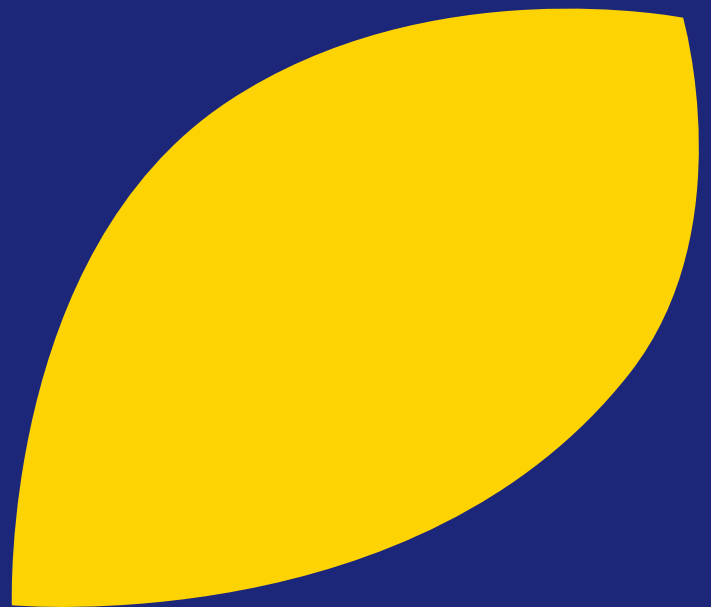


Delivering the National Lung Cancer Screening Program

An implementation guide
for Victorian nurses



Contents

Overview of the National Lung Cancer Screening Program	3
The role of nurses in the NLCSP	3
The NCSR and the NLCSP	3
Preparing your clinic	5
1. Understand the screening pathway and your role	5
2. Establish a whole-of-practice approach	5
3. Have patient resources ready	5
4. Integrate your clinic software with the NCSR	6
5. Use existing systems to support assessment and follow-up	6
6. Confirm clear referral pathways	7
7. Explore existing billing options to integrate lung screening	7
8. Plan for monitoring and improvements	7
Delivering the program	8
Step 1: Identify eligible patients	9
Step 2: Assess eligibility and discuss lung screening	9
Step 3: Document eligibility to support recall and follow-up	11
Step 4: Facilitate low-dose CT referral	11
Step 5: Support results and follow-up	11
Step 6: Provide smoking cessation or reduction support	12
More information	12

Acknowledgement

This guide was informed by the evaluation findings of the project, 'Establishing best practice: Nurse-led recruitment and support for the National Lung Cancer Screening Program', drawing on the experiences of 10 nurses who received funding to implement lung cancer screening in primary care settings between August 2025 and January 2026. We thank these nurses for their leadership, initiative, and willingness to share the insights and lessons that underpin this guide.



Overview of the National Lung Cancer Screening Program

The National Lung Cancer Screening Program (NLCSP) aims to increase early detection of lung cancer in Australia and save lives. The NLCSP uses low-dose computed tomography (low-dose CT) scans to look for lung cancer in high-risk people without any symptoms, and the recommended screening interval is every two years.

Australians are eligible for the NLCSP if they:

- are aged 50 to 70
- currently smoke or have quit in the last 10 years
- have no signs or symptoms of lung cancer (including a persistent cough and wheezing)
- have a 30 pack-year smoking history.

More information about the NLCSP can be found at: www.health.gov.au/nlcsp

For guidance on investigating symptomatic patients with suspected lung cancer and supporting their early referral into the diagnostic pathway, refer to Cancer Australia's Investigating symptoms of lung cancer guide found at: www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/investigating-symptoms-lung-cancer

The role of nurses in the NLCSP

Nurses play a key role in delivering the NLCSP by promoting awareness of lung cancer screening and supporting patient eligibility assessment, enrolment and engagement across the pathway.

Working alongside GPs and other healthcare providers, nurses contribute to a coordinated, patient-centred approach. Their trusted relationships with patients support lung health conversations, encourage early detection and promote equitable access to screening across diverse communities.

