



National Lung Cancer Screening Program – National Lung Cancer Screening Policy

15 January 2026

The National Lung Cancer Screening Program (NLCSP) aims to achieve better health outcomes for Australians by detecting lung cancer early and reducing deaths from lung cancer. This will be achieved through targeted screening of high-risk asymptomatic participants to help detect lung cancer at an earlier stage.

This policy is based on the recommendations of the Medical Services Advisory Committee that were formed following a comprehensive and robust evidence review and modelling evaluation (MSAC, 2022 – Application 1699).

The NLCSP is supported by the Program Guidelines which provide recommendations and practice points to assist healthcare providers and health support workers to navigate themselves and participants through the screening program.¹

The National Lung Cancer Screening Policy recommends:²

1. Lung cancer screening should be undertaken every 2 years for eligible participants, using low dose computed tomography (low-dose CT).
2. Potential participants should be identified or supported to consult a requesting practitioner to confirm their eligibility.³
3. Individuals may be eligible for the NLCSP if they:
 - are aged between 50 and 70 years

AND

- are asymptomatic (no signs or symptoms suggestive of lung cancer)⁴

AND

- currently smoke or have quit smoking in the past 10 years

¹ The NLCSP Program Guidelines include the steps of the screening and assessment pathway and links to other information and materials supporting the NLCSP.

² The National Lung Cancer Screening policy is in accordance with the Medical Services Advisory Committee recommendations, October 2022 (Application 1699).

³ A requesting practitioner includes a general practitioner or other practitioner, such as a nurse practitioner or medical specialist, who can request a low-dose CT scan.

⁴ Participants with symptoms should be managed according to usual care practices including the Optimal Care Pathway for people with lung cancer.

AND

- have a history of tobacco cigarettes smoking of at least 30 pack-years.
- 4. Smoking cessation supports are to be offered to all potential participants across the lung cancer screening and assessment pathway.⁵
- 5. Potential participants should be given clear information by their healthcare provider or health support worker the benefits and risks of participating in screening (including possible follow-up requirements) to support informed decision-making by participants.⁶
- 6. Eligible people who choose not to register for the NLCSP through the National Screening Register (NCSR) are not considered a participant of the NLCSP but are able to access the NLCSP-specific low-dose CT Medicare Benefits Schedule (MBS) items.⁷ The requesting practitioner is responsible for screening, results communication and follow up care.
- 7. Eligible individuals will receive a welcome letter upon enrolment in the NCSR.
- 8. A requesting practitioner is required to check eligible individuals are suitable for a low-dose CT prior to completing a low-dose CT scan request for 2-yearly screening or any required interval low-dose CT scans.
- 9. Participants aged 50 years or older and less than 71 years will be reminded to participate by their requesting practitioner (or recorded primary healthcare provider) supported by the NCSR.
- 10. Participants may choose to opt-out of the NLCSP at any time. Alternatively, they will automatically exit upon reaching the upper age limit of 71 years. After exiting the NLCSP, they should continue to be managed by their healthcare provider, as they may still be at risk of developing lung cancer.
 - A participant's journey through the screening and assessment pathway will be supported and facilitated by healthcare professionals and support workers, guided by the results of their low-dose CT scan, in accordance with the NLCSP Nodule Management Protocol and the NLCSP Program Guidelines.^{1, 8}
- 11. The requesting practitioner is responsible for facilitating patient enrolment in the NLCSP, providing a low-dose CT request form, communicating results when required, and advising participants of any necessary follow-up including referrals for further investigation.
 - Participants in whom lung cancer is detected will exit the NLCSP and be managed according to usual care practices including optimal care pathways.⁹

⁵ The screening and assessment pathway defines the structure of the NLCSP and is evidence-based and tailored to the unique Australian context.

⁶ NLCSP-specific MBS items for low-dose CT scans, including mandatory reporting requirements, came into effect on 1 July 2025.

⁷ Shared decision-making and informed consent for lung cancer screening is a guide to support healthcare providers to engage in shared decision-making and support people to make an informed choice to participate in lung cancer screening.

⁸ The NLCSP Nodule Management Protocol is used to assess the risk of a lesion being lung cancer and recommend appropriate surveillance or referral for management.

⁹ Cancer Australia, in partnership with Cancer Council Victoria, have published optimal care pathways for lung cancer and for Aboriginal and Torres Strait Islander people with cancer, setting national standards for high-quality, culturally responsive care.

12. Eligible individuals who have been successfully treated for lung cancer can re-enter the screening NLCSP. Clinical judgement will be used to assess if this is appropriate for the individual.
13. Monitoring and evaluation of the NLCSP will be in accordance with the NLCSP Quality Framework.
14. All radiology providers providing Medicare-funded⁶ low-dose CT scans for the NLCSP must meet the requirements of the Diagnostic Imaging Accreditation Scheme Standards and the legislated requirements as set out in the Health Insurance (Diagnostic Imaging Services Table) Regulations (No.2) 2020 made under the Health Insurance Act 1973.¹⁰

¹⁰ The Diagnostic Imaging Accreditation Scheme is a formal program where trained assessors review an imaging practice's evidence of implementation of the Diagnostic Imaging Accreditation Standards. Accreditation provides a commitment to the community that a diagnostic imaging practice meets expected standards for safety and quality.