

Diagnosing lung cancer early

The National Lung Cancer Screening Program (NLCSPP)

Commenced on 1 July 2025, the program aims to **detect lung cancer early by screening high-risk people without symptoms**. If detected early (Stage 1), more than 65% of lung cancers can be successfully treated.

Eligibility is for people aged 50–70 years who:

- Have no signs or symptoms of lung cancer
- Currently smoke or have quit smoking in the past 10 years
- Have a smoking history of at least 30 pack-years (one pack-year is equal to smoking 20 cigarettes, or one pack, per day for one year)

People do not have to quit smoking to participate in the program.



In Australia, **90% of lung cancer cases in men and 65% of cases in women** are estimated to be attributable to smoking.

Other risk factors for lung cancer include:

- Environmental or occupational factors (passive smoking, exposure to asbestos, radon, diesel exhaust and silica)*
- Personal factors include increasing age and a family history of lung cancer or other lung diseases, such as chronic obstructive pulmonary disease

*Exposure to asbestos also increases the risk of developing mesothelioma, which starts in the lining surrounding the lungs (the pleura).



Priority populations for the program have been identified, noting that people may identify with one or more groups:

- Aboriginal and/or Torres Strait Islander peoples
- People living in rural and remote areas
- People from multicultural backgrounds
- People from LGBTIQ+ communities
- People with disability
- People with mental illness

Stigma associated with smoking and -blaming towards people diagnosed with lung cancer can lead to delays or avoidance in seeking support from health professionals.

In Victoria, **lung cancer-associated deaths (2021–2023) were:**

- **60%** more likely to be diagnosed among people experiencing the highest levels of disadvantage
- **29%** more likely among Gippsland residents compared to Victoria as a whole (Gippsland had the highest rate of lung cancer deaths of Victorian regions)

Gippsland PHN services and supports



Support to participate in the **Practice Incentives Program Quality Improvement (PIP QI)** Incentive for general practices to improve data collection, including smoking status.



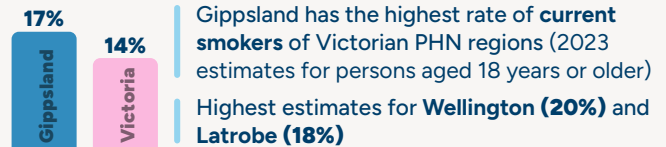
Gippsland Pathways local referral pathways for clinicians.



Training and events, including cultural safety training.

Gippsland data

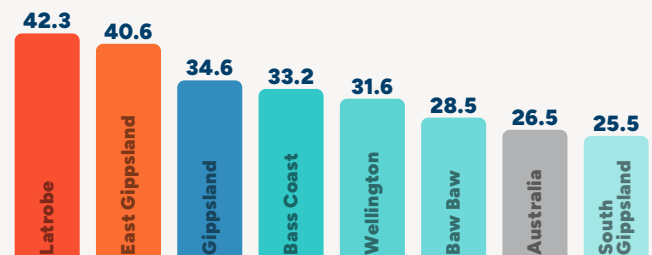
Smoking rates



Lung cancer mortality

(age-standardised rate per 100,000, 2019–2023)

- Gippsland had the third-highest mortality rate among Australia's PHN regions
- Highest rates are seen in Latrobe (60% higher than Australia), followed by East Gippsland (53% higher than Australia)



Lung cancer in Gippsland (2019–2023):



A total of **895** lung cancer deaths; **59% males (528)** and **41% females (367)**



6.7% of total male deaths making it the **second highest cause of death**

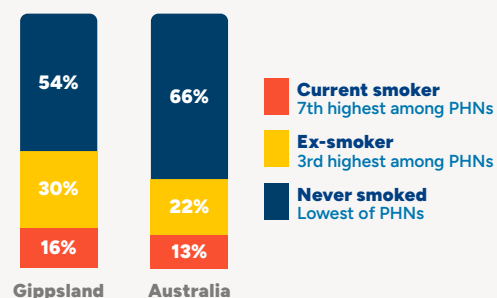


5.3% of total female deaths making it the **fourth highest cause of death**

Practice Incentives Program Quality Improvement (PIP QI):

- **73%** of general practice patients had a smoking status recorded (2024–2025) (69% in Australia)
- Latrobe had the highest rate of patients recorded as current smokers

Smoking status of regular GP patients with a smoking status recorded (2024–2025):



The Hazelwood Health Study examined the impact of the 2014 Hazelwood mine fire on a range of health issues, including cancer. As of July 2025, an increase in lung cancer linked to mine fire smoke exposure has not been identified.

