

# Preparing for the National Lung Screening Program

*15 May 2025*

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# Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



## Includes

- **Clinical Pathways**
- **Referral pathways**
- **Other resources** (patient resources, vaccine storage and cold chain breaches, etc)

- **clear and concise, evidence-based medical advice**
- **Locally relevant**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**

# Where to find the lung cancer suite:

Melbourne

Search HealthPathways

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Melbourne

- Oncology
  - Adult Survivors of Cancer when a Child or Youth
  - Bowel Cancer
  - Brain Tumours
  - Breast Cancer
  - Cancer Survivorship Care
  - Cancer of Unknown Primary
  - Cervical Cancer
  - Corticosteroid Use in Oncology and Haematology
  - Endometrial Cancer
  - Familial Cancer Syndromes
  - Fitness to Drive
  - Gastroenterology
  - Hair Loss in Cancer Therapies
  - Haematology
  - Cancer Immunotherapy Adverse Events
  - Lung Cancer
    - Lung Cancer - Established
    - Lung Cancer - Suspected

## Melbourne HEALTHPATHWAYS

### Latest News

4 April  
Health.vic  
[Health alerts and advisories](#)

4 April  
**AIR mandatory reporting of pregnancy status**  
From 1 March 2025 it is mandatory to report an individual's pregnancy status at time of vaccine administration to the AIR, either via clinical software (updates rolled out through 2025) or the AIR site.  
For more information see [Department of Health](#)

26 March  
**Health Alert**  
From 1 April 2025 in Victoria, avian influenza in a person will

### Pathway Updates

Updated - 10 April  
Zika Virus

Updated - 7 April  
[Acceptable Observations for Unwell Children](#)

Updated - 4 April  
[Notifiable Conditions in Victoria](#)

NEW - 21 March  
Heat-related Illness

NEW - 21 March  
Animal-related Injury and Illness

[VIEW MORE UPDATES...](#)

- ABOUT HEALTHPATHWAYS
- BETTER HEALTH CHANGES
- RACGP RED BOOK
- USEFUL WEBSITES & TOOLS
- MBS ONLINE
- NPS MEDICINEWISE
- PBS
- MUDD

Click here to provide feedback on each pathway

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# Related pathways

## Clinical pathways

- Lung Cancer Screening
- Lung Cancer – Established
- Lung Cancer - Suspected
- Acute Exacerbation of COPD
- Non-acute COPD
- COPD Severity Classification
- COPD-Asthma Overlap
- Advanced or End-stage COPD
- Assessing Respiratory Presentations in General Practice
- Asthma in Adults - Acute
- Asthma in Adults - Non-acute
- Asthma in Pregnancy
- Thunderstorm Asthma
- Bronchiectasis
- Chronic Cough

## Referral pathways

- Acute Respiratory Referral or Admission (Same-day)
- Non-acute Respiratory Referral (> 24 hours)
- Radiology Services and Advice
- Lung Function Testing
- Pulmonary Rehabilitation
- Home Oxygen Referral

Corticosteroid Use in Oncology and  
Haematology

Endometrial Cancer



Familial Cancer Syndromes



Fitness to Drive

Gastroenterology



Hair Loss in Cancer Therapies

Haematology



Cancer Immunotherapy Adverse  
Events

Lung Cancer



Lung Cancer Screening

Lung Cancer - Established

Lung Cancer - Suspected

Medical Oncology



Optimal Cancer Care Pathways

Ovarian Cancer



 / [Medical](#) / [Oncology](#) / [Lung Cancer](#)

[Toggle Alternative Tables for Responsiveness](#)

## Lung Cancer

### In This Section

[Lung Cancer Screening](#)

[Lung Cancer - Established](#)

[Lung Cancer - Suspected](#)

# Using HealthPathways to navigate the NLCSP



## Lung Cancer Screening

### Lead region page (secondary)

**Geographic scope:** Australia (two-tier sharing) [↗](#).

**Primary lead region:** South Western Sydney.

**Secondary lead region:** Melbourne (VIC).

**Attached followers:** None yet.

Submit feedback about this page via the host site: **Melbourne**.



**Caution: This page is in development.**

STYLE-ALIGNED

DRAFT PHASE  
First

See also [Lung Cancer - Suspected](#).