The NLCSP uses the National Cancer Screening Register (NCSR) to support ongoing patient screening and reminder communication.

The NCSR and the NLCSP

The NCSR is a national system and is used to:

- record patient eligibility and enrolment in the NLCSP
- track screening activity over time, including low-dose CT scan results and follow-up
- support reminders and recalls so patients are invited to screen at the right time
- enable continuity of care, including when patients move between practices or providers
- support quality, safety and program monitoring at a national level.

For primary care, the NCSR is a key tool for supporting continuity of care and ensuring appropriate follow-up throughout the screening pathway, particularly when integrated with existing clinical software.

More information about NCSR integration with clinical software can be found on the [NCSR website](#). For further NCSR support, please call the contact centre on 1800 627 701.

Preparing for and delivering the NLCSP

Preparing your clinic:

1. Understand the screening pathway and your role
2. Establish a whole-of-practice approach
3. Have patient resources ready
4. Integrate your clinic software with the NCSR
5. Use existing systems to support assessment and follow-up
6. Confirm clear referral pathways
7. Explore existing billing options to integrate lung screening
8. Plan for monitoring and improvements

Supporting delivery of the program:

STEP 1: Identify eligible patients

- Identify patients through:
- Awareness and promotion (e.g. flyers)
 - Opportunistic identification (e.g. during appointments)
 - Targeted identification (e.g. SMS reminders to patients with a smoking history)

STEP 2: Assess eligibility and discuss lung screening

- Minimise smoking-related stigma and dispel common myths
- Create a streamlined clinic approach to assessment
- Understand how to calculate pack-years
- Integrate assessment into clinic appointments
- Use a trauma-informed approach to discussions
- Support patients who are interested but ineligible

STEP 3: Document eligibility to support recall and follow-up

- Record patient eligibility and enrolment using NCSR forms

STEP 4: Facilitate low-dose CT referral

- Use the NLCSP low-dose CT referral form

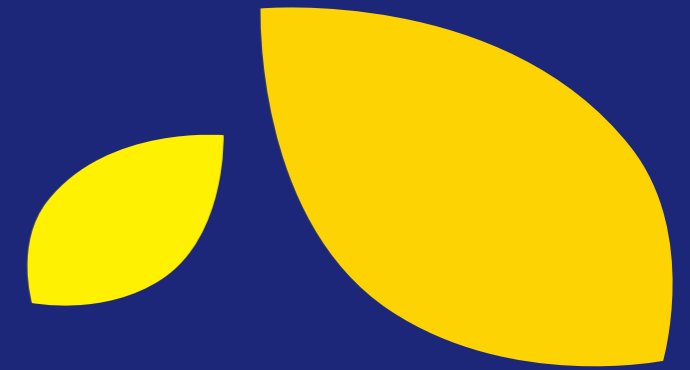
STEP 5: Support results and follow-up

- Remind and support patients to complete screening
- Ensure timely communication of results and follow-up

STEP 6: Provide smoking cessation or reduction support

- Use Ask, Advise, Help model
- Access smoking cessation resources

Preparing your clinic



The section below outlines the practical steps nurses can take to help their clinic get ready to deliver the NLCSP. In many settings, nurses play a key role in coordinating patient identification, enrolment and follow-up within a whole-of-practice approach.

1. Understand the screening pathway and your role

- Read the [Program Guidelines](#) and [lung cancer screening pathway](#) available on the NLCSP website.
- Review the healthcare provider [roles and responsibilities](#) infographic on the NLCSP website.
- Complete relevant training such as the [National Lung Cancer Screening Program Health Workforce Education Modules](#) and/or watch the [National Lung Cancer Screening Program Health Workforce Education webinar](#).

