

National Lung Cancer Screening Program Guidelines Public Consultation

This response sheet may be used to upload your response using the online survey of the Department of Health and Aged Care Consultation Hub or email directly to Cancer Australia

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| **Closes 5 Jan 2025**  Opened 28 Nov 2024  **Contact**  Cancer Australia  [lungcancerscreening@canceraustralia.gov.au](mailto:lungcancerscreening@canceraustralia.gov.au) |

# Overview

The National Lung Cancer Screening Program (program) is an Australian Government initiative being implemented in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO).

From July 2025, high-risk people aged between 50 and 70 years with a history of cigarette smoking of at least 30 pack-years will be able to get a free low-dose CT scan using fixed and mobile screening infrastructure every two years unless a screen detected abnormality is found which may require an interval scan or other follow-up.

The program aims to reduce illness and deaths from lung cancer by encouraging people at high-risk to participate in targeted routine lung cancer screening.

The program has been designed based on the Medical Services Advisory Committees (MSAC's) advice outlined in the [Public Summary Document Application No. 1699 – National Lung Cancer Screening Program.](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/C77B956C49CD6841CA25876D000392DF/%24File/1699%20Final%20PSD_Jul2022.pdf)

For more information about the program please visit [National Lung Cancer Screening Program | Australian Government Department of Health and Aged Care](https://www.health.gov.au/our-work/nlcsp).

The Australian Government, through Cancer Australia, commissioned the University of Melbourne, in a consortium with the Australian National University to develop *National Lung Cancer Screening Program Guidelines.*

# Why your views matter

The draft *National Lung Cancer Screening Program Guidelines* (guidelines) are now available for public consultation. The guidelines will assist healthcare providers to navigate themselves and participants through each step of the program’s screening and assessment pathway. The guidelines also provide advice on promoting cultural safety, equity and the reduction stigmatising behaviour, and the provision of smoking cessation advice.

The guidelines have been developed in consultation with experts, clinicians, researchers, Aboriginal and Torres Strait Islander peoples, and consumers.

The screening and assessment pathway outlines the set parameters of the program and is based on evidence and MSAC advice. Therefore, recommendations and guidance based on MSAC’s advice and program policy parameters are out-of-scope for public consultation. This includes the:

* program eligibility criteria
* screening and assessment pathway
* use of low-dose CT scans every 2 years
* use of Pancan nodule management protocol for baseline scans and LungRADS nodule management protocol for subsequent scans
* Program-specific MBS items for low-dose CT scans including the item descriptors.

The consultation draft includes drafting notes to guide stakeholders on aspects of the program that are currently in development and, where relevant, will be incorporated into the final version of the guidelines

Public consultation for the draft Program Guidelines isopen to all individuals and organisations.

*“An offline copy of the public consultation survey questions is available in "Related" resources at the bottom of this page. This offline copy may assist organisations in collating input for their submission or directly email the responses to Cancer Australia.”*

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|  | For further information on how the information you provide will be used, please read our privacy notice in related document below. |  |
|  | [Online Survey >](https://consultations.health.gov.au/hearing-and-program-support-division/nlcsp-guidelines/) |  |

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| Related |
| [Program Guidelines - National Lung Cancer Screening Program\_27 November 2024.pdf](https://consultations.health.gov.au/hearing-and-program-support-division/nlcsp-guidelines/supporting_documents/Program%20Guidelines%20%20National%20Lung%20Cancer%20Screening%20Program_27%20November%202024.pdf)  2.6 MB (PDF document) |
| [Privacy Notice.pdf](https://consultations.health.gov.au/hearing-and-program-support-division/nlcsp-guidelines/supporting_documents/Privacy%20Notice.pdf)  151.7 KB (PDF document) |

**Audiences**

Anyone from any background

**Interests**

Hospitals e-Health Health technology Medicare Legislation Pharmaceutical benefits Health insurance Rural health services Regulatory policy Women's health Children's health Learning and development Dementia Home Care Aged Care Residential Aged Care Short-Term Restorative Care Alcohol Tobacco Chronic disease Communicable diseases Mental health Drugs and substance abuse Food standards Organ and tissue donation Immunisation Hearing Aboriginal and Torres Strait Islander health Environmental health Prescription drugs Preventative health Dental health Non-prescription medicines Grants and procurement Management review Administration Staff audit Staff election Disability Workforce Action Plan 2016-18 Capability Information Technology Strategic Policy Policy Development Cancer Health and Medical Research

**> SURVEY ON NEXT PAGE <**

# Section 1: Consent (Page 1 of 5)

1. **I consent to the Department collecting, using and disclosing the personal information provided by me in my submission, including any sensitive information, for the purposes set out in the below privacy notice.**

