VISION Radiology

National **Lung** Cancer **Screening** Program

LUNG CANCER IS THE FIFTH MOST FREQUENTLY DIAGNOSED MALIGNANCY IN AUSTRALIA AND REMAINS THE LEADING CAUSE OF CANCER-RELATED MORTALITY.

EARLY DETECTION SAVES LIVES

National Lung Cancer Screening Begins 1 July 2025

Evidence indicates that early detection significantly improves therapeutic efficacy and patient survival rates.

Commencing 1 July 2025, the National Lung Cancer Screening Program (NLCSP) will implement low-dose computed tomography (LDCT) to screen asymptomatic individuals at high risk of developing lung cancer. The program aims to facilitate earlier diagnosis, thereby reducing lung cancer mortality by an estimated 500 lives annually.

As of 1 July 2025, the National Lung Cancer Screening Program (NLCSP) in Australia offers biennial low-dose computed tomography (CT) scans to asymptomatic individuals at high risk of lung cancer. The program aims to detect lung cancer early, improving treatment outcomes and reducing mortality.

REFERRAL PATHWAY

Healthcare providers, including general practitioners and medical specialists, can refer eligible patients to the NLCSP. The referral process involves:

1. **ASSESSMENT:** Determine patient eligibility based on the criteria above.
2. **INFORMED CONSENT:** Ensure the patient understands the benefits and limitations of screening.
3. **REFERRAL:** Provide a referral for a low-dose CT scan at an accredited radiology service.
4. **DOCUMENTATION:** Record the informed consent and referral details appropriately.

ELIGIBILITY CRITERIA

AGE: Between 50 and 70 yrs old.

AND

SMOKING HISTORY: Currently smoking or have quit within the past 10 years.

AND

SMOKING INTENSITY: A history of at least 30 pack-years of cigarette smoking.

AND

ASYMPTOMATIC: No signs or symptoms suggestive of lung cancer.

AND

INFORMED CONSENT: An informed choice to participate must be recorded.

The program is supported by the National Cancer Screening Register (NCSR), which manages participant information and sends screening reminders. Radiology providers are required to bulk bill low-dose CT scans for the program when using the program-specific Medicare Benefits Schedule (MBS) items.

HOW DO I REFER PATIENTS TO THE NLCSP?

IMAGING REQUEST FORM

Available in hard copy and electronic versions

Must be the NLCSP version (Ensures correct prompts and patient tracking)

REPORTS TO:

National Cancer Screening Register (NCSR) - One electronic record per person in Australia

COVERS:

- ✓ National Bowel Cancer Screening Program
- ✓ National Cervical Screening Program
- ✓ National Lung Cancer Screening Program

WHY THIS MATTERS

- Prompts lung screening reminders
- Supports clinical decision-making
- Flags to Vision Radiology that it's part of NLCSP

REMINDER FOR REFERRERS

Always use the dedicated NLCSP request form, this ensures correct workflow and supports ongoing screening initiatives

National **Lung** Cancer **Screening** Program **Imaging Request**

VISION Radiology

The low-dose ct (LDCT) scan is fully funded under Medicare however your doctor may charge a consultation fee for the request and any follow up required.

Patient Details (or affix label)

Patient Name:

Address:

DOB: ☐☐/☐☐/☐☐☐☐ Phone: ☐☐☐☐☐☐☐☐☐☐

Medicare Number: ☐☐☐☐ ☐☐☐☐☐ MBI ☐

Aboriginal/Torres Strait Islander Origin:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Straight Islander ☐ Prefer not to answer

Clinical Information

☐ This patient meets the eligibility criteria of the National Lung Cancer Screening Program

Type of screening test:

☐ **2 Yearly scan:** ☐ New participant **OR** ☐ Participant returning for two-year scan

OR

☐ **Interval scan to monitor previous findings**
(1,2,3, 6 Or 12 month interval scan as determined in previous NLSP LDCT report)

☐ **Any previous chest CT** **Date** (if known): ☐☐/☐☐/☐☐☐☐

Radiology provider/location (if known):

☐ **Family history of lung cancer in a first-degree relatives** (only required for first/baseline LDCT)
(First-degree relatives include parents, siblings or children)

History of any Cancer ☐ No ☐ **Yes** (if yes, provide details)

Additional clinical / other notes, if required

Requesting practitioner (or affix label)

Name:

Provider Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address:

Phone: ☐☐☐☐☐☐☐☐☐☐ Fax: ☐☐☐☐☐☐☐☐☐☐

Signature: Date: ☐☐/☐☐/☐☐☐☐

Send copy to:

NO COST TO THE PATIENT

Medicare will cover two new MBS items:

1. The screening low dose CT scan undergone by the participant every 2 years
2. The interval low dose CT scans for any follow-up needed during the 2-yearly screening period (as required, following results of the screening low dose CT scan).

These will be mandatory bulk billing items and will have mandatory reporting requirements.

WHY CHOOSE VISION RADIOLOGY?

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