## Background

[About lung cancer screening](#) ▼

## Assessment

1. Take a [history](#) ▼. If any signs or symptoms suggestive of lung cancer, follow the [Lung Cancer - Suspected](#) pathway.
2. Consider [potentially underscreened priority populations](#) ▼.
3. Assess [eligibility for screening](#) ▼.
4. If eligible for screening, assess the patient's [suitability for low-dose CT scan of the chest](#) ▼. Suitability for lung cancer surgery due to co-morbidities, should not be a contraindication for screening.
5. Check the [patient's understanding](#) ▼ of the choice of lung cancer screening.
6. If eligible for screening and suitable for CT scanning, request low-dose CT scan from [participating radiology service](#). Advise the patient that there is no out of pocket cost for the CT scan for lung cancer screening.

## Management

### Practice point

#### Give smoking cessation advice

Check smoking status and give appropriate cessation advice at every opportunity irrespective of National Lung Cancer Screening Program (NLCSP) eligibility.

1. If any signs or symptoms suggestive of lung cancer, follow the [Lung Cancer - Suspected](#) pathway.
2. Offer [smoking cessation support](#) to the patient, whether they are eligible for lung cancer screening or not.
3. Consider cultural and language barriers when communicating results. See:
  - [International Association for the Study of Lung Cancer Language Guide](#) [↗](#).
  - [Cancer Council – Information for Aboriginal and Torres Strait Islander People](#) [↗](#).
4. Arrange further intervention ▼ based on results of CT scan:
  - The National Cancer Screening Register (NCSR) will notify the patient of results only if they are very low-risk.
  - For all other results, they will advise them to contact their requesting practitioner
5. If a follow-up scan is advised, and there is subsequent nodule growth, refer for follow-up scan, or manage according to the nodule risk category.
6. If [additional findings](#) ▼ are noted on the scan, manage according to relevant guidelines.
7. The NCSR will manage screening reminders following participant enrolment, however consider adding appropriate recalls within practice software.

## Referral

If high risk or very high risk, [refer to a respiratory physician linked to a lung cancer MDT](#).

## Information



[For health professionals](#) ▼



[For patients](#) ▼



Melbourne

HealthPathways

Melbourne

Cancer Immunotherapy Adverse Events

Lung Cancer

Lung Cancer - Established

Lung Cancer - Suspected

Medical Oncology

Optimal Cancer Care Pathways

Ovarian Cancer

Pancreatic Cancer - Established

Psychosocial Care in Cancer

Radiation Oncology

Malignant Spinal Cord Compression

Oncology Referrals

Pain Management

Palliative Care

Respiratory

Rheumatology

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Lung Cancer

Lung Cancer - Suspected

Lung Cancer - Suspected

Red flags

Stridor

Severe superior vena cava obstruction

Background

About lung cancer – suspected

Assessment

1. Ask whether the patient identifies as an Aboriginal or Torres Strait Islander and record the response. Consider the specific cultural and spiritual needs of each patient.

2. Check symptoms and signs and consider a diagnosis of lung cancer if lasting:

- more than 3 weeks if a single symptom or sign, and the patient has no known risk factors.
- less than 3 weeks for a patient with more than 1 symptom or sign, or known risk factors.

3. Assess for evidence of life-threatening conditions:

- Signs of severe superior vena cava obstruction
- Spinal cord compression

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Melbourne

Nutrition

Smoking and Vaping Cessation

Nicotine Replacement Therapy (NRT)

Prescribing Nicotine Vaping Products

Weight Management in Adults with Overweight or Obesity

Lifestyle and Preventive Care Referrals

Medical

Mental Health

Older Adults' Health

Medicines Information and Resources

Public Health

Specific Populations

Surgical

Women's Health

Our Health System

 / Lifestyle and Preventive Care / Smoking and Vaping Cessation



## Smoking and Vaping Cessation

See also:

- Nicotine Replacement Therapy (NRT)
- Prescribing Nicotine Vaping Products

## Background

[About smoking and vaping cessation](#)

## Assessment

- Consider smoking cessation frameworks, which are also applicable to vaping cessation:
  - [Brief intervention \(Ask, Advise, Help\)](#) for all patients
  - [Comprehensive intervention \(5 As\)](#) to assist in quitting
- Ask about and document all forms of nicotine consumption and relevant history. Consider relevant circumstances for providing personalised advice about the benefits of quitting.
- Assess:
  - history of previous quit attempts
  - markers of nicotine dependence

