



National Lung Cancer Screening Program – Current Status and Emerging Challenges

Tuesday, April 28 2026

The content in this session is valid at date of presentation

Acknowledgement of Country

We would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.





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Housekeeping – Zoom Meeting



All attendees are muted



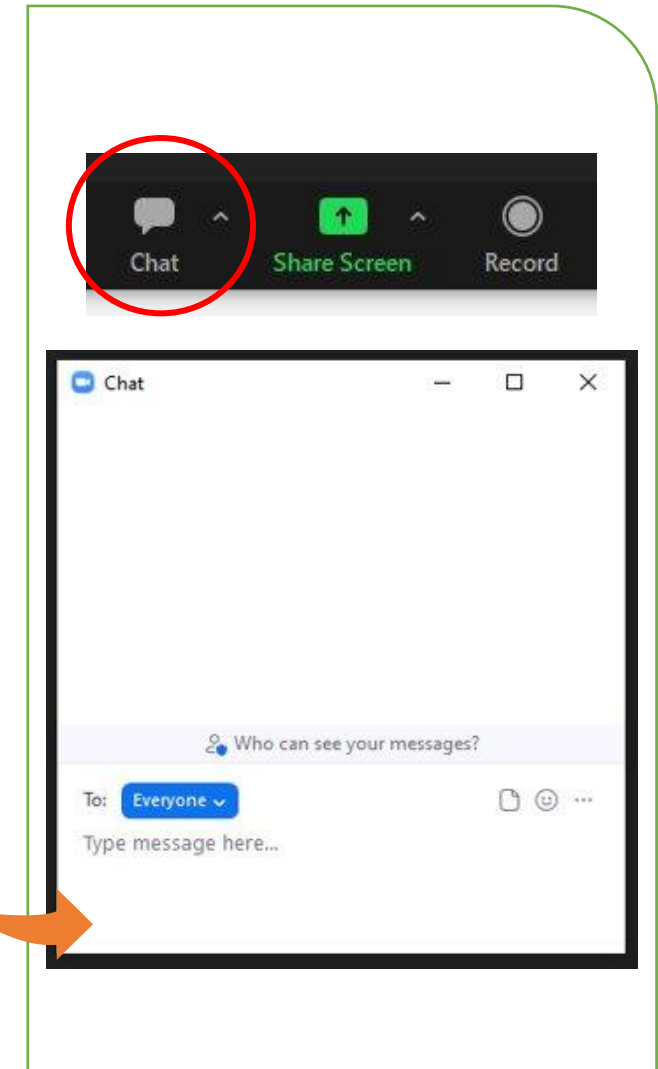
Please ask questions via the Chat box only

- Questions will be at the end of the presentation



This session is being recorded.

You will receive a link to this recording and copy of slides in post session correspondence.



Housekeeping – Zoom Meeting

Is your session name the same as your registration?

To ensure we can issue your certificates and CPD please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in).

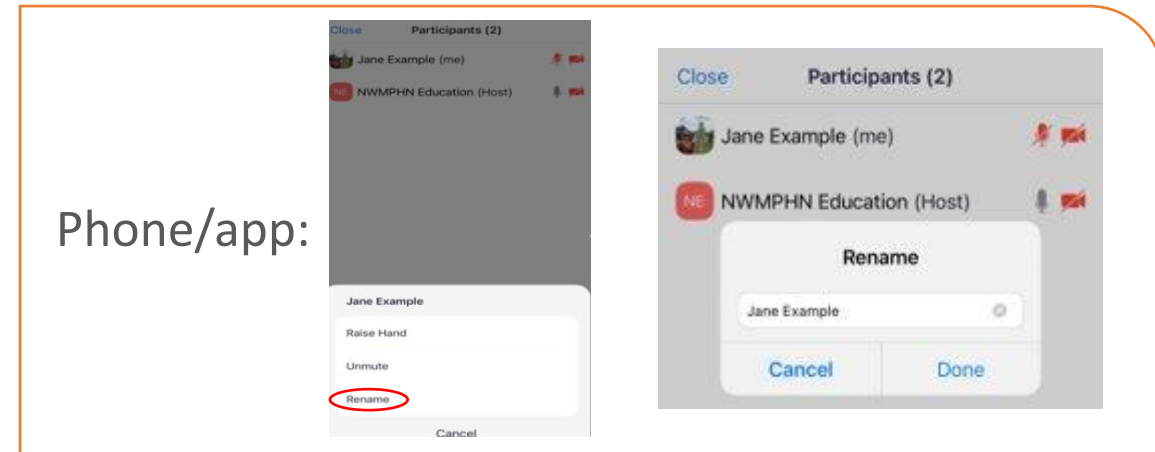
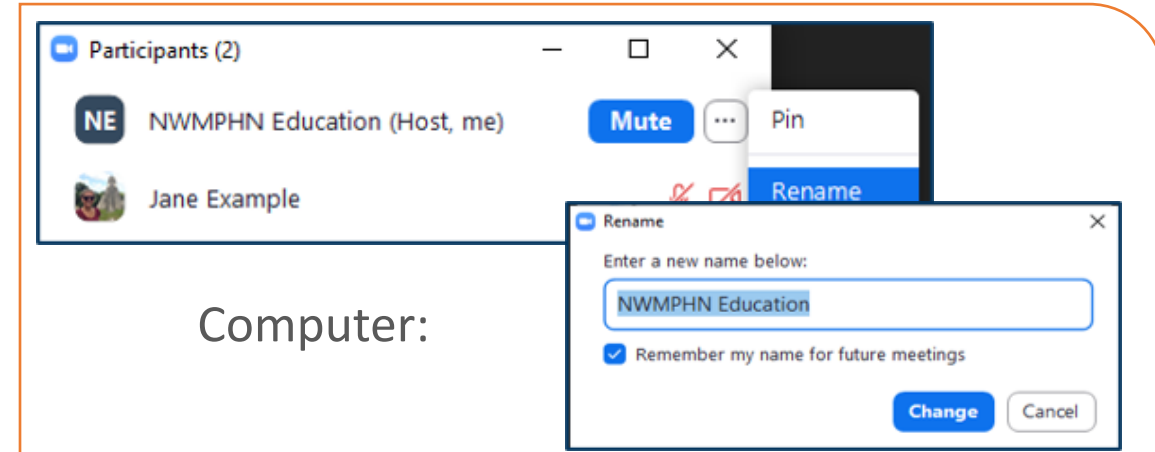
Not sure if your name matches, send a Chat message to 'NWMPHN Education' to identify yourself.



Housekeeping – Zoom Meeting

How to rename yourself

1. Click on **Participants**
2. If using
 - App:** click on your name
 - Computer:** hover over your name and click the 3 dots
 - Mac:** hover over your name and click More
3. Click on **Rename**
4. Enter the name you registered with and click **Done / Change / Rename**



Agenda

Time	Topic
6:30pm-6:35pm	Welcome & Housekeeping <i>Dr Sue Hookey</i>
6:35pm-6:40pm	Pre presentation poll <i>Dr Asha Bonney</i>
6:40pm-6:50pm	Overview of National Lung Cancer Screening Program <i>Dr Asha Bonney</i>
6:50pm-7:15pm	How to refer and manage patients in the National Lung Cancer Screening Program <i>Dr Hashinee Weraduwege</i>
7:15pm-7:25pm	Smoking cessation for the patient that has tried everything <i>Dr Alistair Miller</i>
7:25pm-7:35pm	Patient selection and risk stratification <i>Dr Renee Manser</i>
7:35pm-7:40pm	Post presentation poll <i>Dr Asha Bonney</i>
7:40pm-7:45pm	RMH referral pathways <i>Dr Asha Bonney</i>
7:45pm-8:00pm	Q&A

Speakers

Dr Asha Bonney is a Respiratory and Sleep Physician at the Royal Melbourne Hospital. Her other roles include Senior Research Fellow at the University of Melbourne, Respiratory and Sleep Physician at Eastern Health, and Member of the Thoracic Society of Australia and New Zealand Lung Cancer Working Party. She completed a PhD in the field of lung cancer screening and is the clinical lead of the Lung Nodule Clinic at RMH and lead of the Lung Nodule and Screening Program at RMH.

A/Prof Renee Manser is a Respiratory and Sleep Physician at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre. She has a PhD in lung cancer screening and is an honorary Associate Professor in the Department of Medicine, University of Melbourne. A/Prof Renee Manser has extensive clinical experience in lung cancer diagnosis and management and is a Principal Investigator on the International Lung Screen Trial. A/Prof Manser is co-editor for the Cochrane Lung Cancer Review Group and a regular scientific reviewer for the Melbourne Health Human Research Ethics Committee.

Dr Alistair Miller is a respiratory and sleep physician at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre.

Dr Hashinee Weraduwage is a Melbourne-based GP and a HealthPathways Melbourne Clinical Editor.

