Australian Government | NATIONAL LUNG CANCER SCREENING PROGRAM

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Talking Points

Healthcare Provider Program Overview

Approx. 30 mins

This presentation is designed to promote the program and share messaging with a Healthcare Provider audience.

Slide 1 – Introduction

- Hello and welcome to an overview of the National Lung Cancer Screening Program, that commenced on 1 July 2025.
- I would like to acknowledge the traditional custodians of the lands and water ways on which we live and work and pay respects to Elders past and present and any Aboriginal and Torres Strait Islander people who are with us at today.

Slide 2–6 – Program Overview

- In this overview of the National Lung Cancer Screening Program, we will be covering the following key foundational elements:
    - Use of existing low-dose CT infrastructure in private and public settings and the mobile screening services delivered by the Heart of Australia to reach rural and remote communities across Australia.
    - Screening and assessment pathway and supporting resources
    - Two new bulk billed Medicare Benefit Schedule (MBS) items for low-dose CT scans
    - National Communications Campaign and Healthcare Provider Education Strategy to promote the Program.
    - The role of the National Cancer Screening Register (NCSR) in the Program.

Slide 7–8 – The Importance of Lung Cancer Screening

- It's important to reflect on why lung cancer screening is such a critical public health initiative.
- Lung cancer is Australia's leading cause of cancer related death[1]. But if found early, over 65% of lung cancers can be treated successfully[2].

[1] Australian Institute of Health and Welfare. Australia's health 2024: in brief, catalogue number 249. AIHW, Australian Government; 2024 [cited 2024 Aug 8]. Available from: www.aihw.gov.au/reports/australias-health/australias-health-2024-in-brief/formats.

[2] Australian Institute of Health and Welfare (2024) Cancer data in Australia, AIHW, Australian Government, accessed 05 May 2025.

- 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[3].
- One of the challenges is that lung cancer often develops without symptoms. By the time symptoms appear and lung cancer is diagnosed, the disease is frequently at an advanced stage[4].
- 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[5], and that 70% of lung cancers are detected at early stage[4].
- Modelling for the Program indicated that by detecting lung cancer early, the Program will help save hundreds of lives each year from lung cancer.

Slide 9 – Priority Populations

- As healthcare professionals you will be aware that lung cancer does not impact all communities equally and there are disparities in incidence and mortality rates for some communities. As per the Program Guidelines, the priority populations for lung cancer screening include:
    - Aboriginal and Torres Strait Islander people
    - People living in rural and remote areas
    - People from culturally and linguistically diverse (CALD) backgrounds
    - People with disability
    - People with mental illness
    - People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual (LGBTIQA+) communities.
- It is important to ensure priority populations have equitable access to screening and tailor approaches to provide safe and appropriate care. Some individuals may identify with one or more of the above groups.

Slide 10 – Who is Eligible for Lung Cancer Screening?

- The Department of Health, Disability and Ageing has co-designed and implemented the Program in partnership with Cancer Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO).
- People may be eligible for the Program- and receive a low-dose CT scan every two years if they:
    - Are aged between 50 and 70 years, and
    - Currently smoke or have quit smoking in the past ten years, and,

[3] Australian Institute of Health and Welfare. Cancer data in Australia, catalogue number CAN 122. Australian Government: 2024 Aug [cited 2024 Aug 27]. Available from: www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/about.
[4] Australian Institute of Health and Welfare (2024) Cancer data in Australia, AIHW, Australian Government, accessed 10 July 2025.
[5] Aberle, D. et al. National Lung Screening Trial Research Team. Reduced lung-cancer mortality with low-dose computed tomographic screening. New England Journal of Medicine 365, 395–409 (2011)

- Have a history of cigarette tobacco smoking of at least 30 pack-years, and
- Are asymptomatic with no signs or symptoms suggestive of lung cancer.

Slide 11 – Low-Dose CT Infrastructure and Mobile Screening

- The Program is using existing CT infrastructure within private radiology and medical imaging facilities, as well as public hospitals, where possible.
- People living in rural and remote locations have poorer health outcomes than those in metropolitan areas. To enable access, the Department has commissioned Heart of Australia to deliver mobile lung cancer screening services in some rural and remote communities across Australia.
- Five trucks have been commissioned, with routes being co-designed in partnership with NACCHO, its Affiliates and Members, and jurisdictional health departments to ensure culturally safe services that meet the place-based needs of Aboriginal and Torres Strait Islander people.
- The trucks are being rolled out in a phased approach. Both the Program website and Heart of Australia websites will be updated as the routes become available.

