



**PARTS B, C, D AND E COMPLETED BY RADIOLOGIST**

**PART B. CHEST X-RAY OVERALL DIAGNOSTIC QUALITY (COMPLETED BY RADIOLOGIST)**

**1. Indicate the overall diagnostic quality of CXR:**

- A. Diagnostic CXR (GO TO C.1)
- B. Limited CXR, but interpretable (COMPLETE B.2 AND GO TO C.1)
- C. Non-diagnostic CXR, reschedule CXR (COMPLETE B.2 AND GO TO D.1)
- D. No image available (GO TO D.3, COMMENTS)

**2. Which of the following affected the quality of the limited or non-diagnostic CXR? (MARK ALL THAT APPLY)**

- |                                                                          |                                                         |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Low lung volumes                                | <input type="checkbox"/> Artifacts obscure anatomy      |
| <input type="checkbox"/> Lungs incompletely imaged                       | <input type="checkbox"/> Incorrect processing algorithm |
| <input type="checkbox"/> Poor positioning                                | <input type="checkbox"/> High image noise               |
| <input type="checkbox"/> Motion degradation                              | <input type="checkbox"/> Other (SPECIFY) _____          |
| <input type="checkbox"/> Incorrect exposure or other technical parameter |                                                         |

**PART C. CHEST X-RAY EXAMINATION FINDINGS (COMPLETED BY RADIOLOGIST)**

**1. Radiologic Abnormality Noted:**

- No (GO TO D.1 AND MARK RESULT "E")
- Yes (COMPLETE C.2. RECORD INFORMATION FOR EACH ABNORMALITY)

**2. Record Information for Each Abnormality:**

| Abn #                                                                   | Description of Abnormality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Complete for Code 51 Only                                                                                                                                                |                           |                                     |                                                                                          |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|------------------------------------------------------------------------------------------|
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Location of Epicenter                                                                                                                                                    | Longest Diameter (mm)     | Longest Perpendicular Diameter (mm) | Nodule/Mass Margins                                                                      |
|                                                                         | 51 = Non-calcified visible nodule/mass (MUST MARK "A" IN D.1)<br>53 = Benign lung nodule(s) (benign calcification)<br>54 = Atelectasis, segmental or greater<br>55 = Pleural thickening or effusion<br>56 = Non-calcified hilar/mediastinal adenopathy/mass ≥ 10 mm short axis<br>57 = Chest wall abnormality (e.g. bone destruction, metastasis)<br>58 = Consolidation<br>59 = Reticular/reticulonodular opacities, honeycombing, fibrosis, scar<br>62 = 6 or more nodules, not suspicious for cancer (opacities ≥ 4mm) (ANY SUSPICIOUS NODULES MUST BE CODED AS 51)<br>63 = Emphysema<br>64 = Significant cardiovascular abnormality (SPECIFY)<br>70 = Other significant abnormality above the diaphragm (SPECIFY)<br>71 = Other significant abnormality at/below the diaphragm (SPECIFY)<br>72 = Other minor abnormality noted (SPECIFY IF DESIRED) | 1 = Rt upper zone<br>2 = Rt middle zone<br>3 = Rt lower zone<br>4 = Lt upper zone<br>5 = Lt middle zone<br>6 = Lt lower zone<br>8 = Other, SPECIFY (in Comments section) | 999 - Unable to determine | 999 - Unable to determine           | 1 = Spiculated (Stellate)<br>2 = Smooth<br>3 = Poorly defined<br>9 = Unable to determine |
| <b>CHECK BOX IF IDENTIFIED AFTER COMPARISON WITH HISTORICAL IMAGES:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                          |                           |                                     |                                                                                          |
| 1                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 |
| 2                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 |
| 3                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 |
| 4                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 |
| 5                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 |
| 6                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 |