*Pre-
Presentation
Poll
Questions*





Overview of National Lung Cancer Screening Program

Dr Asha Bonney

Overview

- Program overview
- Current progress
- Referral pathway
- Case Examples

Figure 3.2: Leading underlying causes of death in Australia, by age group, 2023

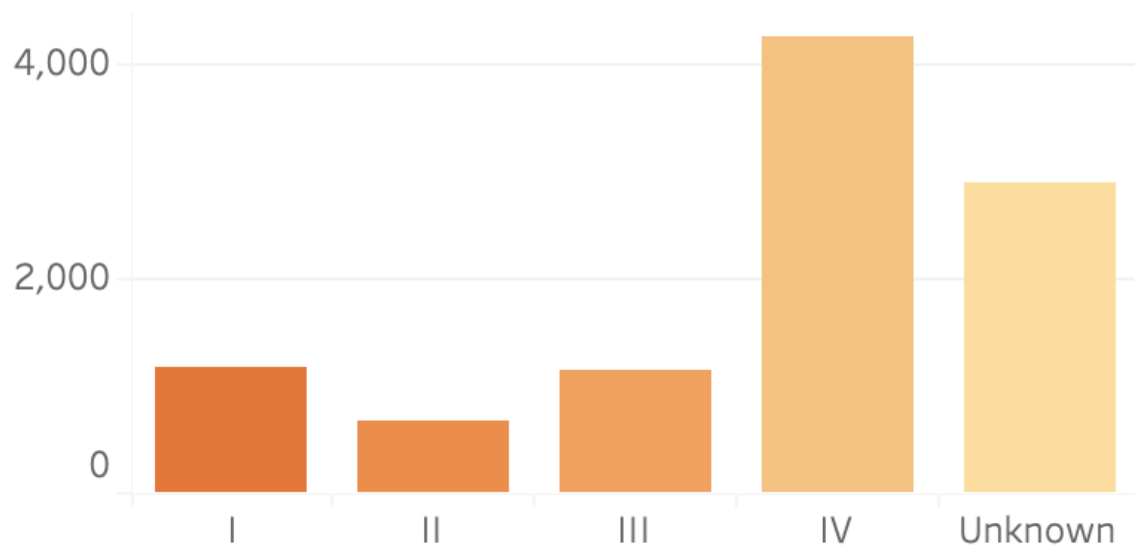
Sex: Persons
 Males
 Females

Lung cancer in Australia

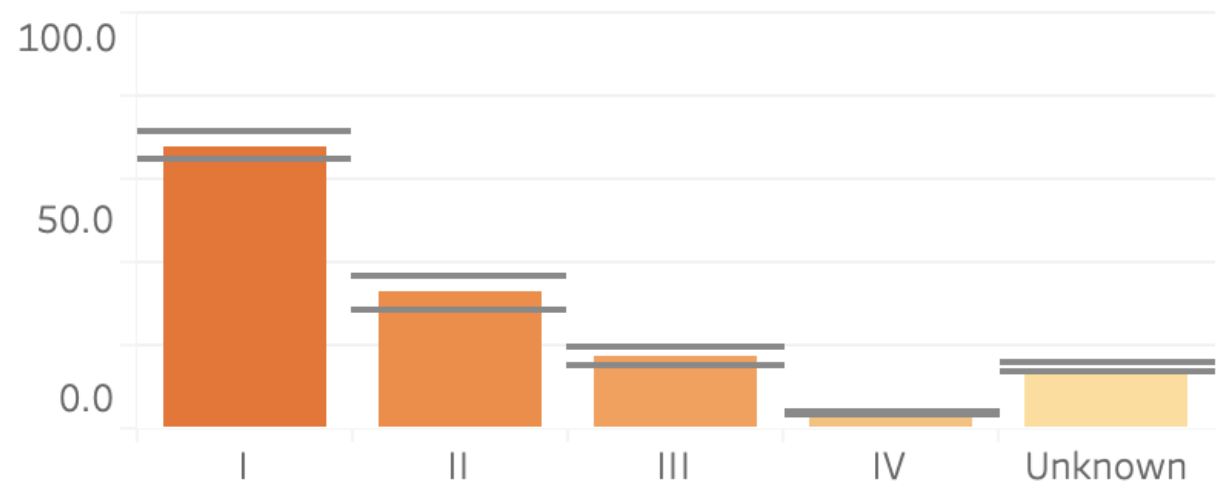
Age group	Rank				
	1st	2nd	3rd	4th	5th
Under 1	Perinatal and congenital conditions	Other ill-defined causes	Sudden infant death syndrome	Selected metabolic disorders	Accidental threats to breathing
1-14	Land transport accidents	Perinatal and congenital conditions	Brain cancer	Other ill-defined causes	Accidental drowning
15-24	Suicide	Land transport accidents	Accidental poisoning	Other ill-defined causes	Assault
25-44	Suicide	Accidental poisoning	Land transport accidents	Coronary heart disease	Liver disease
45-64	Coronary heart disease	Lung cancer	Suicide	Liver disease	Colorectal cancer
65-74	Lung cancer	Coronary heart disease	COPD	Colorectal cancer	Cerebrovascular disease
75-84	Coronary heart disease	Dementia including Alzheimer's disease	Lung cancer	Cerebrovascular disease	COPD
85-94	Dementia including Alzheimer's disease	Coronary heart disease	Cerebrovascular disease	COVID-19	COPD
95+	Dementia including Alzheimer's disease	Coronary heart disease	Cerebrovascular disease	Heart failure and ill-defined heart disease	COVID-19

Why screen?

Number of cases, by stage at diagnosis
Lung cancer, Persons



5-year relative-survival, by stage at diagnosis
Lung cancer, Persons



National Lung Cancer Screening Program

The National Lung Cancer Screening Program will maximise prevention and early detection of lung cancer.

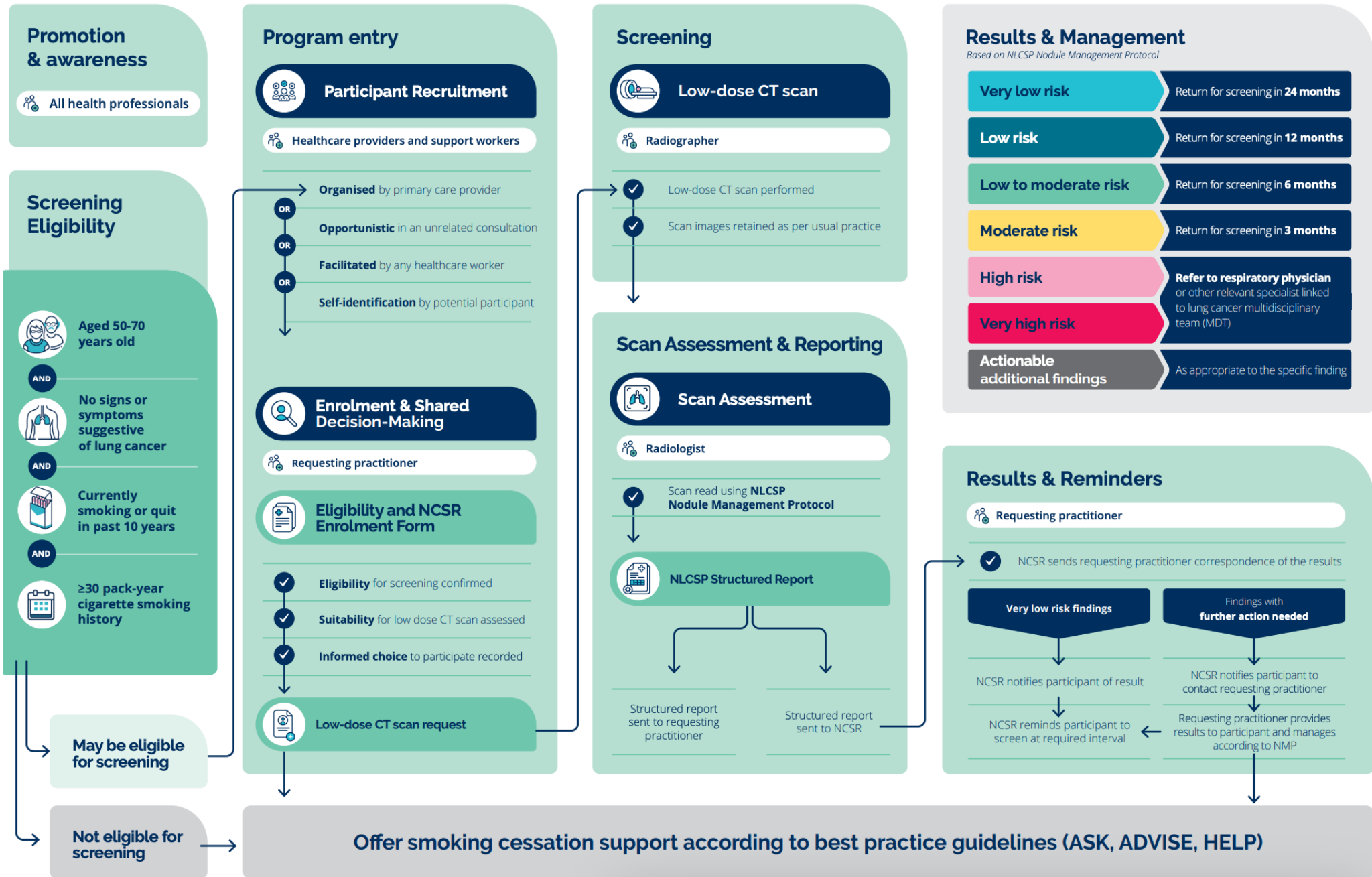
On 2 May 2023, the Minister for Health and Aged Care, the Hon Mark Butler MP, [announced Government investment of \\$263.8 million from 2023-24 to implement a National Lung Cancer Screening Program](#), for commencement by July 2025.

The announcement is a culmination of the [feasibility assessment conducted by Cancer Australia](#) and the positive recommendation from the [Medical Services Advisory Committee supporting the introduction of the program](#).

Co-designed with the First Nations health sector, the program will maximise prevention and early detection of lung cancer and achieve equity in cancer outcomes for vulnerable groups.

Overview of the National Lung Cancer Screening Program Pathway

Figure 1: National Lung Cancer Screening Pathway





2

How to refer and manage patients in the National Lung Cancer Screening Program

Dr Hashinee Weraduwege

HealthPathways : Clinical Management and Referral Resource



Localised Clinical Pathways

(Evidence-based guidance adapted for Melbourne clinicians)



Referral Information

(Clear referral instructions for local health services and hospitals)



Regular Updates

(Pathways reviewed and updated regularly by Clinical Editors)



CPD Hours

(Track and record CPD activities directly through Pathway page)



Collaborative Development

(Created by GPs, specialists, allied health and other health professionals)



Easy Access

(Web-based platform, mobile-friendly for point-of-care use)