Slide 12 – Health Workforce Roles and Responsibilities

- This is a visual representation of the roles and responsibilities of the health workforce in the National Lung Cancer Screening Program across the screening and assessment pathway. The health workforce has been categorised into 5 groups:
    - Requesting Practitioners (aqua)- include general practitioners, nurse practitioners and other medical practitioners who are authorised to request a low-dose CT scan.
    - Healthcare providers without authorisation to request a low-dose CT scan (teal green)- includes registered nurses, practice nurses and enrolled nurses, Aboriginal and Torres Strait Islander health workers and practitioners and allied health professionals.
    - Health Support Workers (pink) includes Aboriginal liaison officers, smoking cessation specialists, health promotion, disability support, mental health and bicultural workers.
    - Administrative staff in primary care (yellow) includes practice managers and administrative staff.
    - Radiology workforce (navy)- includes radiographers, radiologists and respiratory physicians.

Slide 13 – Screening and Assessment Pathway

- The Program is structured around a screening and assessment pathway, that supports the delivery of culturally safe, evidence based and consistent care, and maximises opportunities for primary prevention, especially smoking cessation. The key steps of the Screening and Assessment Pathway include:
    - Promotion and awareness
    - Screening eligibility
    - Program entry

  - Screening
  - Scan assessment and reporting
  - Results and management
  - Results and reminders.

- In the coming slides, we'll break this down and step through it.

Slide 14 – Screening & Assessment Pathway: Promotion & Screening

- Promotion and Awareness is integral to maximise participation. Lack of awareness and lack of understanding of the benefits of screening are significant barriers to participation.
- Which is why it is important to note all health professionals can raise awareness of the Program and encourage people to talk to their healthcare provider about whether they are eligible to take part.
- As the Program is a targeted screening program people will not be invited to screen, like the cervical and bowel cancer screening programs.
- It is likely that people may have questions around their eligibility. The Department has established a 1800 Helpline through Lung Foundation Australia. Trained nurses are available to step through the program eligibility with people who think they may meet the eligibility criteria.
- Screening eligibility we discussed earlier, which is based on age and smoking history. It is important to assess a person's smoking history as they may become eligible in the future. If someone you speak with is not eligible, they should still be offered smoking cessation support according to best practice guidelines using the Ask, Advise, Help model, to reduce risk. As a prompt, you can add a note or flag to the patient's electronic record, identifying they may be eligible for the NLCSP in the future.
- Calculating pack-years is an imperfect science as it relies on a persons' recall of their smoking history. Healthcare providers are encouraged to use their clinical judgement and best estimates to determine an individual's eligibility to participate in the program. Resources have been developed to support the process of calculating pack-years, such as NACCHO's proxy approach for calculating pack-years for Aboriginal and Torres Strait Islander clients.

Slide 15 – Screening and Assessment Pathway: Entry & Enrolment

- The first step in program entry is participant recruitment. This may occur in one of four ways:
    1. Organised by a primary care provider. For example, the GP clinic audits their patient lists for age and smoking history and invites these individuals in to make an appointment to discuss the Program.
    2. Opportunistically in an unrelated consultation.
    3. Facilitated by any healthcare worker to see a requesting practitioner. For example, a smoking cessation worker or pharmacist encourages a client to talk to their doctor about the Program as they may be eligible.
    4. Self-identification – when someone has heard about the Program via a communications campaign, by utilising the helpline with Lung Foundation Australia or through family and or friends.

- The next step is enrolment and shared decision making. A healthcare provider is required to complete the NCSR enrolment form, which records that:
    - Eligibility for screening is confirmed
    - Suitability for a low-dose CT scan has been assessed; a participant may be eligible for screening but unsuitable for the scan – this is often temporary, such as if someone has a chest infection
    - Informed choice to participate has been recorded and the privacy information notice for the NCSR has been provided.
      Note: A requesting practitioner (General Practitioners, Medical Specialists or Nurse Practitioners) can delegate access to the NCSR to their practice staff who can also enrol a participant in the NCSR.
- The requesting practitioner then completes the program specific low-dose CT request form that is available in Best Practice, Medical Director, MMEx and Communicare clinical software and online. The form captures all the necessary clinical details to support radiologist's decision making.
- If applicable, smoking cessation support is offered according to best practice guidelines using the Ask, Advise, Help model.

Slide 16 – Screening and Assessment Pathway: Screening & Reporting

- The participant then contacts a screening provider and books in their appointment. The requesting practitioner can help assist and provide the closest screening provider.
- Screening - the low-dose CT scan is performed by a radiographer. Scan images are retained as per usual practice in the radiology facility. They are not stored in the NCSR.
- Scan assessment is the responsibility of a radiologist. The scan is read using the NLCSP Nodule Management Protocol.
- The scan results are then reported using the NLCSP's structured reporting template. The completed structured report is sent to the requesting practitioner and to the NCSR.
- The protocols and templates have been developed with RANZCR.

