

## LDCT Lung Cancer Screening Reporting Template

## **CLINICAL INFORMATION** 1. Clinical Information: 2. Reason for exam: O Baseline scan O 12 month recall O 6 month follow-up O 3 month follow-up O Other follow-up **COMPARISON STUDY (CT)** 1. Comparison Study: O None Available O Previous CT exam(s): \_\_\_\_\_ (dates) **IMAGING PROCEDURE DESCRIPTION** 1. Overall image quality: O Adequate O Suboptimal O Non-diagnostic 2. Procedure protocol: O LDCT Study Protocol O Other: \_ 3. All measurements obtained on axial CT lung reconstruction series: **FINDINGS** A. Nodules 1. Number of lung nodules present in total (any size): Only report the 10 most worrisome nodules ( $\geq 4$ mm) need to be measured. Number of nodule(s) ≥ 4mm: \_\_\_\_\_ (call up nodule macro if 1 or more nodules $\geq 4 \text{ mm}$ ) \*\*Start of repeating Nodule Section \*\* Nodule Number [\_]: i) Image: Lobe: O RUL O RML O RLL O LUL O Lingula O LLL ii) iii) Location: OParenchymal O Subpleural O Fissural Attenuation: O Solid iv) Mean diameter: \_\_ mm, +length: \_\_ mm, +width: \_\_ mm O Part-solid: Overall size: mean diameter: \_\_ mm, +length: \_\_ mm, +width: \_\_ mm Size of Solid component: mean diameter: \_\_ mm, +length: \_\_ mm, +width: \_\_ mm OPure ground glass: Mean diameter: mm, +length: mm, +width: mm Comparison: V)

The Lung Cancer Screening Pilot for People at High Risk will inform your patient of his/her screening result and will book the next screening appointment in accordance with the radiologist's recommendation specified in this report. Please be reminded that management of incidental findings identified through screening is the responsibility of the referring physician

O None

O Stable nodule

O New nodule

O Interval increase – Compared to: \_\_\_\_\_ (date)

OSolid nodule: Previous mean diameter: \_\_mm

OPart-solid nodule:

Overall size: Previous mean diameter: \_\_ mm

Solid component: Previous mean diameter: \_\_\_\_mm

O Pure ground glass nodule: Previous mean diameter \_\_\_\_mm

OInterval decrease - Compared to: \_\_\_\_\_ (date)

- vi) Margins: O Spiculated OSmooth O Lobulated O Polygonal OHalo O Obscured
- vii) Calcification: O None O Benign Pattern O Indeterminate
- viii) Other characteristics: O None OFat OCavitation O +Other:\_\_\_\_
- ix) +Other comments: \_\_\_\_\_

\*\*End of repeating Nodule Section \*\*

If there are additional nodules, please repeat Section A for nodules 2-10 +Other comments (Including nodules <4mm)

## B. Incidental Findings

- 1. Lung or Pleura: \_\_\_\_
- 2. Mediastinum and Hila:
- 3. Chest Wall and Axilla:
- 4. Bones: \_\_\_\_\_
- 5. Upper Abdomen: \_\_\_\_
- 6. +Other: \_\_\_\_

## IMPRESSIONS

- 1. Pulmonary nodule summary:
- 2. Nodules ACR Lung-RADS<sup>™</sup> Category:

The most worrisome nodule described above is assigned a Lung-RADS category

00	Additional lung cancer screening CT images and/or comparison to prior chest CT examination is needed
01	LDCT in 12 months
02	LDCT in 12 months
03	LDCT in 6 months

O 4A	Referral to a Lung Diagnostic Assessment Program (L-DAP)		
O 4B	Referral to a Lung Diagnostic Assessment Program (L-DAP)		
O 4X	Referral to a Lung Diagnostic Assessment Program (L-DAP)		
3. Actionable incidental Findings (S Modifier):			
	a.	Actionable incidental Findings: O Yes O No	
	b.	Actionable incidental Finding (reiterate incidental finding(s)):	
	c.	Recommendation for follow-up:	

4. \*Other Comments: \_\_\_\_\_