Streamlined Workflow

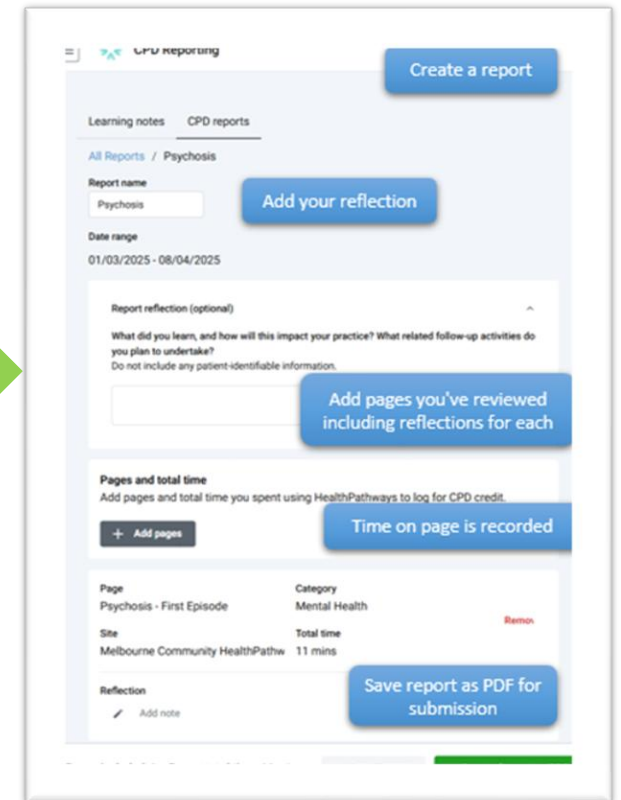
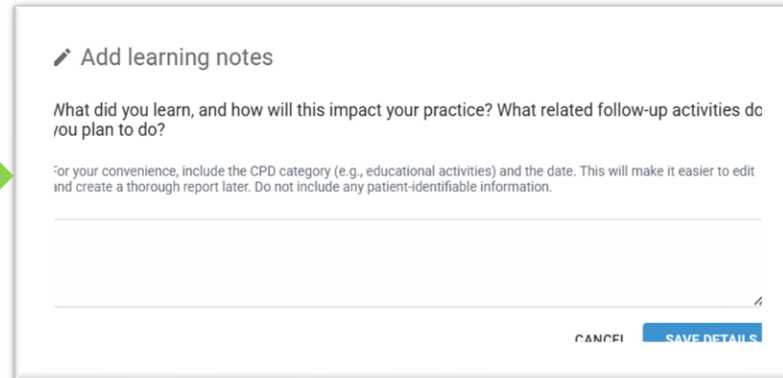
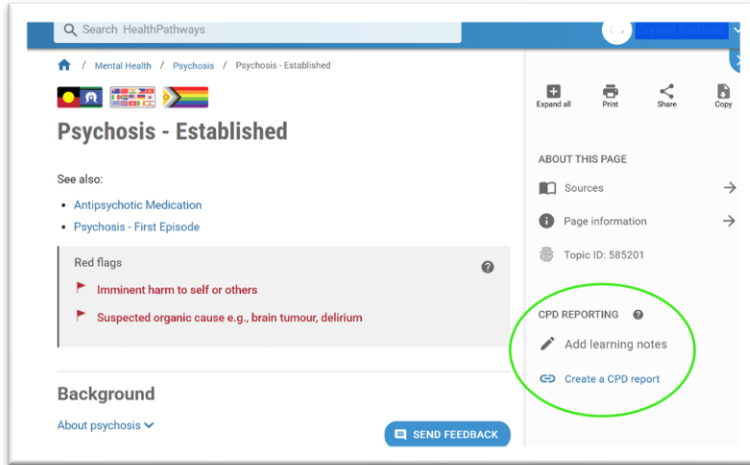
(Quick navigation with Assessment, Management and Referral sections all in one place)



Free for Clinicians

(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)

Record Your CPD Today: Start with HealthPathways



Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click “**Add learning notes**” or “**Create a CPD report**” to begin tracking your CPD activity.

Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.

Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

For further information on the CPD reporting tool, please see these videos:

- [How to create a CPD report](#)
- [How to add learning notes](#)

HealthPathways Melbourne Homepage

Search bar for quickly locating clinical pathways and conditions

The screenshot shows the HealthPathways Melbourne homepage. At the top, there is a search bar containing the text 'Headache'. Below the search bar is a navigation menu with 'Melbourne' selected and 'Medical' highlighted. The main content area features a large image of a female doctor and the text 'Melbourne HEALTHPATHWAYS'. Below this, there are sections for 'Latest News' and 'Pathway Updates'. The 'Latest News' section includes articles from Health.vic and TGA alerts. The 'Pathway Updates' section lists updates for 'Animal-related Injury and Illness', 'Sub-fertility', 'Antenatal Care - First Consult', 'Opioid Dependence Treatment (ODT)', and 'Bronchiectasis'. On the right side, there is a sidebar with quick-access links such as 'ABOUT HEALTHPATHWAYS', 'BETTER HEALTH CHANNEL', 'RACGP RED BOOK', 'USEFUL WEBSITES & RESOURCES', 'MBS ONLINE', 'NPS MEDICINEWISE', 'PBS', and 'NHSD'. At the bottom right, there is a 'SEND FEEDBACK' button.

Browse clinical suites via left-hand menu, organised into easy to navigate categories

Essential quick-access links for latest updates, Pathway updates, clinical resources and MBS items

Click 'Send Feedback' to add comments and questions about this pathway.

SEND FEEDBACK

Streamlined Navigation of HealthPathways for General Practice

All Sections in One Place: Assessment, Management, and Referral sections on a single page, making it easy for GPs to quickly navigate the entire clinical pathway without switching screens.

Assessment

Headaches in Adults

Practice point

Avoid unnecessary imaging

A detailed history and basic neurological examination is usually enough to differentiate between benign and serious causes. Low-risk headaches generally do not require imaging to exclude a serious cause.

1. Take a detailed history. Look for:
 - Worrying features
 - Reassuring features:
 - Recurrent episodic headache with long history at presentation
 - No neurological deficit
 - Transient neurological symptoms, and occasionally signs, are common features of migraines
2. Assess for features of primary headaches:
 - Tension-type headache
 - Migraine
 - Cluster headache
 - Other primary headaches
 - Medication overuse headache
3. Screen for:
 - secondary headaches
 - iatrogenic causes or contributors and ask about over the counter medication use.
4. Suggest using a headache diary to identify triggers, assess self-medication, and aid diagnosis.

Management

Headaches in Adults

Management

1. If patient identifies as Aboriginal or Torres Strait Islander, understand their specific cultural and spiritual needs when discussing and delivering treatment options, including eligibility for Integrated Team Care (ITC) services.
2. If any red flags, refer to Emergency Department immediately via ambulance because of the likelihood of an underlying serious cause.
3. If suspected brain tumour, refer to a neurosurgeon linked to a multidisciplinary team within 24 hours.
4. For all primary headaches, avoid treatment with opioids, including codeine, due to the risk of medication overuse headaches.
5. Address any patient anxiety about serious pathology. Provide reassurance and offer non-pharmacological management, including patient education.
6. If chronic headaches, monitor for depression.
7. Establish triggers for avoidance.
8. Screen for and optimise other possible contributing factors e.g., obstructive sleep apnoea, alcohol consumption, bruxism, adequate daily hydration, or optometrist review for refractive error.
9. Manage patients with primary headaches in general practice:
 - Tension-type headache management
 - Migraine management
 - Cluster headache management
 - Medication overuse headache management
10. If persistent or chronic secondary headache or orofacial pain, and consistent with statewide referral criteria, consider referral to a Health Independence Program chronic pain service. See Pain Management Referrals.
11. Provide patient pain education, as this plays a key role in management.

Referral

Referral

- If any red flags, refer to Emergency Department immediately via ambulance because of the likelihood of an underlying serious cause.
- If severe intractable migraine attacks, or status migrainosus (a debilitating attack lasting > 72 hours) with significant vomiting and dehydration, refer to the Emergency Department for intravenous fluids and antiemetics.
- If suspected brain tumour, refer for acute neurosurgery assessment with access to multidisciplinary team care.
- Request non-acute neurology referral if:
 - concerning features on neuroimaging (excluding age-appropriate deep white matter hyperintensities).
 - frequent migraine impacting on daily activities despite prophylactic treatment for consideration of calcitonin gene-related peptide antibodies (CGRP) monoclonal antibodies (mAbs) (CGRP MABs) or Botox treatment.
 - migraine diagnosis is in doubt.
 - chronic or atypical headache unresponsive to medical management (tension headache, cluster headache, trigeminal neuralgia, medication overuse headache).
 - acute assessment is not required, but there are indications for further investigation.
- If severe refractory cases, refer for inpatient withdrawal via non-acute neurology referral or chronic or persistent pain referrals.
- If prophylaxis for menstrual migraine is ineffective, consider non-acute gynaecology referral.
- If persistent or chronic secondary headache or orofacial pain, and consistent with statewide referral criteria, consider referral to a Health Independence Program chronic pain service. See Pain Management Referrals.
- If Aboriginal or Torres Strait Islander patient, offer referral to specific Aboriginal and Torres Strait Islander services. For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral.

Click to Expand

Drop-down boxes appear throughout the pathway, click them to view supplementary information.

Click on the Links

Use the interactive links to open related pathways and resources

Relevant pathways to NLCSP

Relevant Pathways

- Lung Cancer Screening
- Lung Cancer Screening Services

Other related Pathways

- Lung Cancer - Suspected
- Non-acute Respiratory Referral (> 24 hours)
- Smoking and vaping cessation

NLCSP in practice

Patient finding

- **Opportunistic – during health assessments, care plans**
- **Active – smokers/ex smokers in the eligible age range**

Using the team

- Nurses
- Reception
- Practice manager

Lung Cancer Screening page

☰ Melbourne

HW

+ Lung Cancer Screening

+ Community HealthPathways

Melbourne

- 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 Screening
- Lung Cancer Screening Services
- 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

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. Be aware of possible [stigma attached to smoking](#) and ensure that the consultation is not influenced by it.
4. Assess the patient's [eligibility](#) for baseline (first) lung cancer screening.
5. Check [previous lung cancer screening history](#).
6. If eligible for screening, assess the patient's [suitability for low-dose CT scan of the chest](#).
7. Consider [functional status and co-morbidities](#) when considering lung cancer screening.
8. Check the [patient's understanding](#) of the choice of lung cancer screening.
9. If appropriate for lung cancer screening:
 - enrol the patient in the National Lung Cancer Screening Program (NLCSPP) either via the National Cancer Screening Register (NCSR) interface integrated with clinical software or via the [NCSR Healthcare Provider Portal](#). (Patients can choose to opt-out of the NCSR and still have the bulk-billed low-dose CT scan, but they will not be considered a participant of the program and will not receive communication from the NCSR).
 - request [low-dose CT scan](#) from a [participating radiology service](#) using a [program-specific request form](#) (this form is also embedded in most clinical software with autopopulation of patient details, and prompting for other necessary information).

Management

Practice point

Give smoking cessation advice
Check smoking status and give appropriate cessation advice at every opportunity irrespective of NLCSPP eligibility.