2. Establish a whole-of-practice approach

- Identify a clinic lead or champion to support NLCSP integration into routine practice (this may be delegated to you or someone else in the practice).
- Hold a team meeting (or, if not practical, email key information with a read receipt/confirmation mechanism) to ensure all staff understand the eligibility criteria, why screening is offered, how patients are identified and where to find resources.
- Define and document clear roles and workflows by agreeing on who will:
 - › identify eligible and suitable patients
 - › complete assessments
 - › initiate referrals
 - › enter patient into NCSR
 - › complete patient reminders and follow-up support.
- Maintain ongoing team engagement by discussing screening in regular meetings and incorporating screening into routine practice.

3. Have patient resources ready

- Order, print and display NLCSP [resources](#) to support patients.
- Ensure [translated resources](#) are available where needed.
- All resources are available on the NLCSP website.

4. Integrate your clinic software with the NCSR

- Work with your practice manager, clinical software provider or local PHN to establish NCSR integration (Best Practice, MMEEx, Communicare and Medical Director can be integrated with the NCSR).
- If your system doesn't allow integration with the NCSR, you can still access the NCSR via the [Healthcare Provider Portal](#). Nurses can [apply to access the Healthcare Provider Portal](#) as a delegate of a provider with a Medicare Provider Number.
- Follow [instructions on the NCSR website](#) for system set up and use.
- Include checking the NCSR as part of current workflows.
- Ensure screening history on the NCSR is saved into patient files.

5. Use existing systems to support assessment and follow-up

- Set up templates to support eligibility assessment including:
 - › brief script to explain lung cancer screening to patients – you can reference the NLCSP [Discussing Participation](#) conversation guide or the [Conversation Starters](#) guide available on the NLCSP website
 - › questions to include to assess eligibility (e.g. age, symptoms, smoking history, pack-years).
- Use NCSR forms where available:
 - › upload them into your clinical software template library
 - › enable auto-fill fields (e.g. demographics, smoking history)
 - › save completed forms in patient records.
- Use prompts to integrate lung cancer screening into routine care and identify patients who may be eligible and suitable:
 - › add alerts/icons/pop-ups/reminders in clinic software for relevant consultations (e.g. wound care, immunisations, chronic care plans, pre-employment checks).
- Use existing reminder systems (e.g. HotDoc or SMS recalls) to support follow-up and ongoing participation.



For instructions on setting up templates or creating patient alerts/icons/pop-ups/reminders, refer to your clinical software provider or to your local PHN for training support and resources.

6. Confirm clear referral pathways

- Confirm referral processes for low-dose CT scans.
- Contact local radiology providers to confirm participation in the NLCSP and create a list of local providers that can be provided to patients.
- Consider travel, appointment availability and patient access when discussing options.

7. Explore existing billing options to integrate lung screening

- Integrate lung cancer screening conversations and eligibility assessment into routine care activities such as nurse-assisted chronic disease management plans, blood collection, health assessments, etc.
- New NLCSP MBS item numbers have been developed for radiology only, use appropriate existing billing options under GP supervision within general practice.

