

National Lung Cancer Screening Guidelines

Public Consultation



The National Lung Cancer Screening Program is due to commence in July 2025. The Australian Government, through Cancer Australia, commissioned the University of Melbourne to develop the *National Lung Cancer Screening Program Guidelines*. In November 2024, public consultation was opened to provide feedback to the Program Guidelines.

Cancer Council commended the Department of Health and Aged Care and Cancer Australia for the development of both the new National Lung Cancer Screening Program, and the Program Guidelines to help support implementation of the Program.

The draft Program Guidelines were clear and easy to follow and were categorised according to each step of the Program, to assist with ease and accessibility of navigating the document. The draft Program Guidelines also contained helpful practice points, recommendations, and resources which provided a clear summary of the information and ensure that the actions for healthcare practitioners are straightforward.

Cancer Council made a few suggestions which we believe will help to enhance the clarity of the Program Guidelines, and some considerations for the Program as a whole:

- Cancer Council is very supportive of the emphasis placed on providing smoking cessation support throughout the screening pathway and facilitating access to pharmacotherapy and NRT for participants who smoke. However, there is a need to clearly attribute responsibility for smoking cessation support to all healthcare professionals. Further, the Program has not included any additional MBS items to cover smoking cessation support/management, which will likely act as a significant barrier for healthcare practitioners who may have limited time and capacity for additional assessments in consultations, and in our view is worth consideration.
- Regarding smoking cessation, we recommend linking to Tackling Tobacco Resources, particularly among priority populations, and to consider acknowledging vaping within the Guidelines, specifically the role of health professionals should the patient report that they are vaping.
- We consider it essential that lung cancer pathology and stage of disease at diagnosis be mandatorily reported to the NCSR.
- Given the Program will undertake targeted screening, it will rely largely on opportunistic entry via healthcare providers, and through patients self-identifying as eligible for participation. This presents challenges for healthcare practitioners to try and accommodate additional work into an already overwhelmed schedule and will also require targeted and well-executed public communication for potential participants to be able to determine their eligibility and self-identify for screening. It is also imperative that there are a range of communications methods utilised, to ensure that as many eligible participants as possible are aware of the Program.
- Cancer Council is very supportive of the focus on ensuring equity in lung cancer screening and acknowledging the disproportionate impact of lung cancer among priority populations. It will be important to collect data on these socio-demographic characteristics of participants

to ensure the Program meets the equity objectives. Cancer Council recommends that data for all priority groups be systematically captured.

Further information on the Program Guidelines can be found on the Department of Health and Aged Care's [consultation hub](#), and information on the Lung Cancer Screening Program can be found [here](#).