Slide 17 – Screening and Assessment Pathway: Screening & Results

- Results and Management- like other screening programs, the result of the scan determines the timing of the next screening interval. The participant needs to see their healthcare provider prior to every screening round, to get a request form to have their next CT scan.
- The NLCSP Nodule Management Protocol categorises results based on risk and dictates how each category is managed:
    - Very low risk means that the participant returns for screening in 24 months.
    - Low risk means that the participant returns for screening in 12 months.
    - Low to moderate risk means that the participant returns for screening in 6 months.
    - Moderate risk means that the participant returns for screening in 3 months.
    - High or Very High risk means that the participant is referred to a respiratory physician or other relevant specialist linked to a lung cancer multidisciplinary team.

  - Actionable additional findings are managed as appropriate to the specific finding. They are recorded in addition to one of the risk categories.
  - Incomplete scan means that part or all the lung cannot be evaluated, or the findings are suggestive of an inflammatory or infectious process. The participant will be notified to contact the requesting practitioner and may need to be re-screened.
- Results and reminders- The requesting practitioner is responsible for communicating results to the participant. However, the NCSR also communicates with the requesting practitioner by sending correspondence of the results to the requesting practitioner.
- For very low risk findings, the NCSR notifies the participant of the result. The NCSR also reminds the participant to screen at the required interval (in two years).
- For any findings with further action needed, the NCSR notifies the participant to contact their requesting practitioner. The requesting practitioner then provides the results to the participant and manages the results according to the NLCSP Nodule Management Protocol.
- Smoking Cessation provision- is an important component of an effective and equitable lung cancer screening program. While there are opportunities for smoking cessation interventions, people do not have to quit smoking, or attempt to quit smoking, to participate in the program.
- Eligible participants 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. See the Reducing Stigma in the National Lung Cancer Screening Program guide for healthcare providers with information on how to reduce stigma in relation to lung cancer screening.

Slide 18 – NLCSP Materials and Resources

- There is a comprehensive range of program materials and education resources available on the Program website for both consumers and healthcare providers.
- The Program Guidelines provide evidence-based recommendations and practice points to support healthcare providers in navigating themselves and participants through the Program.
- There are resources available in other languages for consumers.
- The Royal Australian and New Zealand College of Radiologists (RANZCR) have developed a wide range of materials to help radiologists deliver the Program. These are available on their website and include education modules, webinar series, workshops and the Nodule Management Protocol and Additional Findings Guidelines.
- A suite of CPD accredited eLearning Modules is available for healthcare providers on the Lung Foundation Australia's Lung Learning Hub. They provide a comprehensive overview of the screening process and how early detection can significantly enhance patient outcomes.
- All healthcare providers and professionals involved in delivering the program share the responsibility of ensuring a culturally safe lung cancer screening program. The Program Guidelines state that all staff involved in the program should engage in formal cultural safety training. There are resources and education available to support cultural safety, reducing stigma and psychosocial support.

- I encourage you to use the QR code on screen that will take you to the Healthcare Provider Toolkit, where you can find these information materials and education resources.

Slide 19 – Resources for Aboriginal and Torres Strait Islander People and Communities

- To ensure the Program is equity-focused, culturally safe and person-centred, NACCHO has developed a suite of resources for Aboriginal and Torres Strait Islander community members and health professionals, as well as posters and social tiles to promote the Program, which are available on their website.
- I encourage you to look at the shared decision-making resources for Aboriginal and Torres Strait Islander people to support meaningful engagement and informed participation in the program.
- Scan the QR code to visit the NACCHO website.

Slide 20 – MBS Items

- There are two new mandatory bulk billing Medicare Benefit Schedule items for low-dose CT scans under the program.
- MBS Item 57410 – for the screening low-dose CT scan done by the participant approximately every 2 years.
- MBS item 57413 – for any interval low-dose CT scans that may be required, depending on the results of previous scans.
- There are no additional Medicare item numbers for the healthcare provider consultations and therefore eligibility and referral are conducted with current consultation item numbers.

Slide 21 – National Cancer Screening Register (NCSR)

- The NCSR provides a single electronic record for each person in Australia participating in the national screening programs administered by the Commonwealth. These are the National Bowel Cancer Screening Program and National Cervical Screening Program and now includes the National Lung Cancer Screening Program.
- The NCSR is designed to:
    - maximise participation in screening programs by reminding eligible people to screen
    - enable the digital exchange of screening information between healthcare providers,
    - provide secure, online access to screening information, and
    - deliver nationally consistent data and reporting.
- Healthcare providers must register their service or medical practice to enable NCSR functionality. Practices already registered for the bowel or cervical screening programs, don't need to register again.
- Healthcare providers can then leverage the Healthcare Provider Portal or integrated clinical software to make it easier to track, remind, and follow up with patients to support improved screening outcomes.
- Healthcare providers can provide delegate access to practice staff to help complete the NCSR forms through their integrated clinical software or Healthcare Provider Portal.