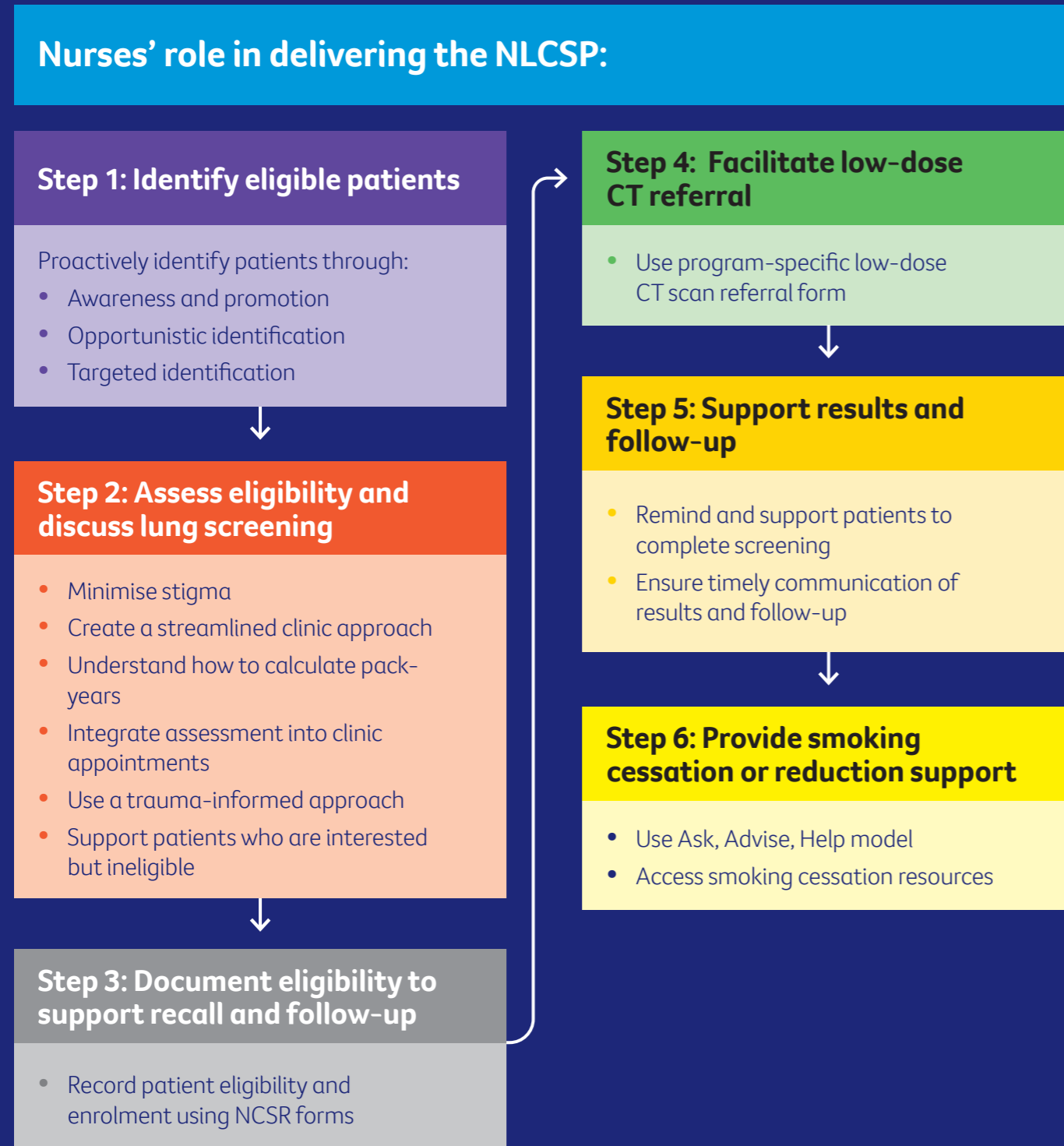
8. Plan for monitoring and improvements

- Decide how patients will be tracked as they move through the screening pathway.
- Use existing software reports or a simple spreadsheet if needed.
- Review progress regularly in team meetings and adjust workflows if issues arise.
- Consider implementing the measure 2 PIP QI activity 'Proportion of patients with a smoking status'. Contact your PHN for more information or visit: www.health.gov.au/our-work/practice-incentives-program-quality-improvement-incentive.



Delivering the NLCSP

This section outlines the key steps involved in delivering the NLCSP in practice. The **pathway infographic below** provides an overview of the screening journey from identifying eligible patients through to follow-up and support. **Each step is then explained in more detail** in the sections that follow, with practical guidance on how nurses can support patients at each stage.



Step 1: Identify eligible patients

1.1 Awareness and promotion

- Talk about lung cancer screening with all patients as raising community awareness normalises screening, reduces stigma and encourages family and friends to spread the word about the NLCSP.
- Promote lung cancer screening through existing clinic communications and health promotion activities by displaying **posters and flyers** (available on the NLCSP website), including messaging on social media or in SMS reminders and promoting the NLCSP at awareness events (e.g. November Lung Cancer Awareness Month, May Lung Health Month).