1. If any signs or symptoms suggestive of lung cancer, follow the [Lung Cancer – Suspected](#) pathway.
2. Offer [smoking cessation support](#) if the patient is a current smoker, whether they are eligible for lung cancer screening or not.
3. Consider [cultural and language barriers](#) when communicating results.
4. Arrange [further intervention](#) based on results of CT scan:
 - The NCSR will notify the patient of results only if they are very low-risk.
 - For all other results, the patient will be advised to contact their requesting practitioner for further management.
5. Arrange a [follow-up scan](#), if advised.
6. Consider adding appropriate recalls within practice software. Be aware that although the NCSR will manage screening reminders

[LINK:](#)

[Lung Cancer Screening pathway](#)

[SEND FEEDBACK](#)

Lung Cancer Screening Services page

☰ Melbourne

HW

Community HealthPathways
+

Melbourne

- 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 Screening
- Lung Cancer Screening Services
- 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

Lung Cancer Screening Services

Radiology services for National Lung Cancer Screening Program (NLCSPP) low-dose chest CT

Public and private radiology providers participating in the NLCSPP have committed to providing low-dose chest CT scans free of charge for the participant. These radiology providers have access to 2 program-specific MBS items which requires mandatory bulk billing when used.

1. Check the patient is eligible – see [Lung Cancer Screening](#).
2. Prepare the [required information](#). Complete a [program-specific request form](#) (this form is also embedded in most clinical software with autopopulation of patient details, and prompting for other necessary information).
3. Refer to the appropriate provider:
 - [Public](#)
 - [Private](#)
4. Inform the patient:
 - Advise that this will be free of charge.
 - Ensure they are aware of the referral and the reason for being referred.
 - Ask to advise of any change in circumstance e.g., new symptoms or being acutely unwell, as this may affect the referral.

Lung nodule clinics

High risk and very high risk findings on low-dose chest CT as part of the NLCSPP require referral to a respiratory physician linked to a lung cancer multidisciplinary team (MDT) for further management.

1. Check the [statewide referral criteria](#).
2. Confirm that the patient is aware of the need for referral and is willing for this to take place. If the patient is not competent to consent, refer to the [consent process](#).
3. Prepare the required referral information and [mark the referral as urgent or routine](#).
4. Refer to the service.
 - Public
 - [Eastern Melbourne](#)
 - [North Western Melbourne](#)
 - [Private](#)
5. Inform the patient:
 - Advise providers may charge [fees](#).
 - Ask to advise of any change in circumstance that may affect the referral.

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SEND FEEDBACK

Link:

[Lung Cancer Screening services](#)

Using clinical software – BP as an example

Integrating NCSR into clinical software

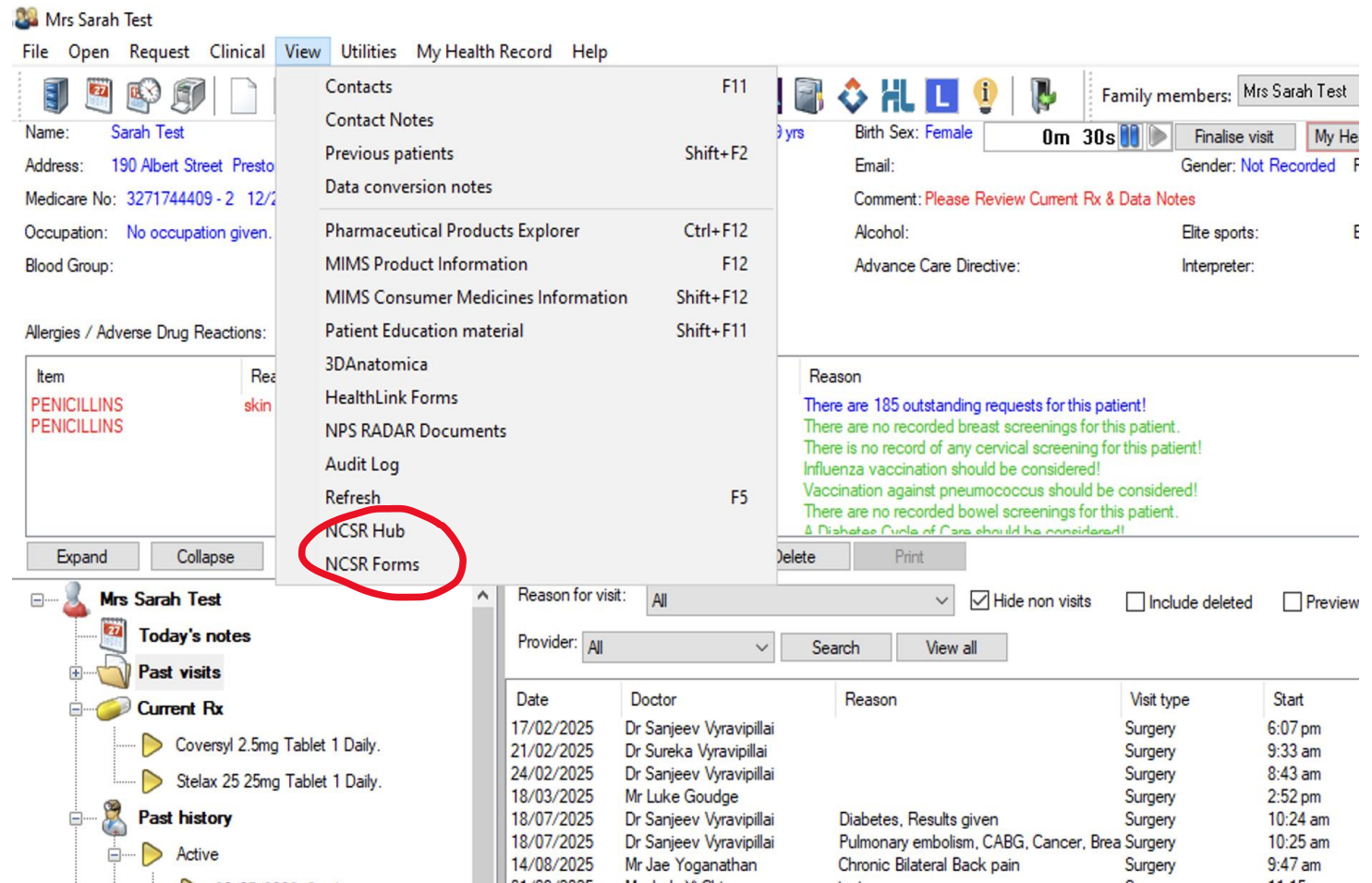
<https://ncsr.gov.au/integrations>

Why?

The NCSR

- Records low dose CT scan results (excluding images)
- Automates clinical pathways
- Sends reminders when screening or follow up is due

Accessing NCSR – to view past screening and results



View menu options:

- Contacts (F11)
- Contact Notes
- Previous patients (Shift+F2)
- Data conversion notes
- Pharmaceutical Products Explorer (Ctrl+F12)
- MIMS Product Information (F12)
- MIMS Consumer Medicines Information (Shift+F12)
- Patient Education material (Shift+F11)
- 3DAnatomica
- HealthLink Forms
- NPS RADAR Documents
- Audit Log
- Refresh (F5)
- NCSR Hub** (circled in red)
- NCSR Forms

Reason section:

- There are 185 outstanding requests for this patient!
- There are no recorded breast screenings for this patient.
- There is no record of any cervical screening for this patient!
- Influenza vaccination should be considered!
- Vaccination against pneumococcus should be considered!
- There are no recorded bowel screenings for this patient.
- A Diabetes Circle of Care should be considered!

Date	Doctor	Reason	Visit type	Start
17/02/2025	Dr Sanjeev Vyravipillai		Surgery	6:07 pm
21/02/2025	Dr Sureka Vyravipillai		Surgery	9:33 am
24/02/2025	Dr Sanjeev Vyravipillai		Surgery	8:43 am
18/03/2025	Mr Luke Goudge		Surgery	2:52 pm
18/07/2025	Dr Sanjeev Vyravipillai	Diabetes, Results given	Surgery	10:24 am
18/07/2025	Dr Sanjeev Vyravipillai	Pulmonary embolism, CABG, Cancer, Brea	Surgery	10:25 am
14/08/2025	Mr Jae Yoganathan	Chronic Bilateral Back pain	Surgery	9:47 am

Using clinical software – BP as an example

Accessing NCSR – to view past screening and results

Best Practice - NCSR Hub

Patient Name: Firstname Lastname
 Patient Medicare No: 98765432123-1 Choose a Form

Program	Alerts	Status	Last Screening Date	Screening Action
Bowel		Actively Screening	24 Jun 2024	Eligible on: 24 Jun 2025
Cervical		Actively Screening	18 Feb 2023	Eligible on: 18 Feb 2028
Lung		Not Active. Enrol in Lung Screening		

Patient NCSR History

Show: Bowel Cervical Lung Correspondence

Program	Date	Description	Outcome	Action	Status
Bowel	23/01/2025	NBCSP - Print/Re-Print Participant Details Form		Open Delete	
Cervical	30/09/2024	Cervical Screening History		Open Delete	
Bowel	4/07/2024	NBCSP - GP Assessment Report	Referred for Colonoscopy	Open Delete	
Bowel	20/03/2024	NBCSP - GP Assessment Report	Referred for Colonoscopy	Open Delete	
Cervical	29/02/2024	NCSP - Colposcopy Data Collection Form	Impression: HSIL	Open Delete	

Records shown are those that have been processed and included in the National Cancer Screening Register at the date accessed. Information is sourced from various third parties, including healthcare professionals, pathology laboratories and State, Territory and Commonwealth government departments. If you have any queries about the accuracy or currency of any record, please contact the NCSR Contact Centre on 1800 627 701.

[Contact NCSR](#)

Healthcare Provider Eligibility and enrolment form

Best Practice - NCSR Hub

Patient Name: Firstname Lastname
 Patient Medicare No: 98765432123-1

Available Forms:

Program	Form	Action
Bowel	NBCSP - GP Assessment Report	Submit New
Bowel	NBCSP - Bowel Kit Issued by Healthcare Provider	Submit New
Bowel	NBCSP - Opt Out Bowel Program	Submit New
Bowel	NBCSP - Adverse Events Report	Submit New
Bowel	NBCSP - Colonoscopy Report	Submit New
Bowel	NBCSP - Defer Bowel Program	Submit New
Bowel	NBCSP - Request an FOBT KIT	Submit New
Bowel	NBCSP - Replacement Participant Details Form Request	Submit New
Bowel	NBCSP - Histopathology Form	Submit New
Cervical	NCSP - Add Total Hysterectomy	Submit New
Cervical	NCSP - Cervical Program Correspondence Preference	Submit New
Cervical	NCSP - Defer Cervical Program	Submit New
Cervical	NCSP - Opt Out Cervical Program	Submit New
Cervical	NCSP - Abnormal Result Questionnaire	Submit New
Cervical	NCSP - Colposcopy & Treatment Form	Submit New
Lung	NLCSP - Healthcare Provider Eligibility and Enrolment Form	Submit New


Records shown are those that have been processed and included in the National Cancer Screening Register at the date accessed. Information is sourced from various third parties, including healthcare professionals, pathology laboratories and State, Territory and Commonwealth government departments. If you have any queries about the accuracy or currency of any record, please contact the NCSR Contact Centre on 1800 627 701.

