

**To:** Lung Cancer Screening Team  
Cancer Australia  
Email: [lungcancerscreening@canceraustralia.gov.au](mailto:lungcancerscreening@canceraustralia.gov.au)

**Date:** 6 January 2025

**Subject:** Consultation - National Lung Cancer Screening Program Guidelines

Dear Lung Cancer Screening Team,

The Victorian Comprehensive Cancer Centre Alliance (VCCC Alliance) acknowledges that the guidelines have been developed in consultation with experts, clinicians, researchers, Aboriginal and Torres Strait Islander peoples, and consumers. We also acknowledge the screening and assessment pathway outlines the set parameters of the program is based on evidence and expert advice and that certain program policy parameters are out-of-scope for public consultation, including the program eligibility criteria.

The VCCC Alliance welcomes the opportunity to provide feedback on the proposed eligibility criteria outlined in the draft *National Lung Cancer Screening Program (NLSCP) Guidelines*. Coordinated by our Program Manager of Aboriginal and Torres Strait Islander Health, this response reflects the VCCC Alliance's strong commitment to advancing equitable and inclusive healthcare, particularly for Aboriginal and Torres Strait Islander peoples, who experience a disproportionately high burden of lung cancer. Aboriginal and Torres Strait Islander peoples are a priority population in the program due to inequities in smoking prevalence and access to optimal and culturally safe healthcare, which significantly impacts lung cancer diagnosis, mortality, and survival rates.

There is a considerably higher burden of lung cancer in Aboriginal and Torres Strait Islander communities<sup>1</sup>:

- Smoking rates are approximately 40% - three times the national rate
- Indigenous peoples are 2.1 times more likely to be diagnosed with lung cancer
- Mortality rates are 1.8 times higher than non-Indigenous people
- The 5-year survival rate is only 11%, compared to 20-24% in non-Indigenous people
- Incidence and mortality rates are trending upwards, contrary to downward trends in non-Indigenous populations

Life Expectancy Considerations:

- Aboriginal and Torres Strait Islander men aged 50-54 have 6.1 fewer years of life expectancy than non-Indigenous peers (26.4 vs. 32.5 years)<sup>2</sup>
- Aboriginal and Torres Strait Islander women in the same age range have 6.4 fewer years of life expectancy (28.5 vs. 34.9 years)<sup>6</sup>

---

<sup>1</sup> Australian Government Australian Institute of Health and Welfare. (2018). Cancer in Aboriginal & Torres Strait Islander people of Australia. Retrieved from <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/cancer-type/lung-cancer-c33-c34>

<sup>2</sup> Australian Government Australian Institute of Health and Welfare National Indigenous Australians Agency. (2022). Life expectancy at birth. Retrieved from <https://www.indigenoushpf.gov.au/measures/1-19-life-expectancy-at-birth#:~:text=The%20life%20expectancy%20for%20First,years%20compared%20with%2083.8%20years>).

**RECOMMENDATIONS:**

**1. Inclusion criteria considerations**

The VCCC Alliance acknowledges the current consultation does not seek feedback on the inclusion criteria for the National Lung Cancer Screening Program (NLSCP). However, we note the opportunity for a formal review in two years and strongly advocate for criteria that reflect the specific needs of Aboriginal and Torres Strait Islander peoples. This includes consideration about alignment with international best practice around the pack year requirement and lowering the minimum age for screening. The proposed Australian criteria are significantly more restrictive than other nations' screening programs (Refer to Figure 1). We encourage Cancer Australia to prioritise these areas for comprehensive review during the planned evaluation.

**Figure 1** Comparison of the Australian selection criteria with international benchmarks

	Age Range	Pack-Years	Years Quit	Asymptomatic?	Smoking rate <sup>3</sup>
USA <sup>4</sup>	50-80	20	15	No	24.3%
Canada <sup>5</sup>	55-74	30	15	No	12%
France <sup>6</sup>	50-75	15	15	No	34.6%
Denmark <sup>4</sup>	50-70	20	10	No	16.2%
Holland/ Belgium <sup>4</sup>	50-75	15	10	No	21.3% & 26.7%
<b>Australia</b>	<b>50-70</b>	<b>30</b>	<b>10</b>	<b>Yes</b>	<b>13.1%</b>

**2. The need for novel models of care**

The VCCC Alliance is committed to collaborating with Cancer Australia and the Victorian State Government to support the program's implementation. This includes exploring innovative models of care to ensure equitable access and effectiveness. A critical challenge remains in designing systems that adequately support patients and inform the development of culturally safe and patient-centred care models. We look forward to playing an active role in addressing these challenges and ensuring the program delivers optimal outcomes for all Australians, particularly those most at risk.

**3. Implementation issues**

To ensure the successful implementation of the National Lung Cancer Screening Program and address the unique needs of Aboriginal and Torres Strait Islander peoples, we propose a series of recommendations focused on embedding cultural safety, fostering workforce development, and delivering culturally appropriate care. These measures are essential to building trust, improving access, and achieving equitable health outcomes for Indigenous communities.