1.2 Opportunistic identification

- Encourage clinic staff to ask about screening opportunistically when patients aged 50 to 70 attend for other appointments (e.g. wound care, immunisations, chronic care plans, blood collection, pre-employment checks).
- Embed lung cancer screening prompts into existing clinic systems to support opportunistic identification.

1.3 Targeted identification

- Complete a clinical audit to find potentially eligible patients (age + smoking status) by utilising systems such as POLAR and PenCAT.
- Deliver a mailout/SMS to patients identified as potentially eligible to let them know about lung cancer screening and to speak to a clinician at the clinic.
- Conduct daily screens of the appointment diary for potentially eligible patients. Start small if smoking history and pack-year data is inconsistent.
- Prime future eligible patients by raising awareness of lung screening at 45 to 49-year-old health assessments.

Step 2: Assess eligibility and discuss lung screening

2.1 Use an approach that promotes screening and reduces smoking-related stigma

- Promote lung cancer screening as a new screening opportunity for looking after your lung health, using plain language and conversation prompts (see the NLCSP **conversation starters resource**).
- Carefully explain why smoking history and tobacco use are being asked about.
- Dispel common myths about lung cancer screening (e.g. needing to have symptoms or needing to quit smoking to take part).
- Use non-judgemental language like 'person who smokes' rather than 'smoker' and non-judgemental approaches that reduce smoking-related stigma including framing smoking as a nicotine dependence rather than a lifestyle choice (see the NLCSP **reducing stigma resource**).

2.2 Create a streamlined approach to assessing patient eligibility

- Use clinical software templates to support eligibility assessment including:
 - › standard questions for age, symptoms, smoking history and pack-years
 - › brief scripting to explain lung cancer screening and the low-dose CT scan procedure to patients.

- Where available, use NCSR templates that auto-populate patient information (e.g. demographics and smoking history) and save completed templates in patient records.
- Use a simple visual prompt or flag in the medical record to help staff identify patients who may need an eligibility assessment during a consultation.

2.3 Understand how to calculate pack-years so it can be consistently assessed

- Pack-years measure smoking exposure over time and are calculated by multiplying the number of packs smoked per day by the number of years smoked (1 pack = 20 cigarettes). For example, smoking 1 pack per day for 30 years, or smoking 2 packs per day for 15 years, equals 30 pack-years.
- Pack-year calculations are an estimate of smoking exposure and may not always be exact. Clinician judgement should be used and is supported particularly when smoking history is unclear, variable over time or difficult to quantify.
- Ensure current pack-years are documented in patient file.
- Refer to online smoking pack-year calculators if needed.

2.4 Use multiple and flexible ways to integrate eligibility assessment into clinical appointments to minimise patient burden

- Bundle assessment with other health appointments (e.g. vaccinations, chronic care plans).
- Consider patient factors like distance to clinic or out of pocket costs for in-person assessments and offer telehealth appointments for assessment where appropriate.

2.5 Use a trauma-informed approach when talking about cancer screening to manage cancer fears and scan anxiety

- Provide clear, plain language explanations about lung cancer screening to help address common concerns such as radiation exposure or anxiety about possible results.
- Reassure patients that screening is offered to people without symptoms and that early detection can improve outcomes.
- Offer patients trusted, plain language information to read in their own time such as the [Lung Cancer Screening FAQs](#) on the NLCSP website.
- Understand that some patients may need time to consider participation and keep the conversation open for future discussions.
- Use the term 'lung screening' instead of 'lung cancer screening' as the word cancer can be triggering for some patients.
- Recognise that some patients may be eligible but not yet ready to take part and use reminder systems or planned check-ins to revisit screening at an appropriate time.