[Contact NCSR](#) Close

Using clinical software – BP as an example

Examples

Patient Medicare No. 5505407130

Program	Alerts	Status	Last Screening Date	Screening Action
Bowel				

Patient NCSR History

Show: Bowel Cervical Correspondence

Program	Date	Description	Outcome	Action	Status
Cervical	28/04/2026	Lung Screening History		Open Delete	
Cervical	13/11/2025	NLCSP - Radiology Report	Cat 0 - Additional Findings	Open Delete	
Cervical	10/07/2025	NLCSP - Healthcare Provider Eligibility and Enrol...	Eligible - LDCT Suitable	Open Delete	

.

Patient Medicare No. 5505407130

Program	Alerts	Status	Last Screening Date	Screening Action
Bowel		Overdue for Screening	15/06/2019	Eligible since 12 Jun 2021

Patient NCSR History

Show: Bowel Cervical Correspondence

Program	Date	Description	Outcome	Action	Status
Cervical	28/04/2026	Lung Screening History		Open Delete	
Cervical	30/12/2025	NLCSP - Radiology Report	Cat 0 - Additional Findings	Open Delete	
Bowel	15/06/2019	NBCSP - FOBT Results and Summary	Negative	Open Delete	
Bowel	10/06/2015	NBCSP - FOBT Results and Summary	Negative	Open Delete	
Bowel	8/03/2011	NBCSP - FOBT Results and Summary	Negative	Open Delete	

Using clinical software – BP as an example

Using specific radiology forms – saved templates

ied
Table Template

NLCSF Low-Dose CT Scan request

Aboriginal/Torres Strait Islander Origin: No

Aboriginal/Torres Strait Islander Origin: Yes, Aboriginal

Aboriginal/Torres Strait Islander Origin: Yes, Torres Strait Islander

Aboriginal/Torres Strait Islander Origin: Yes, both Aboriginal and Torres Strait Islander

Aboriginal/Torres Strait Islander Origin: 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

Participant returning for two-year scan

Interval scan to monitor previous findings

Any Previous Chest CT

Any Previous Chest CT - Date (if known) 28/04/2026

Any Previous Chest CT - Radiology provider (if known)

Family history of lung cancer in a first-degree relatives

History of any cancer

< Back Next > Cancel

e Template

NLCSF Low-Dose CT Scan request

History of any cancer details


Additional clinical / other notes, if required

Sent copy to

< Back Insert Cancel

Using clinical software – BP as an example

Using specific radiology forms – saved templates

		NATIONAL LUNG CANCER SCREENING PROGRAM	
NATIONAL LUNG CANCER SCREENING PROGRAM IMAGING REQUEST <i>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.</i>			
PATIENT DETAILS (or affix label)			
Patient name: Mr John Smith		DOB: 21/22/2019	Phone: 01903897298
Address: 22 Baker Street, Gisborne			
Medicare number: 098732947			
Aboriginal/Torres Strait Islander Origin: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to answer			
CLINICAL INFORMATION			
<input checked="" type="checkbox"/> This patient meets the eligibility criteria of the National Lung Cancer Screening Program			
Type of screening test: <input checked="" type="checkbox"/> 2 yearly scan: New participant <input type="checkbox"/> Participant returning for two-year scan OR <input type="checkbox"/> Interval scan to monitor previous findings (1, 2, 3, 6 or 12 month interval scan as determined in previous NLCSPLDCT report)			
<input type="checkbox"/> Any Previous Chest CT (if known) Date:		Radiology provider location: (if known)	
<input type="checkbox"/> Family history of lung cancer in a first-degree relative (only required for first/baseline LDCT) (First-degree relatives include parents, siblings or children)			
<input type="checkbox"/> History of any cancer (if yes, provide details)			
Additional clinical / other notes, if required			
REQUESTING PRACTITIONER (or affix label)			
Name: Dr Hashinee Vardwaje		Provider Number: 6142929K	
Phone: 0354710022	Address: 190 Albert Street Preston VIC 3072		
Fax: 0354713311			
Signature:		Date: 28/04/2026	
Send copy to:			
<small>Your personal information, including results of low dose CT scans and other CT imaging completed for the purposes of screening as part of the NLCSPLDCT, may be used for research purposes.</small>			

Case Study



HealthPathways Melbourne assistance with menopause

Nadine is 47 years old and presents to her local GP with a nine-month history of night sweats, low mood, fatigue and sleep disturbance. She reports that her work as a community mental health worker has been very stressful lately and things have not been going well at home. She has recently found out that her 16-year-old daughter has been drinking alcohol, smoking, and skipping school to spend time with a boy that Nadine doesn't know.

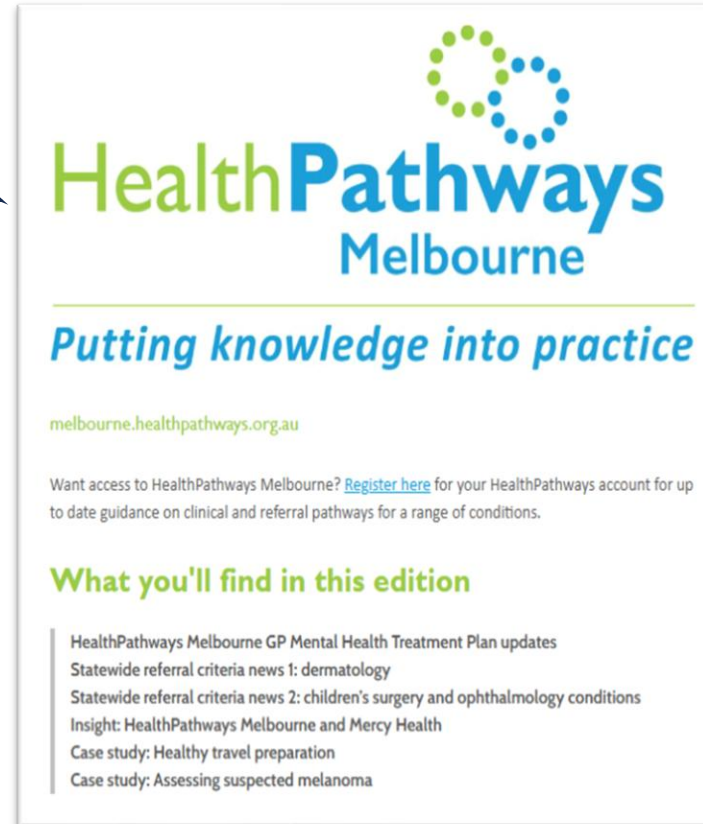
On top of this, her relationship with her husband has been strained and they have not been intimate in a long time.

At night, she lies awake ruminating about work and her daughter, but is also troubled by drenching night sweats which started a few months ago. She hasn't had a menstrual period in about three months and feels she could be perimenopausal.

She has a history of depression in her 20s and 30s but doesn't feel she is depressed at the moment – 'just flat'. She knows the GP can't help with her issues at home or work, but if they could just help her with the night sweats then she feels she could carry on. She has heard about a new non-hormonal medication that might help her hot flushes and she's interested in this because of 'the cancer risks with HRT'.

melbourne.healthpathways.org.au | July 2025

Monthly Bulletin



HealthPathways Melbourne

Putting knowledge into practice

melbourne.healthpathways.org.au

Want access to HealthPathways Melbourne? [Register here](#) for your HealthPathways account for up to date guidance on clinical and referral pathways for a range of conditions.

What you'll find in this edition

- HealthPathways Melbourne GP Mental Health Treatment Plan updates
- Statewide referral criteria news 1: dermatology
- Statewide referral criteria news 2: children's surgery and ophthalmology conditions
- Insight: HealthPathways Melbourne and Mercy Health
- Case study: Healthy travel preparation
- Case study: Assessing suspected melanoma

 Real clinical scenarios for everyday GP practice

- Concise, practical case studies designed to reflect real presentation in General Practice.
- Includes management summaries, pathway links and local service consideration for quick navigation.
- Access all case studies [here](#).