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| Privacy Notice (dropdown item)  **IMPORTANT INFORMATION**  **Privacy and your personal information**  The Australian Government Department of Health and Aged Care (the Department) invites you to share your views on the Draft Program Guidelines for the National Lung Cancer Screening Program (Draft Program Guidelines).  Your personal information is protected by law, including the *National Cancer Screening Register Act 2016*, the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles, and is being collected by the Department, via Citizen Space, for the purposes of conducting a consultation process in relation to the Draft Program Guidelines. The Department will collect your personal information at the time that you provide a submission.  If you consent, the Department will disclose your personal information to Cancer Australia and the University of Melbourne, which are working with the Department to develop the Program Guidelines. The information contained in your submission will be used to inform further development of the Draft Program Guidelines.  If you do not or are unable to provide the ‘required’ fields within your submission, you will not be able to complete the submission.  If you prefer, you can make a submission directly to Cancer Australia via post at Locked Bag 3, Strawberry Hills NSW 2012 or email at the following address: [lungcancerscreening@canceraustralia.gov.au](mailto:lungcancerscreening@canceraustralia.gov.au).  If you consent, the Department may, at its discretion, publish part or all of your submission on the Department’s website. If your submission is published, the Department may identify you and/or your organisation as the author of the submission, if you consent to being identified. Please note that your email address will not be published, and responses may be moderated to remove content that is inappropriate/offensive or contains sensitive information.  The Department is seeking your consent to publish your personal information contained in your submissions on the Department’s website, such that your personal information could be accessed by any person, including a person located overseas. The purpose of publishing the personal information is [to ensure an open and transparent process of the consultation on the guidelines. Ordinarily, where the Department discloses personal information to an overseas recipient, Australian Privacy Principle (APP) 8.1 requires the Department to take reasonable steps to ensure that the overseas recipients do not breach the APPs. However, if you provide consent to the publication of the whole or part of your submission, APP 8.1 will not apply to this disclosure and the Department will not be accountable under the Privacy Act for any breach of the APPs by the overseas recipient, and you will not be able to seek redress under the Privacy Act.  You should not include information in your submission about another individual who is identified, or reasonably identifiable. If you need to include information about another individual in your submission, you will need to inform that individual of the contents of this notice and obtain their consent to the Department collecting their personal information.  You can get more information about the way in which the Department will manage your personal information, including our privacy policy, at <https://www.health.gov.au/resources/publications/privacy-policy>. You can obtain a copy of the Department’s privacy policy by contacting the Department using the contact details set out below. The Department’s privacy policy contains information about:   * how you may access the personal information the Department holds about you and how you can seek correction of it; and * how you may complain about a breach of   + the APPs; or   + a registered APP code that binds the Department; and how the Department will deal with such a complaint.   You can contact the Department by telephone on (02) 6289 1555 or free call 1800 020 103 or by using the online enquiries form at [www.health.gov.au](http://www.health.gov.au). |

*(Required)*

* I Agree

1. **I consent to my personal information that is contained in my submission being published on the Department’s website and:**

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| Click for more information (dropdown)   * understand that Australian Privacy Principle (APP) 8.1 requires the Department to take reasonable steps to ensure that any overseas recipients to whom personal information is disclosed in the course of publishing my submission on the Department’s website do not breach the APPs in relation to my personal information * acknowledge that I have been expressly informed that if I consent to the publication of my personal information that is contained in my submission, that APP 8.1 will not apply to the publication and after being advised of this, I am providing my consent to the publication * understand that the Department will not be accountable under the *Privacy Act 1988* (Cth) for any breach of the Australian Privacy Principles by an overseas recipient and I will not be able to seek redress under that Act |

*(Required)*

* Yes
* No

1. **My preferences for publication are:**

*(Required) [SELECT ONE ANSWER]*

* Publish response, including both my name and organisation's name
* Publish response, without my name but including my organisation's name
* Publish response without my name or my organisation's name
* I do not consent to the submission made by me being published on the Department’s website

1. **I confirm I have obtained the consent of any relevant individuals whose personal information is included in my submission (including information about sole trader organisations) with respect to:**

|  |
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| More information (dropdown item)   * the Department’s collection, use and disclosure of their personal information for the purposes outlined in the privacy notice; * the Department’s publication of their personal information on the Department’s website and acknowledge that after bringing the following matters to their attention, that the relevant individuals have provided their consent:   + the relevant individual understands that APP 8.1 requires the Department to take reasonable steps to ensure that any overseas recipients to whom personal information is disclosed in the course of publishing my submission on the Department’s website do not breach the APPs in relation to their personal information   + acknowledge that they have been expressly informed that if they consent to the publication of their personal information that is contained in my submission, that APP 8.1 will not apply to the publication and they have provided consent to this   + they understand that the Department will not be accountable under the *Privacy Act 1988* (Cth) for any breach of the Australian Privacy Principles by an overseas recipient and they will not be able to seek redress under that Act * have otherwise drawn their attention to the contents of this privacy notice. |

