

# National Lung Cancer Screening Program

Lung cancer is Australia's leading cause of cancer death, taking over 8,500 lives per year with most cases diagnosed too late for curative treatment.

The National Lung Cancer Screening Program (NLCSP) is a major public health advancement, focusing on **early detection of lung cancer using low-dose CT scans**, with the goal of reducing mortality and supporting high-risk populations.

The Australian Government launched the NLCSP on 1st July 2025, introducing two new Medicare items for lung screening. We are partnering with Chest Scan to support the program and provide **fast** and **easy** access to low dose CT scans for eligible patients, **at no cost**.

**GPs are central to the success of this program.**

## Screening Eligibility

To qualify, patients must:

- ✓ Be aged between **50 and 70 years**
- ✓ **Be asymptomatic** with no sign of lung cancer
- ✓ Have a history of tobacco cigarette smoking of at least **30 pack-years**
- ✓ Be a current smoker, or have quit smoking within the last 10 years.

## About Chest Scan

Chest Scan combines all of Integral Diagnostics' (IDX) expert radiologists, resources, and technology. Specialising in the early detection of lung cancers and diseases, Chest Scan, helps to ensure the best possible treatment options are available.

With a team of highly trained subspecialty chest radiologists across Australia, Chest Scan ensures expert interpretation and precise diagnosis.

This collaboration enhances accuracy, efficiency, and patient care, ensuring timely and reliable results.

## Pack-years

A pack-year is a way to measure the number of cigarettes a person has smoked.

Pack-years are calculated by multiplying the number of packs smoked per day by the number of years smoked.

1 pack (20 cigarettes) each day for 1 year = 1 pack year

2 packs (40 cigarettes) each day for 6 months = 1 pack year

## Screening Pathway

- **Request** GP requests patient imaging for initial Low Dose Chest CT (LDCT). One MBS item covers initial and 2-yearly scans; another covers interim LDCTs if follow-up is needed.
- **Imaging** Patients book a low-dose CT chest scan direct, via our websites. Their scan will be bulk-billed.
- **Results** We will provide GPs with a structured radiologist report (Standardised Volumetric Doubling Time (VDT) monitoring is used). Initial and subsequent scans will be reported using the recommended Nodule Management Protocol (see over page).
- **Follow up** The National Cancer Screening Register will not hold scan images, but will provide patients with reminders. Consistent use of the same radiology provider is good practice to ensure accurate and comparable data over time.

**All eligible low-dose CT is bulk billed**

# Early detection saves lives



## We are at the forefront of nodule identification utilising AI for specialised reporting.

Our network of radiology providers across IDX ensures access to patient images and reports are available for comparative analysis across Australia.

Capital Radiology are also able to offer SPEC-CT at 3 locations for patients diagnosed with malignant nodules. Patient images are kept on a central database, easily accessible for comparative analysis by our oncologic sub-specialised radiologists.

### Non-eligible Patients

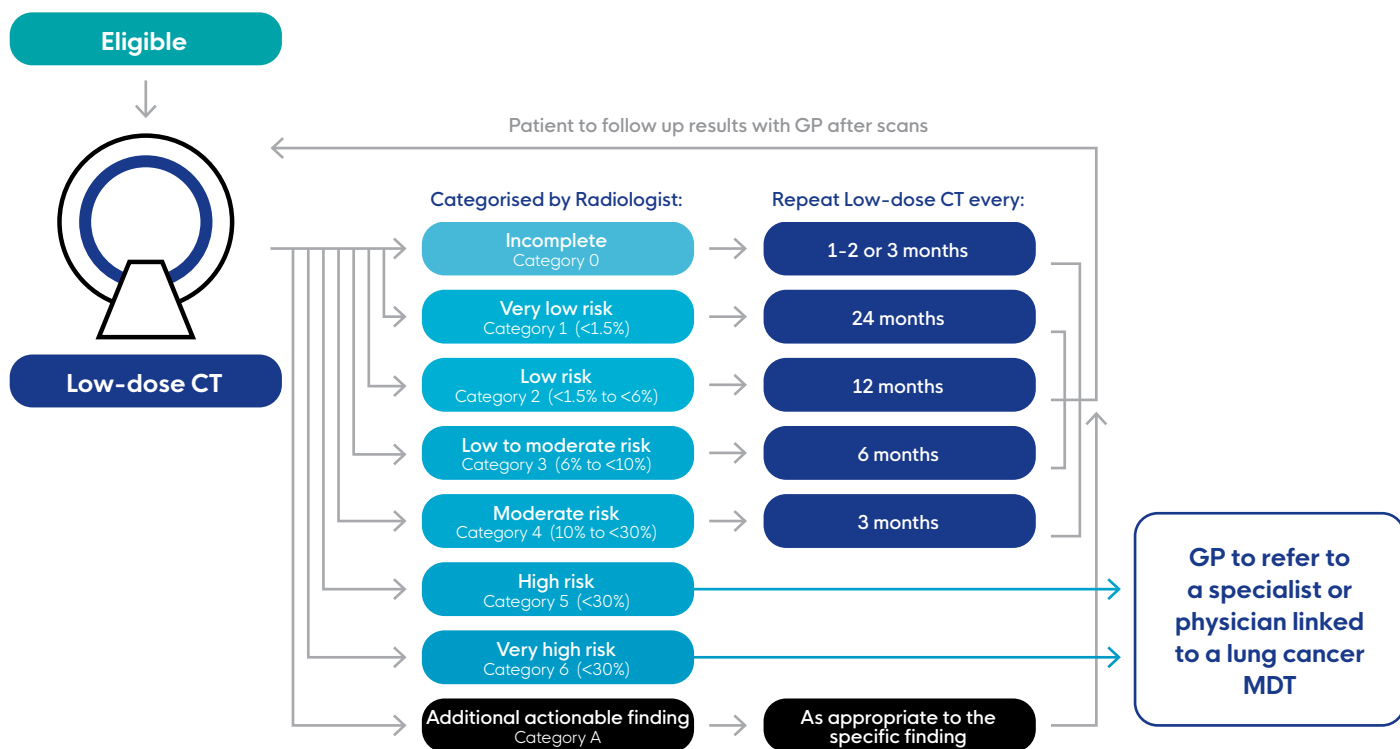
A Chest CT can be requested where clinical relevance is determined by the GP.

Chest Scan partners will provide a diagnostic Chest CT scan and detailed report as per referral request.

An out of pocket fee may apply.

## Nodule Management Protocol

The PanCan Nodule Malignancy Risk Calculator is a validated and evidence based volumetric software tool, which optimises selection of low-risk and high-risk patients at baseline, to determine their % malignancy risk for that nodule.



High risk nodules and those with specific features may require referral to multidisciplinary teams (MDT) for further evaluation and/or oncologic SPEC-CT investigation.