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### CPD REPORTING

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Bowel Cancer



Brain Tumours

Breast Cancer



Cancer Survivorship Care

Cancer of Unknown Primary

Cervical Cancer

Corticosteroid Use in Oncology and  
Haematology

Endometrial Cancer



Familial Cancer Syndromes



Fitness to Drive

Gastroenterology



Hair Loss in Cancer Therapies

Haematology



Cancer Immunotherapy Adverse  
Events

## Lung Cancer Screening

### Assessment

1. Take a [history](#) ^ . If any signs or symptoms suggestive of lung cancer, follow the [Lung Cancer - Suspected](#) pathway.

#### History

Ask about:

- symptoms – e.g. cough, dyspnoea, haemoptysis, weight loss, night sweats.
- smoking history – consider all forms of tobacco smoking, (however the current program is based on cigarette smoking).
- family history of lung cancer or emphysema.

2. Consider [potentially underscreened priority populations](#) ^ .

#### Potentially underscreened priority populations

- Aboriginal and Torres Strait Islanders
- People living in rural and remote areas
- People from culturally and linguistically diverse backgrounds
- People living with disability
- People from the lesbian, gay, bisexual, transgender, intersex, queer, and asexual communities

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Cancer Immunotherapy Adverse Events
Lung Cancer ^
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Optimal Cancer Care Pathways
Ovarian Cancer v
Pancreatic Cancer - Established
Psychosocial Care in Cancer
Radiation Oncology v
Malignant Spinal Cord Compression
Oncology Referrals v

**Lung Cancer Screening**

3. Assess [eligibility for screening](#) ^.

**Eligibility criteria for screening**

- Aged 50 to 70 years
- 30 pack year cigarette smoking history
- Currently smoking or quit in the last 10 years
- No signs or symptoms suggestive of lung cancer

4. If eligible for screening, assess the patient's [suitability for low-dose CT scan of the chest](#) ^. Suitability for lung cancer surgery due to co-morbidities, should not be a contraindication for screening.

**Suitability for low-dose CT scan of the chest**

- Patient:
  - can lie flat for a minimum of 5 minutes, and preferably be able to hold their hands above their head.
  - has not had a symptomatic lung infection within the last 12 weeks.
  - has not had a full ct of the chest within the last 12 months, or is planned in the next 3 months, for other clinical reasons.
- Patient's weight does not exceed scanner restrictions.

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## Lung Cancer Screening

5. Check the [patient's understanding](#) ^ of the choice of lung cancer screening.

### Patient's understanding of the choice of lung cancer screening

- Ensure shared decision making by providing accurate and clear [information on the screening](#) ^.

#### Information on screening

- The benefit of lung cancer screening is to find lung cancer as early as possible.
- The screening test is a low-dose CT scan.
- What is involved in lung cancer screening (e.g. what happens on the day of the scan, frequency of scans, who is involved).
- The low-dose CT scan will take place in a radiology service.
- Mobile screening may be an option for people living in some rural or remote areas.
- No preparation is required for a low-dose CT scan for lung cancer screening.
- Having a low-dose CT scan involves being exposed to a small amount of radiation.
- Most people will not be diagnosed with lung cancer.
- Some people will have an additional health finding that is not lung cancer.
- How and when people will receive their screening results.
- What happens if the results require further action.
- What happens if someone is diagnosed with lung cancer.
- Treatment options for lung cancer if diagnosed.
- The possible financial costs involved in receiving treatment for lung cancer.
- Psychosocial supports available.