Monthly updates straight to your inbox

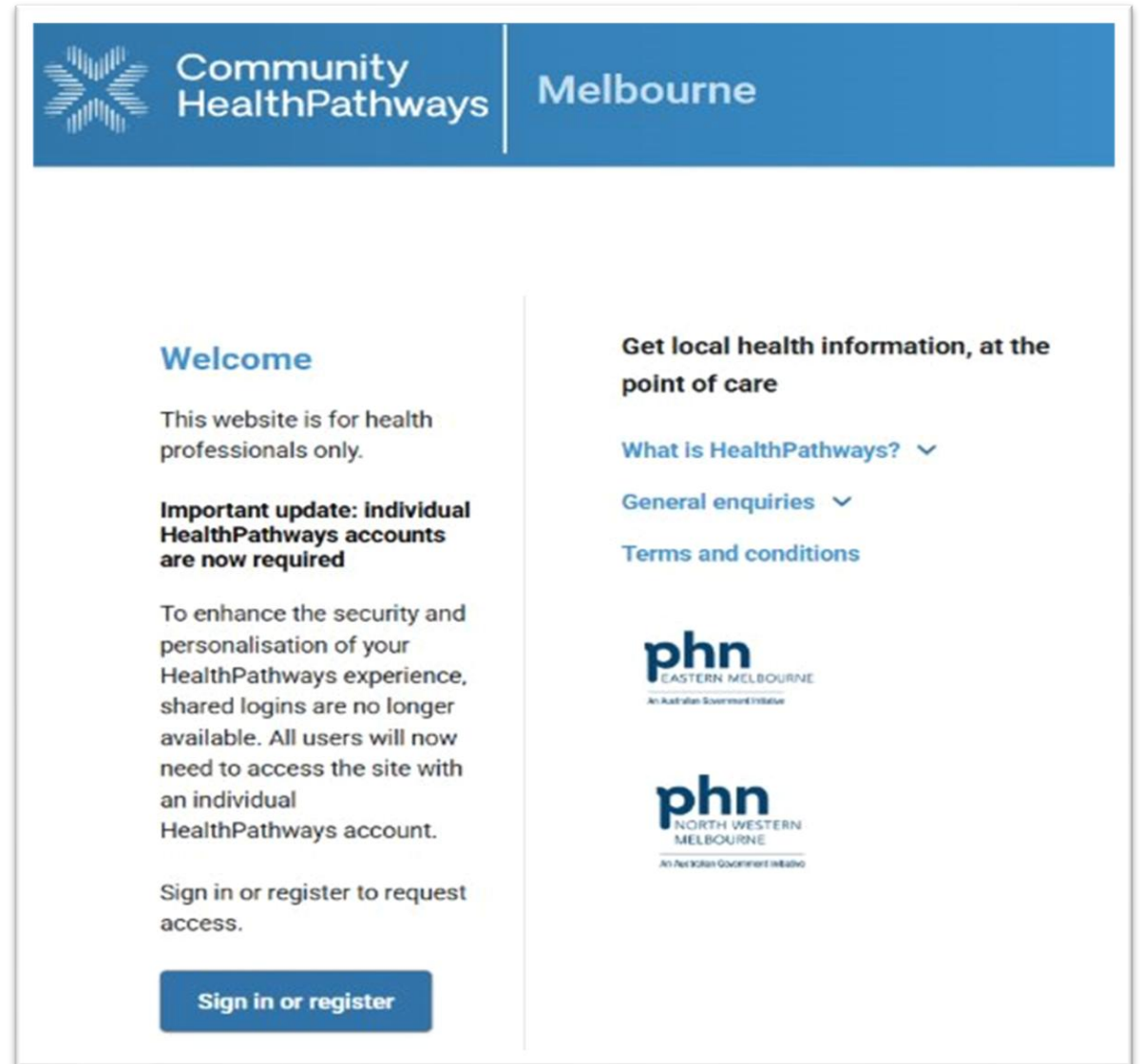
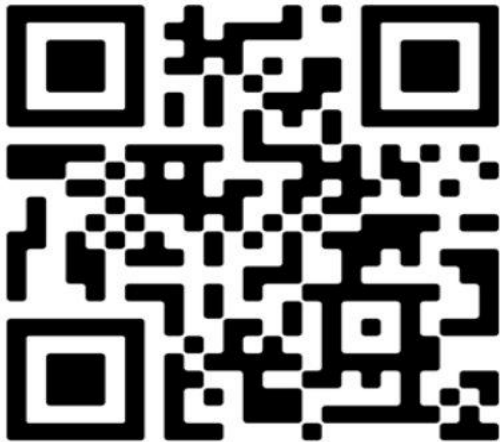
- Be the first to know about pathway updates, service changes, new case studies and employment opportunities

Subscribe to the HealthPathways Melbourne Monthly bulletin or contact us at info@healthpathwaysmelbourne.org.au

Access Now: Sign In or Scan to Register

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



The screenshot shows the top navigation bar with the HealthPathways Melbourne logo and name. The main content area is divided into two columns. The left column features a 'Welcome' section with a message for health professionals, an 'Important update' regarding individual accounts, and a 'Sign in or register' button. The right column contains a 'Get local health information' section with links for 'What is HealthPathways?', 'General enquiries', and 'Terms and conditions'. At the bottom of the right column 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.

[Sign in or register](#)

Get local health information, at the point of care

[What is HealthPathways?](#) ▾

[General enquiries](#) ▾

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phn
EASTERN MELBOURNE
An Australian Government Initiative

phn
NORTH WESTERN MELBOURNE
An Australian Government Initiative



3

Smoking cessation for the patient that has tried everything

Dr Alistair Miller

With thanks to Dr Su Hii

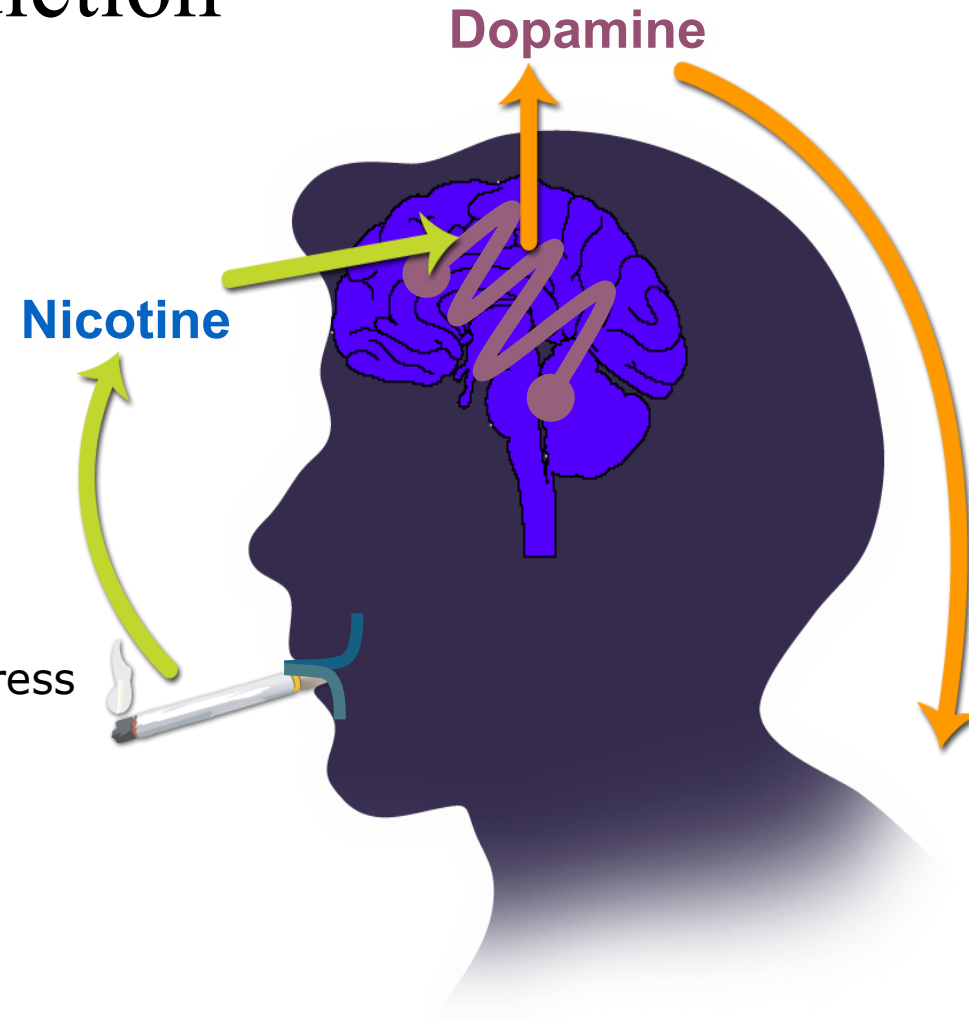
The Cycle of Nicotine Addiction

* Nicotine

- ~ 7 secs from inhalation to CNS
- Readily crosses the BBB
- T1/2 ~ 40 mins

* Dopamine

- * Pleasure & calm
- * decrease between cigarettes leads to withdrawal symptoms of irritability and stress



Nicotine containing products

- Combustible
 - Commercial cigarettes
 - Chop-chop, Rollies
- Heated, non-combustible
 - Hookah/Shisha
 - ENDS
- Smokeless (GI cancer, oral fibrosis, leukoplakia)
 - Snus
 - Betel quid/Gundi/pan masala-
 - mixed with slacked lime (calcium hydroxide) and spices



Moist snuff



Dry snuff



Snus

Smoking cessation strategies

- “Cold turkey”
 - Ineffective in addicted individual
 - Majority will relapse within 1 week.
 - ~2.5% abstinence rate in 6 months.
- Non-pharmacological
- Pharmacotherapy



Non-Pharmacological Treatment

- Poor evidence for

- Hypnotherapy *Abbott 2000*
- Acupuncture *White 2006*
- ‘cut down and quit’ *Young 2001*
- Psychotherapy *Stead & Lancaster 2005*



- Behavioural approach *Cochrane systemic review 2021*

- Can increase quit rates at six months or longer.
- The evidence is strongest for **counselling** and guaranteed **financial incentives**.
- There is no evidence of an excess of adverse events or other harms from behavioural interventions.



Behavioural strategies

- Education
- Normalise /medicalised situation
- Motivational interview
 - Express empathy
 - Developed discrepancy
 - Roll with resistance
 - Develop self efficacy
- Cue conditioning
 - Smoke free house and car, environment
 - Planning and identify high risk condition
 - Distraction
 - CBT: stress management, QUIT Victoria
- Dietary advice
 - Halve caffeine intake
 - Reduce alcohol
 - Eat breakfast, sugar hit
 - Weight gain- lifestyle modification
- Financial incentives
- Identify triggers for relapse prevention



My Quit Plan

Take a step by step approach to building your quit plan.

Create your plan →



Health effects on your body

See how smoking and vaping affects your body.

See the health effects →

Let's get started

I want to calculate the cost of

I smoke

How much does a pack of cigarettes cost?

Each day I smoke (how many cigarettes)

I've been smoking for (how long)

60 grams of tar each year*

*Most of the tar you inhale settles on a mucus layer in your lungs. You swallow this mucus, taking cancer-causing chemicals all the way through your stomach and gut. Smoking damages your lungs' cleaning system, slowing it down. The lungs of people who smoke long-term are black with tar.

Quit smoking today and you will gain \$14,610 a year

What could you do with the extra money?

- Massage and nice lunch
- Pay off your credit card
- Night out with friends
- New bike
- Movie tickets
- Tickets to a sporting event
- New shoes
- Gym membership
- New sports gear
- Concert tickets
- Activities for the kids
- Extra groceries for the family
- Weekend away
- Family day out
- New mobile phone
- School fees

Monitor your PROGRESS and go even further

My QuitBuddy helps you get, and STAY, smoke-free & vape-free

Be SUPPORTED Buddy Up and stay strong!