Cultural Safety Training and Workforce Development:

- Mandate comprehensive cultural safety training for ALL program staff, including:
- Medical and healthcare professionals (radiologists, radiographers, nurses, respiratory physicians, general practitioners, thoracic surgeons, oncologists, pathologists etc)
- Administrative and support staff

<sup>3</sup> World Population Review. (2024). Smoking Rate by Country 2024. Retrieved from <https://worldpopulationreview.com/country-rankings/smoking-rates-by-country>

<sup>4</sup> U.S. Preventive Task Force. (2021). Lung cancer: screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

<sup>5</sup> Canada Task Force on Preventative Health Care. (2016). NEW LUNG CANCER SCREENING GUIDELINE. Retrieved from <https://canadiantaskforce.ca/new-lung-cancer-screening-guideline/>

<sup>6</sup> Pinsky P. F. (2018). Lung cancer screening with low-dose CT: a world-wide view. *Translational lung cancer research*, 7(3), 234–242. <https://doi.org/10.21037/tlcr.2018.05.12>

- Public health professionals
- Mobile unit drivers and operations staff
- Program managers and coordinators

Ensure training is:

- Developed and delivered in partnership with Aboriginal and Torres Strait Islander peoples and credible providers
- Specific to the context of lung cancer screening
- Regularly updated and reviewed based on community feedback
- Includes ongoing mentoring and support
- Establish clear cultural safety performance indicators and regular assessment
- Create mechanisms for community feedback on cultural safety of services
- Provides recognition of continuing professional development in alignment with all relevant specialist medical colleges.

Additional Implementation Requirements:

- Provide dedicated funding for Aboriginal Community Controlled Health Organisations (ACCHOs) to include Aboriginal and Torres Strait Islander Health Workers in program delivery at all levels including awareness raising, education and training, access to testing, follow up and support.
- Develop specific resources, communication materials and models of access in partnership with Aboriginal and Torres Strait Islander communities

**4. Access considerations and mobile screening implementation:**

Urgent Mobile Screening Service Priority:

While we welcome Heart of Australia's selection as the mobile delivery partner for the NLCSP, we strongly advocate for:

Immediate Multi-State Implementation:

- Fast-track the deployment of mobile screening trucks beyond the planned HEART 7 in September 2025
- Allocate a dedicated screening truck to each state and territory as a matter of priority
- Implement concurrent rather than sequential truck deployment to ensure equitable national coverage
- Expedite procurement and fit-out processes for additional trucks to enable earlier service commencement

Service Implementation Timeline:

- Advance the September 2025 commencement date where possible
- Develop concurrent implementation plans for all states/territories rather than a staged approach
- Prioritise regions with highest Indigenous populations and greatest distance to fixed screening services
- Establish preliminary routes and schedules before truck deployment to enable immediate community engagement

Operational Requirements:

- Ensure each state/territory truck is equipped with:
  - State-of-the-art low-dose CT scanning technology
  - Robust IT infrastructure for immediate image transfer and reporting
  - Cultural safety considerations in design and operation
  - Develop state-specific workforce strategies to ensure adequate staffing
  - Create clear protocols for cross-border service coordination where appropriate

Cultural Safety in Mobile Services:

- Ensure all mobile unit staff receive location-specific cultural awareness training for the communities they serve
- Include local Aboriginal Health Workers in mobile unit staffing

- Develop culturally safe protocols for all aspects of mobile service delivery
- Create welcoming, culturally appropriate spaces within and around mobile units
- Establish regular cultural safety audits and community feedback mechanisms for quality improvement.

Community Engagement and Integration:

- Begin immediate consultation with Indigenous communities regarding proposed routes
- Partner with ACCHOs in each state/territory to develop culturally appropriate service models
- Establish state-based referral networks and follow-up care pathways
- Create flexible scheduling systems that accommodate cultural events and community commitments

Quality Assurance:

- Implement standardised quality control measures across all mobile units
- Establish consistent monitoring and evaluation frameworks
- Develop national reporting mechanisms while allowing for state-specific adaptations
- Regular review and adjustment of routes based on community needs and usage patterns

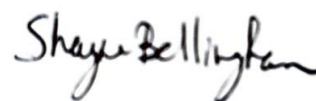
Given that 90% of lung cancer in Australian men and 65% in women is attributed to tobacco smoking<sup>7</sup> and considering the significantly higher smoking rates in Indigenous communities, these modifications are essential for an equitable screening program.

We strongly urge the revision of these guidelines to ensure they adequately serve Aboriginal and Torres Strait Islander peoples. These changes are crucial for closing the gap in health outcomes and addressing the disproportionate burden of lung cancer in Indigenous communities.

Yours sincerely,



Prof Grant McArthur AO  
Chief Executive Officer  
VCCC Alliance



Dr Shayne Bellingham  
Aboriginal and Torres Strait Islander Program Manager  
VCCC Alliance

---

<sup>7</sup> Australian Government Australian Institute of Health and Welfare. (2018). Cancer in Aboriginal & Torres Strait Islander people of Australia. Retrieved from <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/cancer-type/lung-cancer-c33-c34>