**PART D. CHEST X-RAY INTERPRETATION RESULTS (COMPLETED BY RADIOLOGIST)**

**1. Lung Screening Result:**

- A. **Positive Screen – Abnormalities suspicious for lung cancer**
- C. **Negative Screen** – Clinically significant abnormalities not suspicious for lung cancer (GO TO D.3)
- D. **Negative Screen** – Minor abnormalities not suspicious for lung cancer (GO TO D.3)
- E. **Negative Screen** – No significant abnormalities (GO TO D.3)
- F. **Inadequate** (COMPLETE PART D.3 AND GO TO E.6)

**2. Other Significant Abnormalities (in addition to lung screening results) that need to be reported:**

- No       Yes (SPECIFY IN D.3)

**3. Comments:**       No     Yes

Continued

**PART E. CHEST X-RAY COMPARISON RESULTS – COMPLETE FOR ALL LUNG SCREENING RESULTS (COMPLETED BY RADIOLOGIST)**

**1. Comparison Image: (MARK ALL THAT APPLY)**

- No image available (GO TO E.4)
- T<sub>0</sub>
- T<sub>1</sub>
- T<sub>2</sub> Inadequate scan
- Previous scan not completed as part of NLST (RECORD SCAN TYPE AND DATES FOR UP TO 3 PREVIOUS SCANS)

|                                                   |
|---------------------------------------------------|
| <b>Scan Types</b><br>1 = CT<br>2 = CXR<br>3 = MRI |
|---------------------------------------------------|

**Previous Scan Type(s):      Date(s) of Previous Scan(s) (MONTH/DAY/YEAR)**

|     |                     |
|-----|---------------------|
| _ _ | _ _ / _ _ / _ _ _ _ |
| _ _ | _ _ / _ _ / _ _ _ _ |
| _ _ | _ _ / _ _ / _ _ _ _ |

**2. Enter abnormality number and code for all Code 51 abnormalities AND other significant abnormalities seen on this screening exam. (IF NONE, GO TO E.3)**

| Abn. #<br>(FROM<br>PART<br>C.2.) | Abn.Code<br>(FROM<br>PART C.2) | Was<br>Abnormality<br>Pre-existing?             | Earliest Date Visible<br>(COMPLETE ONLY FOR PRE-EXISTING<br>ABNORMALITIES)<br><br>(Month/Day/Year)<br><br>99/99/9999 = Unable to determine | COMPLETE FOR CODE 51 ABNORMALITIES ONLY                                                |                                                                                                      | COMPLETE FOR OTHER<br>SIGNIFICANT<br>ABNORMALITIES ONLY                                                |
|----------------------------------|--------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                                  |                                | 1 = No<br>2 = Yes<br>9 = Unable to<br>determine |                                                                                                                                            | Interval Growth of<br>Abnormality?<br><br>1 = No<br>2 = Yes<br>9 = Unable to determine | Interval suspicious<br>change in attenuation?<br><br>1 = No<br>2 = Yes<br>9 = Unable to<br>determine | Interval change warrants<br>further investigation?<br><br>1 = No<br>2 = Yes<br>9 = Unable to determine |
| _ _                              | _ _                            | _                                               | _ _ / _ _ / _ _ _ _                                                                                                                        | _                                                                                      | _                                                                                                    | _                                                                                                      |
| _ _                              | _ _                            | _                                               | _ _ / _ _ / _ _ _ _                                                                                                                        | _                                                                                      | _                                                                                                    | _                                                                                                      |
| _ _                              | _ _                            | _                                               | _ _ / _ _ / _ _ _ _                                                                                                                        | _                                                                                      | _                                                                                                    | _                                                                                                      |
| _ _                              | _ _                            | _                                               | _ _ / _ _ / _ _ _ _                                                                                                                        | _                                                                                      | _                                                                                                    | _                                                                                                      |
| _ _                              | _ _                            | _                                               | _ _ / _ _ / _ _ _ _                                                                                                                        | _                                                                                      | _                                                                                                    | _                                                                                                      |
| _ _                              | _ _                            | _                                               | _ _ / _ _ / _ _ _ _                                                                                                                        | _                                                                                      | _                                                                                                    | _                                                                                                      |

