

# SHARED DECISION-MAKING AND INFORMED CHOICE FOR LUNG CANCER SCREENING

## A guide for healthcare providers

This guide supports healthcare providers to engage in shared decision-making and enable people to make an informed choice about lung cancer screening. It provides general guidance on appropriate practice, based on the best available evidence and expert consensus. Healthcare providers should exercise clinical judgment when considering each individual case.

### What is shared decision-making?

Shared decision-making enables people to make an informed choice about lung cancer screening and is an integral component of the National Lung Cancer Screening Program.

It is important to create a trusting environment to ensure people feel safe to ask questions about lung cancer screening and openly discuss lived experiences and diverse needs.

### Who can facilitate the discussion?

Shared decision-making and consent processes for lung cancer screening can be facilitated by:

- Requesting practitioners authorised to provide a low-dose CT scan request (e.g. general practitioners).
- Healthcare providers working in collaboration with requesting practitioners (e.g. Aboriginal and Torres Strait Islander Health Workers).

### Why is the discussion important?

The information provided in a shared decision-making discussion forms the basis of an individual's informed choice about lung cancer screening.

It is important to highlight the benefits of lung cancer screening, as many people associate lung cancer with late diagnosis and poor prognosis.



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## How to tailor the discussion

Consider the following questions to tailor the discussion:

- What is the preferred method for receiving information about lung cancer screening (e.g. written, visual, verbal, video formats, or with interpreter assistance)?
- Who is the most appropriate person to provide information about the National Lung Cancer Screening Program?
- How much information is needed for the individual to make an informed choice?
- Who can support the individual in processing the information? Should family or community members be included in the discussion (e.g. Elders, caregivers, multicultural health workers)?

## A shared decision-making discussion follows three steps<sup>1,2</sup>

### Choice talk

Help people understand that a choice to screen for lung cancer exists.

### Options talk

Inform people about their options, including where they can access a low-dose CT scan.

### Decision talk

Support people to decide if lung cancer screening is right for them.

For more information about the National Lung Cancer Screening Program, visit [www.health.gov.au/nlcsp](http://www.health.gov.au/nlcsp)

# Information to provide when engaging in shared decision-making

Providing accurate and clear information is one of the best ways to help people make an informed choice.

## What people should know about lung cancer screening

The National Lung Cancer Screening Program is for people who are most at risk of lung cancer and who are most likely to benefit from screening.

People who are eligible to participate in the program are at higher risk of lung cancer due to their age and smoking history, and the benefits of screening outweigh any potential harms.

### Benefits of low-dose CT screening

**Finding lung cancer early:** Screening helps detect 70% of lung cancers at an early stage<sup>3</sup>.

**Peace of mind:** Lung cancer screening can rule out lung cancer and other lung diseases.

**Smoking history discussion:** Lung cancer screening gives individuals an opportunity to discuss their smoking history and receive support for quitting if they choose to do so.

### Potential harms of low-dose CT screening

**False positives:** Around 3% of screening participants will have a high or very high risk nodule found<sup>4</sup>. Of these participants, around 48% will be diagnosed with lung cancer<sup>4</sup>. False positives can occur with any screening or medical test.

**Worry:** Individuals may feel worried when getting a scan and waiting for results, but support is available. Around 22-51% of screening participants will have a nodule and may need follow-up scans<sup>5</sup>. Over 95% of these nodules found will not be lung cancer<sup>5</sup>.

**Overdiagnosis and unnecessary treatment:** 1 in 30 cancers detected during screening may not cause problems during an individual's lifetime<sup>5</sup>. Overdiagnosis can happen with any screening or medical test.

**Exposure to radiation:** A low-dose CT scan uses 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. This is a low level of radiation that is safe and can improve early diagnosis.

**Actionable additional findings:** Some participants may have additional findings not related to lung cancer (something in the lungs, such as emphysema, or something outside of the lungs, such as heart disease).

This can lead to earlier diagnosis and potentially life-saving treatment, it may also result in further tests and worry.

## Practice Points

Shared decision-making and informed choice Practice Points from the [National Lung Cancer Screening Program Guidelines](#).

**Shared decision-making:** Engage in shared decision-making to support people to make an informed choice about lung cancer screening, even if they decide not to take part in the program.

**Facilitation:** Shared decision-making and consent processes can be facilitated by healthcare providers who either have the authority to request a low-dose CT scan, or healthcare providers (e.g., nurses, nurse practitioners, Aboriginal and Torres Strait Islander Health Workers or Practitioners) working in collaboration with requesting practitioners.

**Discussion:** Engage in a genuine discussion that is responsive to peoples' values, preferences, circumstances and information needs. Provide time and space for the individual to ask questions.

**Inclusive:** Ensure the discussion is culturally appropriate and tailored to the individual person, with consideration of language, terminology, images, and accessibility. Use interpreters where appropriate.

**Flexibility:** Individuals may require flexible appointment structures to properly engage in shared decision-making. This may include having more than one consultation and/or involving family/support network in the decision-making process.

**Data privacy:** Healthcare providers must provide the [National Lung Cancer Screening Program privacy information notice](#) to all people who decide to participate in the program.

**Smoking cessation:** Smoking cessation supports should be offered to all individuals who currently smoke or who have recently quit, even if the individual decides not to screen.

## Resources

### For eligible individuals and general public

- [Should I screen for lung cancer? A shared decision-making resource for Aboriginal and Torres Strait Islander people](#)
- [Lung Cancer Screening Decision Tool \(summary booklet\)](#)
- [Lung Cancer Screening Decision Tool \(booklet\)](#)

### For healthcare providers

- [A privacy information notice which healthcare providers can provide to participants](#)



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## NATIONAL LUNG CANCER SCREENING PROGRAM

- [Practitioner guide to shared decision making for lung cancer screening with Aboriginal and Torres Strait Islander peoples](#)
- [Conversation starters](#)
- [National Lung Cancer Screening Program Guidelines](#)
- [National Lung Cancer Screening Program Guidelines \(2-page summary\)](#)



[www.health.gov.au/nlcsp](http://www.health.gov.au/nlcsp)

## References:

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<sup>1</sup> Agency for Clinical Innovation. Shared decision making. Published 2024. Accessed March 2025.

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<sup>2</sup> Elwyn G. Shared decision making: a model for clinical practice. *J Gen Intern Med*. 2012;27(10):1361-1367. doi:10.1007/s11606-012-2077-6

<sup>3</sup> de Koning HJ, van der Aalst CM, de Jong PA, et al. Reduced lung-cancer mortality with volume CT screening in a randomized trial. *N Engl J Med*. 2020;382(6):503-513. doi:10.1056/NEJMoa1911793

<sup>4</sup> McWilliams AM, Tammemagi M, Atkar-Khattra S, et al. PL02.14 Triaging ILST screening participants at program entry: comparative performance of PanCan versus LungRADsv1.1 protocol. *J Thorac Oncol*. 2024;19(10)(suppl):S3-S4. doi:10.1016/j.jtho.2024.08.002

<sup>5</sup> Oudkerk M, Liu S, Heuvelmans MA, Walter JE, Field JK. Lung cancer LDCT screening and mortality reduction—evidence, pitfalls, and future perspectives. *Nat Rev Clin Oncol*. 2021;18(3):135-151. doi:10.1038/s41571-020-00464-0