2.6 Support patients who are interested in screening but are not eligible for the NLCSP

- Clearly explain the NLCSP eligibility criteria.
- Understand the patient's interest and concerns about their lung health.
- Identify and discuss alternative pathways for patients who are not eligible but remain concerned.
- Patients may choose to access a low-dose CT scan outside of the NLCSP at their own cost, however this is not routinely recommended and should be discussed in consultation with their GP in the context of potential risks and benefits.

Step 3: Document eligibility to support recall and follow-up

- Record patient eligibility and enrolment using the NCSR [eligibility and enrolment form](#) once eligibility has been assessed and a referral for a low-dose CT scan has been arranged. This only needs to be done once per person.
- Enrol patients into the NLCSP with consent, even if they are not yet due for a low-dose CT scan (e.g. if they have had a scan within the last 12 months) and nominate a future date for reminders if needed.
- Record NLCSP eligibility, smoking history, and pack-years in patient record and confirm enrolment has been completed as part of routine workflow to reduce the risk of missed follow-up.

Step 4: Facilitate low-dose CT referral

- Explain what the low-dose CT scan involves, including preparation, appointment length and how results will be communicated.
- Use NLCSP-specific [low-dose CT scan referral forms](#) available on the NLCSP website.
- Support communication between the patient, referring GP or nurse practitioner, and radiology service to ensure the referral is completed and acted on in a timely manner. This may include assisting with appointment booking, confirming attendance, and identifying and addressing any additional patient needs (e.g. interpreting services, transport or accessibility requirements).

Step 5: Support results and follow-up

5.1 Remind and support patients to complete screening

- Set a timeline for completing the scan to help patients stay on track.
- Send reminders via SMS or make phone calls to prompt patients to book or attend their scan.
- Identify and address potential barriers such as transport, other health concerns, or scheduling conflicts to support patient participation.

5.2 Ensure timely communication of results and follow-up

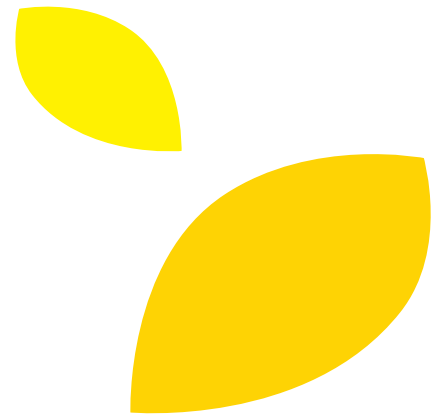
- Integrate lung cancer screening follow-up reminders into existing clinical recall and reminder systems. For example, check-in phone calls if a patient hasn't made an appointment to follow-up results.
- Ensure staff consistently record and track referrals, screening outcomes and additional findings.
- For patients requiring repeat scans (3, 6 or 12 months), establish reminder systems to support accessible and timely follow-up. For example, pre-booking low-dose CT scan referral appointments, scheduling telehealth consultation and making scan referrals available to patients in advance of due date.

Step 6: Provide smoking cessation or reduction support

- Acknowledge that patient resistance or reluctance to discuss smoking cessation or reduction is common.
- Use an initial approach that keeps the door open for patients to seek support later if they decide to quit or reduce smoking.
- Informally assess the patient's readiness to change and tailor support and resource referral accordingly (**Ask, Advise, Help**).
- Have hard copies of smoking cessation information available for patients to take away.
- Raise the topic over time, recognising that patients' readiness to reduce or quit smoking may change throughout the lung cancer screening process (e.g. after receiving the low-dose CT scan results).

Smoking cessation resources

- Quit **resource hub** including downloadable resources and hard copy order
- Quit Centre **training for primary healthcare nurses**
- Quit Centre **resources** for primary healthcare nurses
- Training for other practice staff:
Course: Smoking Cessation Brief Advice Essentials



More information

Cancer Screening resources for health professionals:
www.screeningresources.cancervic.org.au/resources

Lung cancer screening resources: www.health.gov.au/nlcsp

The information in this guide is accurate and up to date at the time of development:
May 2026.

This resource was developed with funding from the Victorian Government,
under the Victorian Cancer Screening Framework.