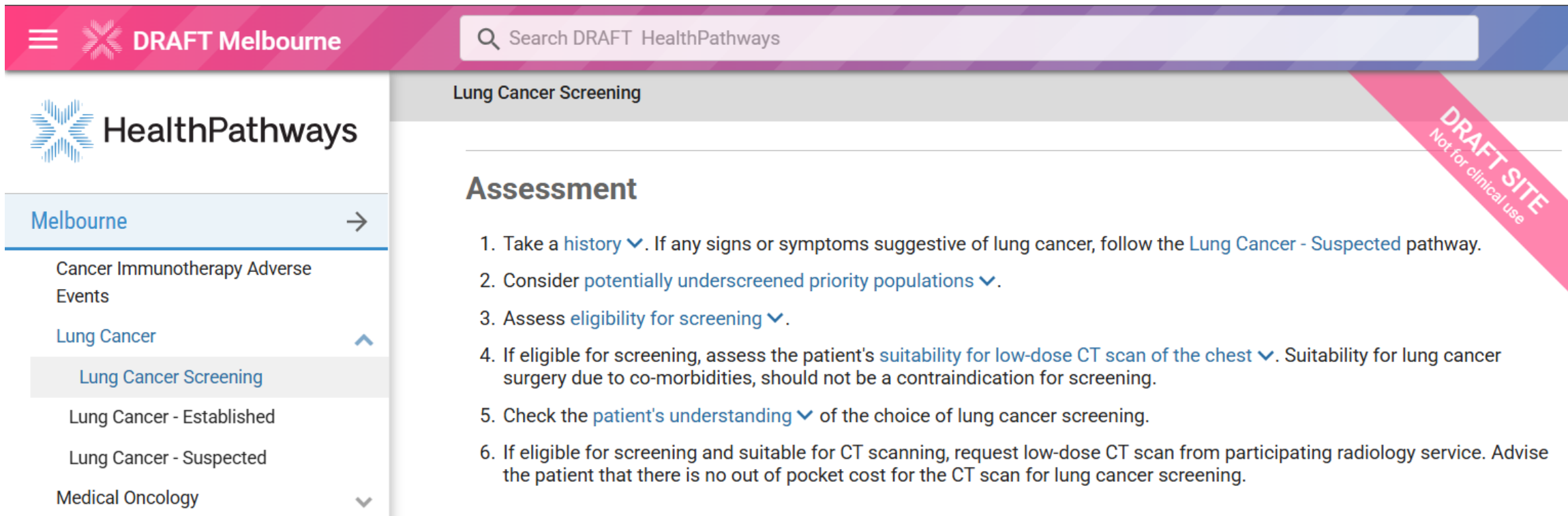
- Help the patient to understand that a choice to screen for lung cancer exists.
- Inform the patient about their options.
- Support the patient to decide if screening is right for them.

6. If eligible for screening and suitable for CT scanning, request low-dose CT scan from participating radiology service. Advise the patient that there is no out of pocket cost for the CT scan for lung cancer screening.

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# Referring – finding participating radiology providers



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Melbourne →

- Cancer Immunotherapy Adverse Events
- Lung Cancer ^
  - Lung Cancer Screening**
  - Lung Cancer - Established
  - Lung Cancer - Suspected
- Medical Oncology v

**Lung Cancer Screening**

## Assessment

1. Take a [history](#) v. If any signs or symptoms suggestive of lung cancer, follow the [Lung Cancer - Suspected](#) pathway.
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Access to information about locally available participating radiology services  
(once available)

## Lung Cancer Screening

### Management

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Fitness to Drive

Gastroenterology ▾

Hair Loss in Cancer Therapies

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Pancreatic Cancer - Established

Lung Cancer Screening

Referral

If high risk or very high risk, refer to a [respiratory physician linked to a lung cancer MDT](#).

Information

[For health professionals ▲](#)

Further information

[For patients ▲](#)

