety". Healthcare providers should ensure psychosocial support is available and should be aware of services tailored to specific priority populations.

Read more information about scan results and management in the [Conversation Guide: Discussing Results](#) and the [General Practitioner Resource Guide](#)



### Smoking cessation

It is important to ensure that eligible participants know they do not need to quit smoking to participate in the program. There may be opportunities across the screening and assessment pathway to speak with a participant in a sensitive way about smoking cessation and outline the support available to them.

[Quit Centre](#) provides healthcare providers with information, education and resources on smoking cessation. Referral to behavioural interventions through [Quitline](#) are available and can be encouraged to all people who want to quit smoking.

Additional cessation support, including tools and tips, is available through the [National Cessation Platform](#) and via the [MyQuitBuddy mobile app](#).

### Minimising stigma in the National Lung Cancer Screening Program

Minimising the stigma and shame associated with cigarette smoking and cancer risk is critical to supporting participation in the NLCSP.

Participants eligible for the NLCSP will have a history of tobacco cigarette smoking.

They have likely experienced stigma and discrimination because of this, and as a result may be hesitant about lung cancer screening. It is critical to minimise stigma associated with smoking and cancer risk. This can help address barriers to a person participating in the program or seeking medical help more broadly.

Find out more and learn strategies on [reducing stigma in the National Lung Cancer Screening Program](#).

### Promoting equity

Lung cancer is the leading cause of cancer death in Australia. The National Lung Cancer Screening Program (NLCSP) will help save hundreds of lives each year from lung cancer by detecting signs early before symptoms occur.

Lung cancer in Australia is a disease of health inequity. Lung cancer disproportionately affects:

- Aboriginal and Torres Strait Islander people
- people living in rural and remote areas
- people with disability
- people from culturally and linguistically diverse communities
- people in the LGBTIQ+ community
- people with mental illness.

To help the Program achieve equity, healthcare providers need to apply the [Ahpra definition of cultural safety](#), which emphasises that culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Education resources developed by [Lung Foundation Australia](#) have used a Cultural Safety Lung Learning Framework, developed in consultation with key First Nations stakeholders.

The Royal Australian and New Zealand College of Radiologists has developed [cultural safety resources](#) to support the radiology workforce to provide culturally safe care to Aboriginal and Torres Strait Islander participants and communities.



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### Supporting Aboriginal and Torres Strait Islander communities

In partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO), this program is designed to be equity-focused, culturally safe, and person-centered.

NACCHO is leading the co-design of the program with and for Aboriginal and Torres Strait Islander people and communities and is partnering with the Aboriginal Community Controlled Health Organisation (ACCHO) sector to make sure that the program is equitable, accessible and culturally safe for Aboriginal and Torres Strait Islander people.

Their work includes:

- developing tailored information materials and education resources suitable for Aboriginal and Torres Strait Islander communities and the broader sector's workforce,
- partnering with the ACCHO sector to determine the most appropriate implementation strategies and supports to ensure equitable access,
- co-designing clinical materials including guidelines, protocols and data governance,
- developing program information, including customised communication and training materials, to ensure they are culturally safe and meet community needs.

Learn more about [NACCHO's work on the program](#) and register to be notified when resources become available.

Additional resources, including for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds are being developed and will be added to this website when available.

Visit the [NACCHO website](#) and register to be notified when the resources for Aboriginal and Torres Strait Islander people are available.

### Supporting regional and remote communities

To support access to lung cancer screening services for people living in rural and remote areas, [Heart of Australia](#) will deliver culturally safe mobile lung cancer screening services.

Learn more about Heart of Australia's mobile lung cancer screening services on their [website](#).

## Access program resources

Access the full list of NLCSP resources for the health sector and the public via the links below.

[Resources for the health sector](#)

[Resources for the public](#)