



KEY EVIDENCE FOR THE NATIONAL LUNG CANCER SCREENING PROGRAM

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- i** Lung cancer is Australia's leading cause of cancer-related death.¹
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- i** It is estimated that there were more than 15,000 new cases of lung cancer and nearly 9,000 deaths from lung cancer in Australia in 2024.²
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- i** Aboriginal and Torres Strait Islander peoples are twice as likely to be diagnosed with and die from lung cancer.³
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- i** Detecting lung cancer at early stages, prior to the development of symptoms, reduces deaths from lung cancer.^{4,5}
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- i** Large international randomised trials have shown at least a 20% reduction in deaths from lung cancer when participants are screened using low-dose CT scans, and that up to 70% of lung cancers are detected at early stages.^{4,5}
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- i** Lung cancer incidence is higher for those living in rural and remote areas⁶ and people from culturally and linguistically diverse backgrounds.⁷ Other priority populations with an increased risk of lung cancer related to smoking prevalence and healthcare access barriers include the LGBTIQ+ community, people living with a disability,^{8,9} and people living with a mental illness.¹⁰
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- i** By the time patients present with symptoms, lung cancer is often diagnosed at an advanced stage. If it is found early, treatment options are greater and are more likely to be effective.¹¹
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- i** A shift in the stage at diagnosis has been shown following the introduction of lung cancer screening, with more lung cancers diagnosed at stage 1 and 2.^{12,13,14}
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- i** Tobacco smoking is the biggest risk factor for lung cancer.^{15,16}
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- i** The eligibility criteria for the program were chosen to ensure those at highest risk are able to access screening, and to minimise risk and additional costs of further diagnostic tests and treatments.¹⁷
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- i** Lung cancer screening has been shown to have favourable cost-effectiveness estimates in Australia.^{17,18}
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- i** The provision of smoking cessation supports is an important component of any effective and equitable lung cancer screening program, with evidence from trials showing that participants have higher quit rates than the general population.¹⁹
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