*(Required)*

* Yes
* Not applicable

1. **By making a submission, I acknowledge that**

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| More information (dropdown item)   * I understand that the giving of my consent is entirely voluntary; * I am over the age of 18 years; * I understand the purpose of the collection, use, publication or disclosure of my submission; * I understand that copyright in the content of my submission will vest in the Commonwealth of Australia; * I understand that, where I have provided consent to my submission being published, the Department has complete discretion as to whether my submission, in full or part, will be published. |

* Yes *(Required)*

1. **I consent to the responses contained in my submission to be shared with the University of Melbourne for research related purposes on the consultation process.**

*(Required)*

* Yes
* No

# Section 2: About you (Page 2 of 5)

This information assists us to understand responses based on the characteristics of survey respondents.

1. **What is your full name? (required)**

|  |
| --- |
| *[SINGLE LINE TEXT]* |

1. **What is your email address? (optional)**

If you enter your email address you will automatically receive an acknowledgement email when you submit your response.

|  |
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| *[EMAIL ADDRESS]* |

1. **What is your postcode? (required)**

|  |
| --- |
| *[POSTCODE]* |

1. **What is your gender identity? (required)**  
     
   *[SELECT ONE ANSWER]*
   * Woman
   * Man
   * Non-binary
   * Prefer not to say
   * Others(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ *[SINGLE LINE TEXT]*
2. **Are you of Aboriginal or Torres Strait Islander origin? (required)**

*[SELECT ONE ANSWER]*

* + No
  + Yes, Aboriginal
  + Yes, Torres Strait Islander
  + Yes, Aboriginal and Torres Strait Islander
  + Prefer not to say

1. **What is your interest in lung cancer and/or the National Lung Cancer Screening Program? (required)**

*[SELECT ALL THAT APPLY]*

* I have lived experience of lung cancer
* I have a family member/relative or care for someone with lung cancer
* I am a member of the public with a general interest
* I have a work-related interest in lung cancer
* I am a health professional – Primary care
* I am a health professional – Specialist
* I am a health professional – Allied health
* I am a health professional – Other healthcare provider
* Researcher
* Health policy/management
* Consumer advocacy
* Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ *[SINGLE LINE TEXT]*

1. **Are you participating in this consultation as a representative of an organisation? (required)** 
   * Yes
   * No

If yes, what organisation are you representing?

|  |
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| *[SINGLE LINE TEXT]* |

1. **The National Lung Cancer Screening Program identifies six priority populations for the program. If applicable, select the population groups you identify as being part of, or that your organisation represents. You can select more than one or leave select ‘not applicable’ if the question is not relevant to you. (required)**

*[SELECT ALL THAT APPLY]*

* + Aboriginal and/or Torres Strait Islander peoples
  + People living in rural and remote areas
  + People from culturally and linguistically diverse backgrounds
  + People living with disability or disabilities
  + People living with a mental illness
  + People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual (LGBTIQA+) communities.
  + Not applicable

# Section 3: Program Guidelines Feedback (Page 3 of 5)

Have your say by making an open submission. Upload your file here, or respond to the questions below.

1. **Will the guidelines help guide and support healthcare providers to navigate the program and the screening and assessment pathway? (required)**
   * Yes
   * No

Additional Comments? (optional)

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| *0*  *0*  *0* |

*There is a limit of 1000 characters*

1. **Do you have any other comments you would like to make regarding the Program Guidelines? Please be as specific as possible in your response. (Optional)**

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| *0*  *0*  *0* |

*There is a limit of 10000 characters*

1. **Have your say by making an open submission. Upload your file here or respond to the questions above. (Optional)**

Please make sure your file is under 25MB

# Almost done… (Page 4 of 5)

You are about to submit your response. By clicking 'Submit Response' you give us permission to analyse and include your response in our results. After you click Submit, you will no longer be able to go back and change any of your answers.

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|  |  |  |
|  | When you submit your response, you will be sent a receipt and a link to a PDF copy of your response. |  |
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# Your response has been submitted (Page 5 of 5)

Your response ID is \_\_\_\_\_\_\_. Please have this ID available if you need to contact us about your response.

Thank you for your feedback on the draft National Lung Cancer Screening Program Guidelines.

Your response has been submitted.

**END OF SURVEY**