You saved **\$256** Dollars
 You avoided **128** Cigarettes
 You avoided **896mg** of Tar
 You avoided **60** Dangerous chemicals

*All calculations are approximate

Pharmacotherapy

First line pharmacotherapy

- Combination NRT
- Varenicline
- Bupropion

NNT for abstinence @12 m

➤ 10 (vs 20 single NRT)

➤ 8

➤ 15

Second line pharmacotherapy

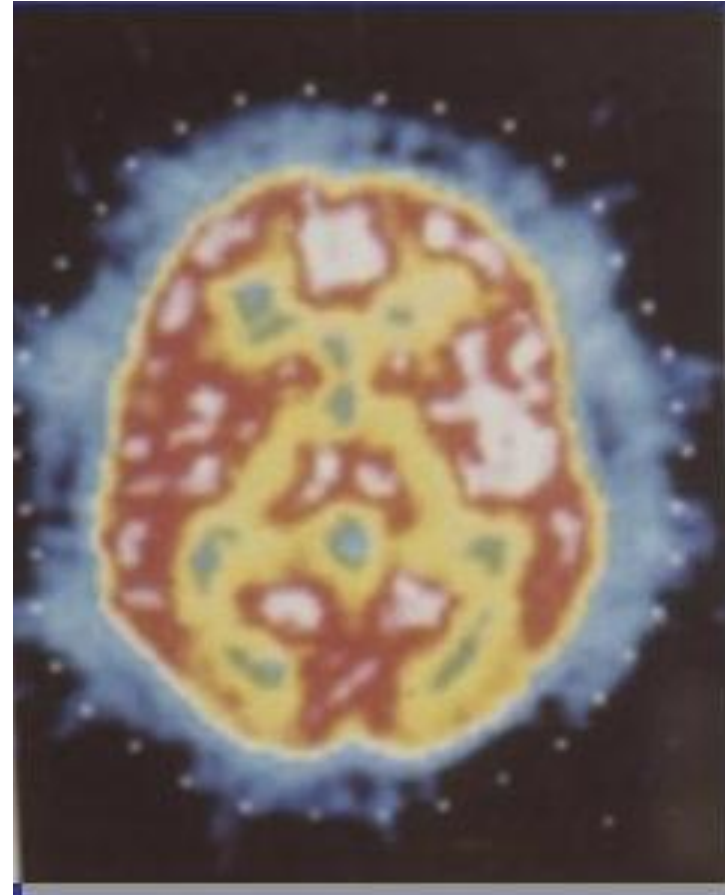
- Cytisine
- Nortryptiline

Cochrane review

Nicotine replacement therapy

NRT principles

- Adequate dosage
- Correct techniques
- Adequate duration



NRT products - Patch

- NRT patch

- **Slow release**

- 7,14,21mg (21mg=10ng/ml)

- 16 hrs patch

- Pre-quit patch

- Advice :

- Rotate sites

- Preferably apply at night due to slow to achieve peak.

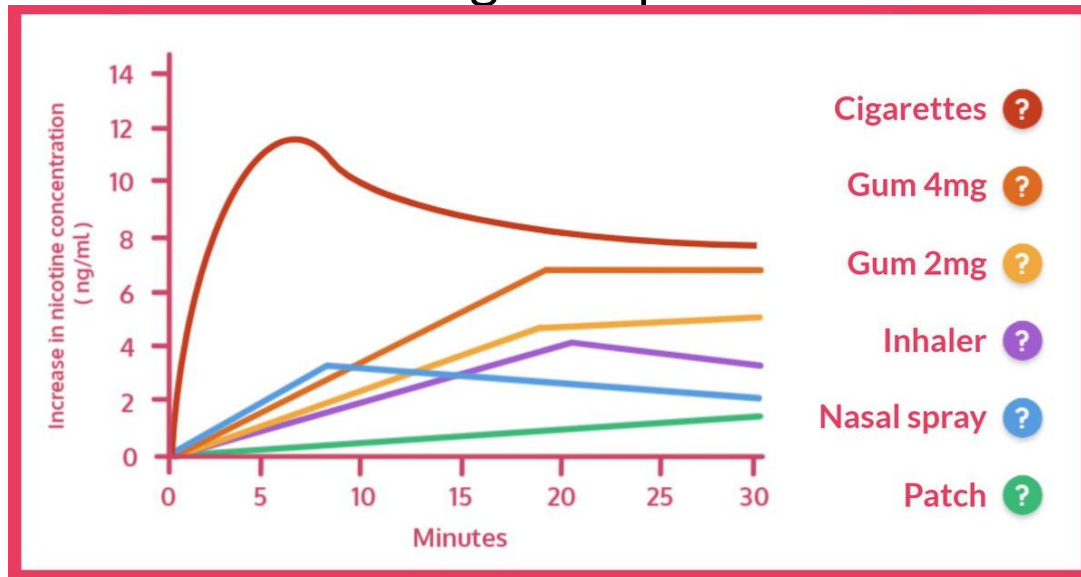
- Ensure adequate duration (at least 8-12 weeks) and dose.



NRT- oral products

Principles:

- Buccal absorption
- Avoid drinking and eating ~10mins
- Faster acting than patch



Source: Balfour DJ & Fagerström KO. *Pharmacol Ther* 1996 72:51-81.

• Gum

- 4mg, 2mg (4mg=15ng/ml), ~ 15 mins to peak
- *Check Dentition and technique*
- Risks of dyspepsia if excessive swallowing

• Microtabs/ spray/oral strips/lozenges

- sublingual (2mg= 7ng/ml), ~15 mins to peak
- Mist juice
- Delivers ~25% more nicotine c.f NRT gum

Combination NRT therapy

- Patch provides background nicotine replacement
 - (>1 patch as required)
- Apply patches at night
 - Slow SS
 - Morning urges
 - Vivid dream vs nightmares
- Oral / inhaler NRT- for breakthrough craving
 - Inhaler and spray faster than gum

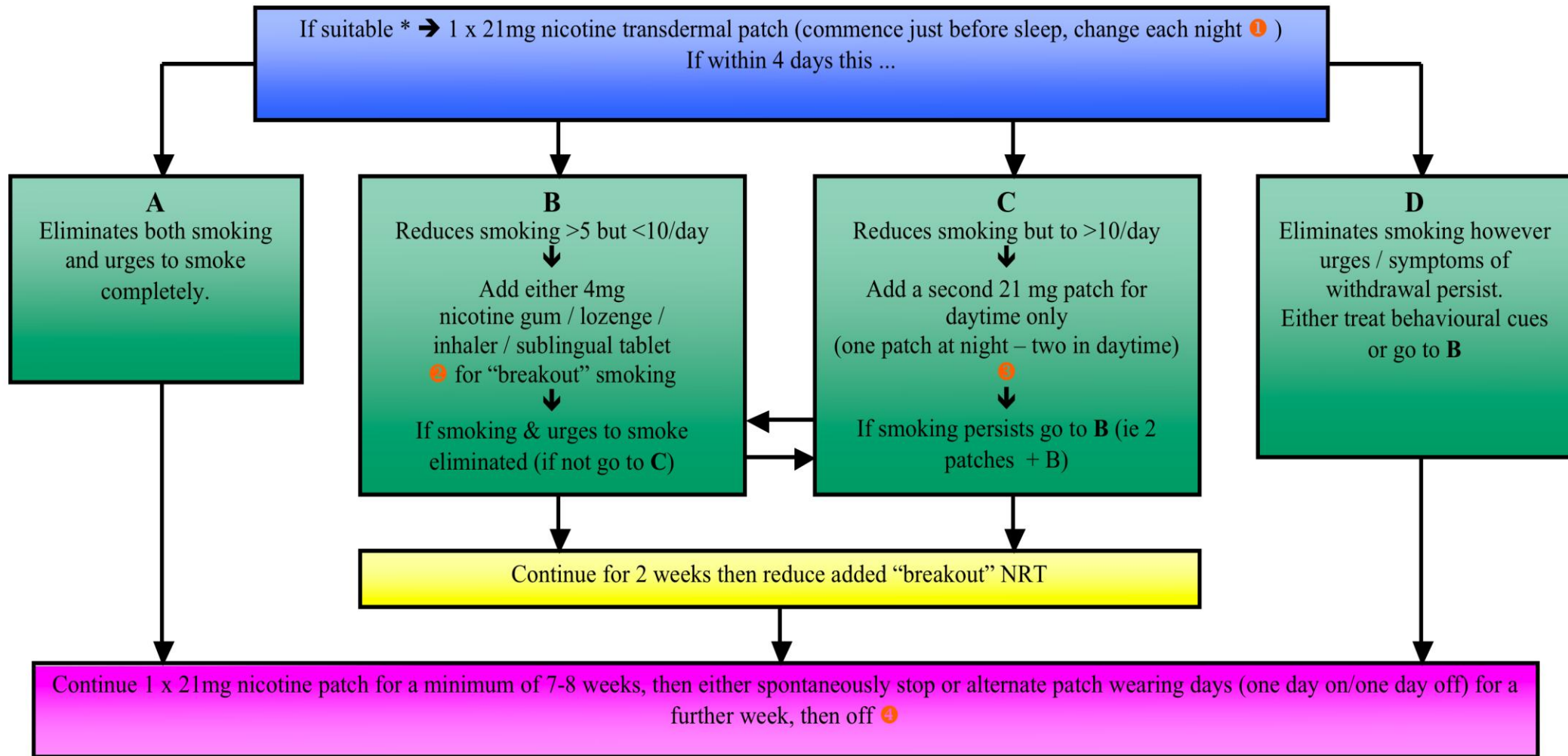
Nicotine toxicity is rare!

Optimise dose needed to prevent withdrawal Sx

Common complaints

- I have tried everything! Nothing works!
 - Ensure adequate dose, combination , technique and duration.
- The gum/ NRT makes me sick.
 - Check technique and dosing
- I am still craving.
 - Check technique and dosing
- I get itchy skin with the patch.
 - Check rotating site and use of steroid cream
- It gives me nightmare
 - Withdrawals can cause nightmare, admin timing.

Bittoun Combination Nicotine Replacement Therapy Algorithm



• **KEEP IN MIND CONTRAINDICATIONS:** i.e 1. **Recent cardiovascular event (48 Hours)**

2. **Pregnancy or likelihood (all NRT OK but not patch)**

① Applying patch last thing before sleep allows the slow rise of nicotine overnight - the likelihood of 1st cigarette of the day “urge” is strongly diminished.

② Either 4mg nicotine gum or lozenge depending on patient choice. Inhaler or sublingual tablet recommended over the others if patient needs faster reinforcement.

③ No evidence in the literature or in our experience of toxicity. Consider reducing concentrations if nausea occurs.