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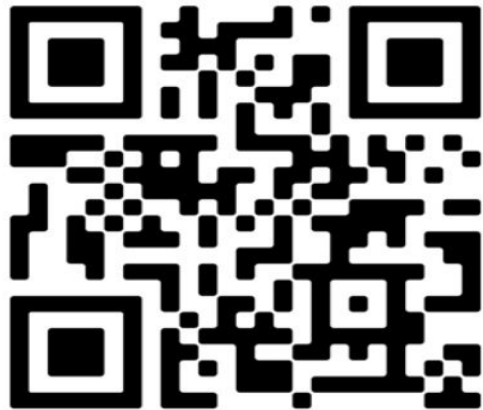
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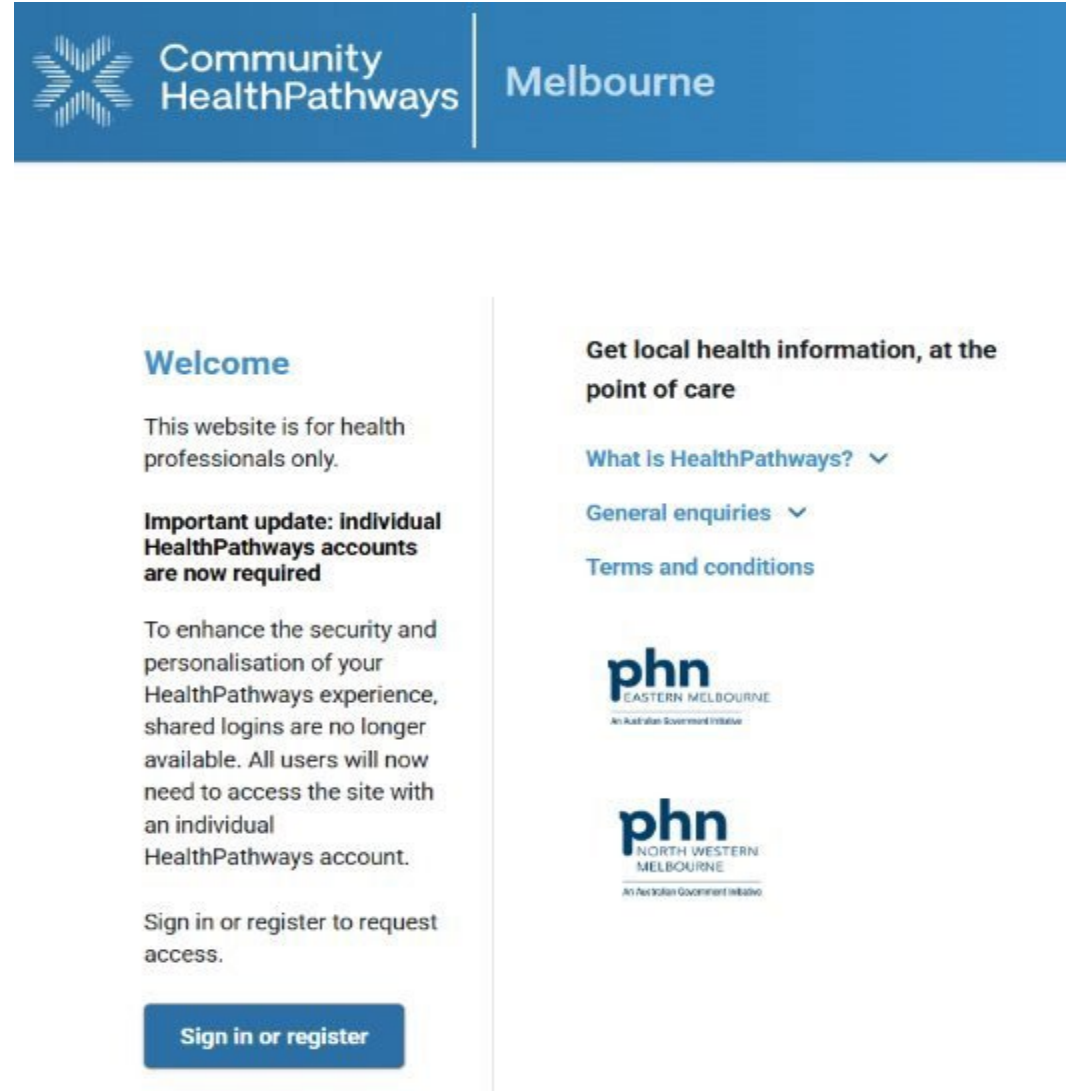
# Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au).



[melbourne.healthpathways.org.au](http://melbourne.healthpathways.org.au)

A screenshot of the HealthPathways Melbourne website. The header is blue with the "Community HealthPathways Melbourne" logo. The main content area is white and contains a "Welcome" section with a "Sign in or register" button. To the right, there are links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". At the bottom right, there are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE".

Community HealthPathways Melbourne

## Welcome

This website is for health professionals only.

**Important update: individual HealthPathways accounts are now required**

To enhance the security and personalisation of your HealthPathways experience, shared logins are no longer available. All users will now need to access the site with an individual HealthPathways account.

Sign in or register to request access.

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