- To help with these processes, there are Quick Start Guides, Walkthrough Video Guides and Primary Care Onboarding Kits to support General Practice and Primary Care, available on their website www.ncsr.gov.au

Slide 22 – NCSR Solution Overview

- On this slide we can see how the NCSR supports the Program. The key difference in the NCSR supporting the lung program vs the bowel and cervical programs is that the participant is enrolled in the Program by their healthcare provider.
- 1. GP Enrolment and Referral – before referring, the patient needs to be enrolled into the Program via the Eligibility and Enrolment Form within the NCSR Hub integrated into the clinical software or via the Healthcare Provider Portal. This only needs to be done once to enrol a person in the NCSR.
- The GP then completes the program specific low-dose CT request form that is available in Best Practice, Medical Director, MMEx and Communicare clinical software and online via the Program website. Note it is not available through the NCSR. The form captures all the necessary clinical details to ensure the participant is bulk billed and the radiologists has the necessary clinical data to report in line with the Program's Nodule Management Protocol.
- 2. Radiology Assessment – Radiologists follow the structured reporting guidelines for consistent and effective lung cancer screening and are mandated to send a copy of the final report to the NCSR.
- The NCSR takes those results to apply the correct screening pathway as per the Program Guidelines and issues the appropriate prompt when needed. Whether that's a letter to the participant to screen again in 2 years, a reminder of an upcoming or overdue scan or a phone call to a provider to understand if the participant has been referred to a specialist. A copy of the report is also sent to the requesting practitioner for any required follow up and action.
- 3. Specialist Referral – If the participant is at high risk of lung cancer based on the low-dose CT the GP will refer them to a specialist. The specialist will determine the diagnostic pathway.
- 4. Clinical Diagnosis – Specialists (or their delegates or GPs) send the Diagnosis Form to the NCSR. It is very important that the Diagnosis Form is completed, so that we know if the program is effective at detecting lung cancer at earlier stages and the participant does not receive further communication. It's also important because there will be participants who see a specialist that may not be diagnosed with lung cancer, and it is appropriate for them to continue screening; the system needs to know this to issue the right reminders at the right interval.
- 5. Histopathology Reporting – Histopathology reports will be transmitted automatically from integrated laboratories to the NCSR to support lung program reporting.

Slide 23 – Communication and Engagement

- A key focus for any new Program is ensuring that the right people have the right information at the right time, this includes healthcare providers, states and territories, consumers, and people from priority populations.
- A Healthcare Provider Education Strategy is being delivered to support the dissemination of the program information and education resources.

- A national communications campaign is running alongside the Program to raise awareness and promote informed participation. The campaign will target priority populations and encourages people to seek further information about the Program and speak with their doctor. It will include advertisements across tv, radio and social media, to maximise reach.
- All communication activities have been informed by market research. Key findings highlighted the significant emotional burden associated with lung cancer screening, including a deep fear among eligible people that screening would lead to a diagnosis—and ultimately death. Feelings of stigma and isolation also emerged from the research.
- Importantly, the research found that healthcare providers play a key role in overcoming barriers to participation by normalising lung cancer screening and using positive, benefit-focused messaging
- We also encourage everyone to monitor the Program webpage. It provides important information about the Program for all stakeholders and is being regularly updated.

Slide 24 – How can you support?

- With the program now launched, you can expect to start receiving enquiries from community members. Completing the following actions will ensure that you are ready to deliver the Program:
    - Familiarise yourself with the Program Guidelines
    - Complete the relevant online education (continuous professional development (CPD) accredited eLearning modules)
    - Register and integrate with the National Cancer Screening Register (NCSR), which is essential for enrolments, supporting clinical follow up and reporting.
    - Ensure your team have undertaken formal cultural safety training
    - Download or order program resources
    - Promote the Program using the Communications Toolkit
    - Identify and invite eligible participants.

Slide 25 – More Information

- Thank you for your time and we hope that you've enjoyed this Program overview.
- More information about the Program is available at the Program website health.gov.au/nlcsp
- The QR code will take you directly to the website.
- Lung Foundation Australia also provide an Information and Support Centre who can assist people with questions in relation to lung health, lung cancer screening eligibility and the screening process. This free and confidential service is available Monday to Friday 8am – 4.30pm (AEST) by calling 1800 654 301.
- The Program is an amazing opportunity to improve lung cancer outcomes here in Australia, and we are grateful for your continued support and promotion of the Program.

Slide 26 – References