

REQUESTING PRACTITIONER FLOW CHART FOR ELIGIBILITY AND CT SCAN REQUEST

The National Lung Cancer Screening Program (NLCSP) is a targeted screening program available for eligible people aged between 50 and 70 who smoke tobacco cigarettes or have quit smoking within the last 10 years.

Screening regularly with low-dose computed tomography (CT) scans is the best way to detect lung cancer early.

Consider the cultural perspective of each patient you see before talking about lung cancer screening.

Consider involving Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal and Torres Strait Islander Health Workers where possible when speaking with a patient who identifies as an Aboriginal and/or Torres Strait Islander person. Consider accessing [interpreter services](#) for culturally and linguistically diverse people.



NATIONAL
LUNG CANCER
SCREENING
PROGRAM



- A

Complete the checklist to get your practice ready
[Get Your Practice Ready for the National Lung Cancer Screening Program](#)
- B

Complete the lung cancer screening eLearning Education modules
- C

Check practice records and send invitations
- A

Confirm eligibility*
 - 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).
- B

Assess low-dose CT scan suitability

Screening may not be suitable for your patient. Plan with your patient when they can re-check their suitability and encourage future participation.

Examples of a participant not being suitable include:

 - They have had a full chest CT scan within the last 12 months or have one planned for clinical reasons in the next 3 months.
 - They have had a symptomatic lung infection (for example, COVID-19, pneumonia, acute bronchitis) within the previous 12 weeks.
 - They are unable to lie flat for a minimum of 5 minutes and hold their hands above their head for a low-dose CT scan.
 - Their weight exceeds the restrictions of the scanner (greater than 200 kg).

- C

Participate in shared decision-making to decide together if screening is right for them

Provide shared decision-making for lung cancer screening pamphlet to patients.

[Shared decision-making materials](#)
- D

Provide the participant with the NLCSP privacy information notice***
- E

Complete the Eligibility and Enrolment Form to enrol a participant in the program

Healthcare providers can complete the form and enrol a participant in the National Lung Cancer Screening Register (NCSR) either through the NCSR interface integrated with clinical software or through the NCSR Healthcare Provider Portal.

[NLCSP Low-dose CT Scan Request Form Healthcare Provider Portal](#)

All participants need a request for screening. Complete a low-dose CT scan request form including information that the scan is for the program and if the participant has a first-degree family history of lung cancer.
- F

Provide smoking cessation advice and support

People do not have to quit smoking to participate in the program. Encourage and support the participant to quit smoking; if appropriate, follow the Ask, Advise, Help model.

[Quit Centre: Clinical tools and guidelines on smoking cessation \(quitcentre.org.au\)](#)

Refer to the [Program Guidelines](#) for a comprehensive explanation of the steps of the National Lung Cancer Screening Program.

- A

Schedule appointment

The participant will need to book an appointment at a radiology clinic or at a mobile screening service provided in some rural and remote areas; tell the clinic that they are lung cancer screening participant.
- B

During the scan

The scan process will take 5 to 10 minutes

It is not painful and no injections are needed
- C

After the scan

The radiologist reads and reports the scan using the [NLCSP node management protocol](#)
- D

The low-dose CT scan report is sent to the NCSR.
- E

Results, including recommended actions, are provided to the requesting practitioner by the NCSR and via usual means.

Scan results will be classified into the following categories:

Category	Category descriptor
0	Incomplete
1	Very low risk
2	Low risk
3	Low to moderate risk
4	Moderate risk
5/6	High-risk / very high-risk
A	Actionable additional findings

Participants should be advised that if they develop symptoms between planned screenings, they should see their healthcare provider.

- A

If a lung nodule or finding not related to lung cancer is found, the participant may need investigation, which could include additional low-dose CT scans, referrals or tests. These will be reported in the radiology report, with guidance regarding next steps provided.
- B

If nodules are identified

Investigations of identified nodules may include additional interval low-dose CT scans (at 3, 6 or 12 months) or referral to a respiratory physician linked to a lung cancer multidisciplinary team (MDT).

See [NLCSP node management protocol](#)
- C

If actionable additional findings are identified

Imaging of the chest may identify actionable additional findings not related to lung cancer.

If actionable additional findings are detected, discuss these with the participant and manage them as per the Royal Australian and New Zealand College of Radiology Actionable Additional Findings Guidelines for the National Lung Cancer Screening Program. This may include referral to other specialists with relevant expertise who are linked with a lung cancer MDT.

See [actionable additional findings guidelines](#)

- A

For each scan, participants will need to book an appointment with you for a new low-dose CT scan request.*
- B

Those with no significant findings will be reminded about screening every two years if they have opted in for communication from the NCSR.***
- C

For participants who have opted out of the NCSR, you will need to remind them and follow up about all screening.
- D

Those with findings will be reminded about interval scans at 3, 6 or 12 months. Those without findings will be reminded every two years.

Additional notes

* Once an individual is participating in the program, their smoking history eligibility criteria does not need to be re-assessed.

** Any of the following unexplained, persistent symptoms and signs (lasting more than 3 weeks, or earlier in patients with known risk factors or with more than one symptom or sign).

See the Cancer Australia guide to [Investigating symptoms of lung cancer](#)

- Coughing up blood
 - New unexplained cough or changed cough
 - Chest and/or shoulder pain
 - Shortness of breath for no reason
 - Hoarseness
 - Unexplained weight loss or loss of appetite
- Persistent or recurrent chest infection
 - Fatigue
 - Deep vein thrombosis (DVT)
 - Abnormal chest signs
 - Finger clubbing

*** 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. If a screening participant opts out of participating in the NCSR, it is the responsibility of the requesting practitioner to notify them of repeat or follow-up scans..