④ There is no evidence in the literature for weaning (or reduction) of patch strengths.

NRT-take home messages

- Nicotine toxicity is rare (therapeutic gap)
- Failure:
 - Incorrect use/dosage
 - Inadequate treatment duration (8-10 weeks) for down-regulation of nicotine receptors
- Prescription advice, trouble shooting info
- Unfounded safety concern can be a barrier

Oral medication quit aids

Varenicline

- Safety:
 - **Nausea –must have food**
 - insomnia, **abnormal dreams**, headaches and flatulence.
 - Does not lower seizure threshold, little drug interaction.
 - Metallic/ash tray taste, reduces pleasure.
 - Dose reduction for renal failure.
 - No increase in neuropsychiatric adverse events. *EAGLES 2017*
- Caution:
 - Renal impairment
 - PTSD- destabilising *Campbell*
- PBS funded, streamline every 6 months
 - 4, 8, 12 weeks course (ensure complete treatment).
 - Start a week before quit date

Varenicline

- Effective treatment in conjunction with behavioural therapy
- Safe in neuropsychiatric patients
 - Caution with PTSD
- Prescription advice
 - After food
 - Vivid dreams and nausea often short live (especially once stopped smoking)
- Assess CO level
- Ensure completion of treatment

Cytisine



- The world's oldest smoking cessation aid
- Derived from plant *Cytisus Laburnum*
- An alkaloid- $\alpha 4\beta 2$ nicotinic ACH Receptor
- Discovered in 1818 and isolated in 1865
- 1912: documented as qualitatively similar to nicotine
- Smoked as cheap tobacco substitute in WW2 in eastern and western Europe
- Inspired development of Champix[®]

Cytisine/ Tabex[®]

- NOT TGA/FDA approved currently.
- Tabex
 - Complex schedule
 - ?? Optimal dose and duration as no human pharmacokinetic data published.
 - SE: GI - dyspepsia, dry mouth, nausea
 - CI: Pregnancy, breast feeding and uncontrolled HPT



Bupropion SR, Zyban[®], Wellbutrin[®]



- Atypical antidepressant
 - Dual inhibitors of NA and Dopamine reuptake (NRDI).
- Similar effectiveness as NRT monotherapy, less effective than either varenicline or combination NRT.
- CI : Risk of seizure, eating disorders, MOAI, SSRI, TCA
- SE: nausea, sleep disturbances, headache.
- Principally use in patient who are not suitable for varenicline
- PBS funded
 - 150mg Daily D1-3 then BD for 12 weeks.
 - Can be used as prequit.

What about vaping?

It is now hard to support vaping as a routine smoking cessation aid

- There is data that vaping with behavioural support is effective in stopping combustible cigarettes (Hajek et al, NEJM, 2019)
- Estimates of harm reduction are made up
- Widely variable regulation worldwide
- Highly regulated in Australia with most local health bodies not advocating use

Vaping and harm in young people: umbrella review

Su Golder,¹ Greg Hartwell ,² Lily M Barnett,³ Sophie G Nash,³ Mark Petticrew,² Rebecca E Glover ²

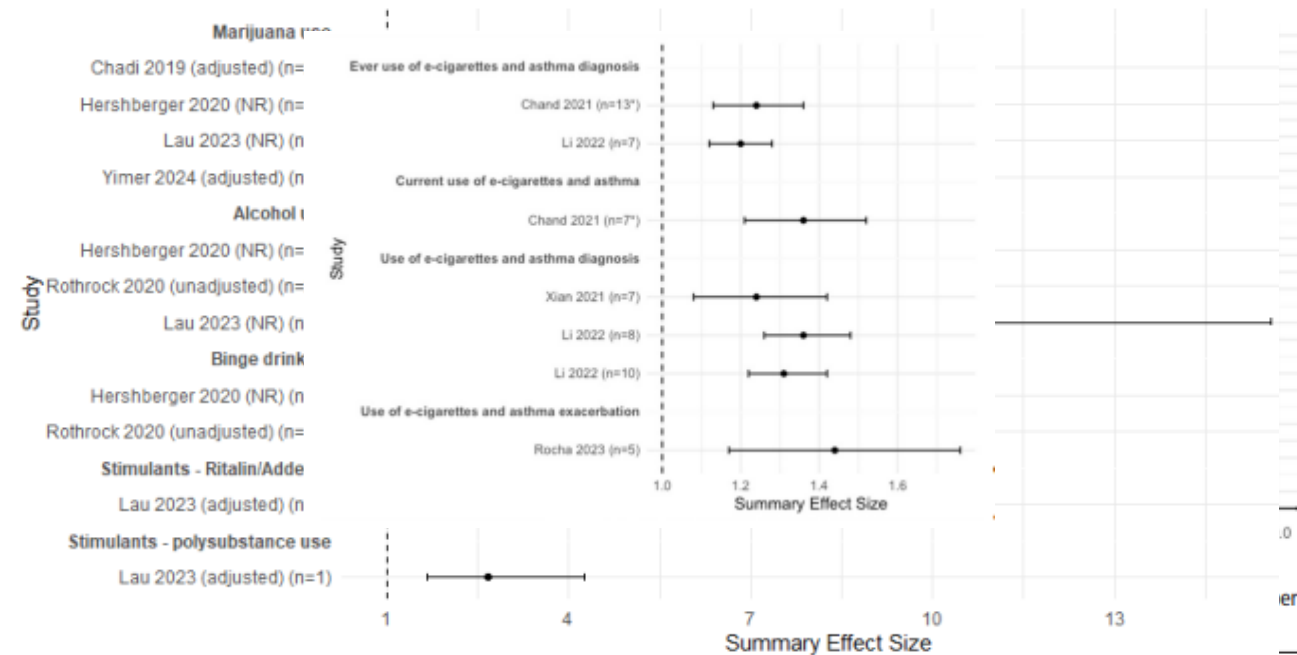
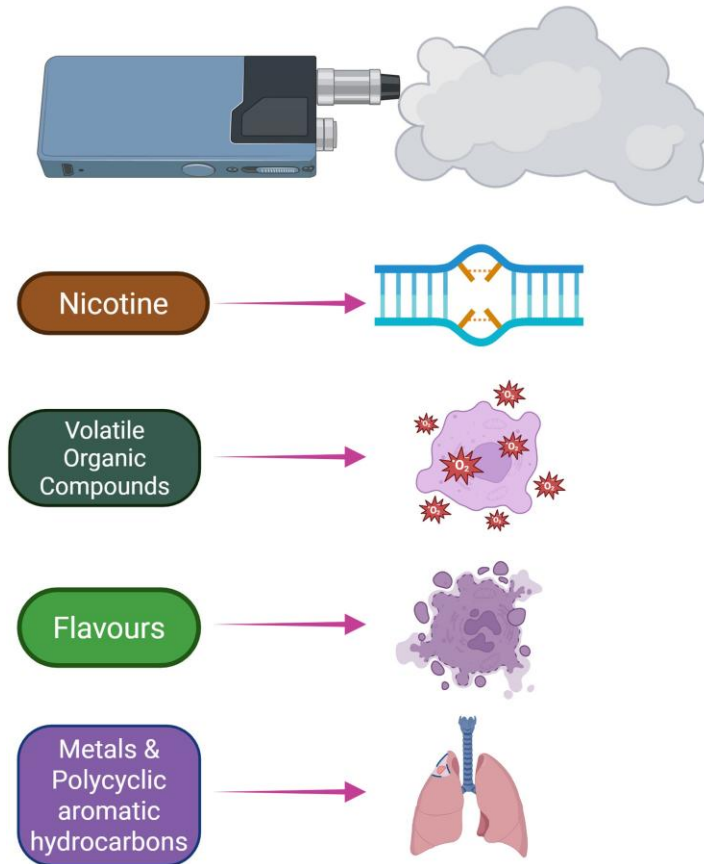







Figure 3 Forest plot for all drug initiation use and abuse, and e-cigarette use versus never use. NR = adjusted or unadjusted status of effect size was not reported.

Graphical Abstract



Human Studies	
	Cotinine levels: 100x higher in e-cigarette users vs non-users Case reports: 3 oral cancer cases reported
Animal Studies	
	Lung tumours: 22.5% of mice developed adenocarcinomas Controls: Only 1/40 control mice had tumours
Mechanistic Evidence	
DNA Damage 	Inflammation 
Oxidative Stress 	

Summary

- Engagement with behavioural support is essential regardless of
 - Opt-out Quit referral
 - Tailored action plans
- Combination NRT is safe and effective
 - Detailed prescription advice is required
 - Optimising dose and ensuring completion of course
- Varenicline remains the most effective medication available
 - Cytisine is an alternative

*Post-
Presentation
Poll
Questions*





5

RMH Referral Pathways

Dr Asha Bonney

Lung nodules and cancer screening referral pathway

Pilot program and research project

Advice hotline for referrers

Referring health care providers can contact our **lung nodule and lung cancer screening nurse** advice hotline:

- call [0455 409 806](tel:0455409806), or
- email rmhlungnoduleandscreeningreferrals@mh.org.au

Outpatient clinic referrals

We offer outpatient clinics (including telehealth) for the following conditions:

- Non-screen detected pulmonary nodules
- High-risk lung cancer screening results requiring Respiratory Physician review linked to a MDT
- Actionable respiratory additional findings detected on lung cancer screening LDCT as part of the National Lung Cancer Screening Program. Please refer to [National Lung Cancer Screening Program additional findings guideline](#) for relevant conditions.

This referral pathway **does not accept** referrals for non-respiratory additional findings detected on the lung cancer screening or additional findings detected on non-lung cancer screening LDCTs.

If further guidance is required, please contact our advice hotline on [0455 409 806](tel:0455409806) or at rmhlungnoduleandscreeningreferrals@mh.org.au.

For information about appropriate clinics, see our [services and clinics](#) list.

<https://www.thermh.org.au/services/respiratory-medicine-sleep-disorders/lung-nodule-and-cancer-screening-referral-pathway>

Questions?



Thank you for attending! What's next?

After this session you will receive:

1 Slides, resources and the recording of this session within the week

2 RACGP CPD hours will be uploaded within 14 days.

3 Attendance certificate will be received within 4-6 weeks.

- **Register for more education sessions here:**
nwmpnh.org.au/resources-events/events
- **Past education sessions can be found here:**
nwmpnh.org.au/resources-events/resources

Feedback - QR code

We welcome your feedback.
Let us know if you got what
you needed from this session.