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Community perspective

Insights from Gippsland PHN consultations in 2024 highlights the common experience of cancer, including as a carer.

“Many people have experiences of a cancer diagnosis for themselves or in the family with often lengthy periods caring for a loved one.”
– Community member

Insights from community engagement related to cancer screening and smoking cessation.



Cancer screening is often poorly understood and undervalued, adding to other participation barriers.



Multiple reminders can be helpful to prompt people to take action, including from GPs and other health professionals.



Smokers often don't like smoking, but it does offer a way of coping with life's challenges.



There is awareness of health reasons to stop smoking, but a sense of hopelessness with respect to quitting was common.



Smokers had little understanding of how services and supports, such as Quit, could help them.

“We don't want a lecture... we want support.”
– Community member

A 2023 community survey led by the Gippsland Region Public Health Unit (GRPHU) saw overwhelming support from Gippsland residents for expanding smoke and vape-free zones across the region. Common themes identified include:



The need for public spaces where people spend their time to be smoke and vape free.



Concerns around children and young people's exposure to smoking and vaping.



Stronger signage requirements in areas that are currently smoke and vape free, such as on public transport and at transport hubs.

“I believe that smoking and vaping cause a lot of harm and keeping certain areas smoke/vape free helps keep people safe.”
– Bass Coast young person

Professional perspective

Insights from Gippsland PHN consultations (2024-2025) highlight common healthcare system challenges.



Many people cannot afford to access healthcare due to increasing gap fees for primary care, specialist appointments and diagnostic services.



Rural and regional areas experience the greatest barriers to accessing services due to workforce shortages, long wait times and transport challenges.



An already stretched workforce faces an increasing demand for services.



A lack of coordinated care between general practice, hospitals and other providers can lead to lower quality patient care.

Opportunities to improve



Healthcare organisations prioritise distribution of clear, easy-to-understand health information suitable for people with low health literacy.



Healthcare providers can register and ensure integration with the **National Cancer Screening Register**.



General practices can ensure patient smoking history is reviewed and updated in practice management software to allow identification of eligible patients.



Use of digital tools can help identify eligible patients, enable secure referrals, and support timely follow-up through automated reminders, increasing participation in screening programs and early detection.



Undertaking formal cultural safety training may assist healthcare providers in providing culturally safe care to Aboriginal and/or Torres Strait Islander peoples.



Person-centred smoking cessation support should be delivered without judgement or pressure.



Targeted programs tailored for priority populations including people from the LGBTIQA+ and multicultural communities; see **resources**.



Prioritise the development of multidisciplinary care teams to support person-centred care.

Services and resources

National Lung Cancer Screening Program (NLCSP) a screening program using low-dose computed tomography (low-dose CT) scans to look for lung cancer in high-risk people without symptoms. GPs, specialists and nurse practitioners can assess eligibility and request a low-dose CT scan or suggest other options.

Lung cancer screening resources for patients and health professionals (including translated materials).

Victorian Lung Cancer Screening and Lung Nodule Clinics specialist clinics for patients with high and very high-risk screening results.

Medicare Benefits Schedule (MBS) mandatory bulk billed MBS items for low-dose CT scans mean there are no gap fees for eligible patients.

Cancer Australia guide for health professionals to investigate patients with potential lung cancer symptoms (people with symptoms should not be referred to the NLCSP).

Quitline 13 78 48 free, confidential support to help people quit smoking.

National Aboriginal Community Controlled Health Organisation (NACCHO) resources to support informed decision-making about lung cancer screening for Aboriginal and Torres Strait Islander peoples.

Gippsland Regional Integrated Cancer Service (GRICS) a partnership of 16 member services supporting people affected by cancer across the region.

Gippsland Population Health Strategy 2024-2029 identifies reducing harms from tobacco as a regional priority.

Access more Gippsland PHN publications here

