# SPIRAL CT SCREENING EXAMINATION FORM (SCT)

## Administrative Section

<table>
<thead>
<tr>
<th>Screening Center ID:</th>
<th>[ ] [ ] [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Examination:</td>
<td>[ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Study Year (T0 - T2):</td>
<td>T [ ]</td>
</tr>
<tr>
<td>Visit Number:</td>
<td>[ ] One</td>
</tr>
<tr>
<td>Reason for repeat visit</td>
<td>__________________________________________</td>
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</table>

## Interval Follow Up Information:

Has the participant had any imaging studies since the previous screening exam that may be useful for the radiologist to review if needed?  [ ] Yes  [ ] No  [ ] N/A

If YES, dates obtained (Month /Year): [ ] [ ] / [ ] [ ] [ ] [ ]

## PART A. SPIRAL CT EXAMINATION FINDINGS (COMPLETED BY TECHNOLOGIST)

1. **Number of Attempts:**
   - [ ] None  (GO TO A.3)
   - [ ] One  
   - [ ] Two  
   - [ ] Three  

2. **Adequate Scan Obtained:**
   - [ ] No  (GO TO A.4)
   - [ ] Yes  

3. **Reason for Inadequate or No Scan:** (MARK ALL THAT APPLY)
   - [ ] Participant refusal
   - [ ] Equipment malfunction
   - [ ] Poor image quality
   - [ ] Other (SPECIFY)  

4. **Technical Parameters:**
   - A. [ ] [ ] [ ] kVp
   - B. [ ] [ ] [ ] mAs
   - C. [ ] [ ] [ ] mA
   - D. [ ] [ ] Display FOV
   - E. [ ] [ ] Effective mAs
   - F. [ ] [ ] Pitch

5. **Indicate CT reconstruction algorithm/filter:**
   - [ ] GE Bone  
   - [ ] GE Standard  
   - [ ] GE, other: ________  
   - [ ] Philips D  
   - [ ] Philips C  
   - [ ] Philips, other: ________  
   - [ ] Siemens B50F  
   - [ ] Siemens B30  
   - [ ] Siemens, other: ________  
   - [ ] Toshiba FC10  
   - [ ] Toshiba FC51  
   - [ ] Toshiba, other: ________

6. **Comments:**  [ ] No  [ ] Yes  

7. **Tech ID:** [ ] [ ] [ ] [ ]  

Signature: __________________________________________

Initials Complete: ________  
Initials QC: ________  
Participant ID Label:  

Continued: [ ]
### PART B. SPIRAL CT OVERALL DIAGNOSTIC QUALITY (COMPLETED BY RADIOLOGIST)

1. Indicate the overall diagnostic quality of the CT image acquisition sequence:
   - [ ] A. Diagnostic CT (GO TO C.1)
   - [ ] B. Limited CT, but interpretable (COMPLETE B.2 AND GO TO C.1)
   - [ ] C. Non-diagnostic CT exam, reschedule CT (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 CT? (MARK ALL THAT APPLY)
   - [ ] Submaximal inspiratory breath-hold
   - [ ] Lungs not completely imaged
   - [ ] Motion artifact
   - [ ] Severe beam hardening artifact
   - [ ] Respiratory misregistration
   - [ ] Excessive quantum mottle or graininess
   - [ ] Incorrect technical parameter(s)
   - [ ] Other (SPECIFY)

### PART C. SPIRAL CT EXAMINATION FINDINGS (COMPLETED BY RADIOLOGIST)

1. Radiologic Abnormality Noted:
   - [x] No (GO TO D.1 AND MARK RESULT "E")
   - [ ] Yes (COMPLETE C.2. RECORD INFORMATION FOR EACH ABNORMALITY)

2. Record Information for Each Abnormality:

<table>
<thead>
<tr>
<th>Abn</th>
<th>Description of Abnormality</th>
<th>Complete for Code 51 Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td></td>
<td>CT Slice</td>
</tr>
<tr>
<td>51</td>
<td>Non-calcified nodule/mass ≥ 4 mm (MUST MARK &quot;A&quot; IN D.1)</td>
<td>Record slice number containing abnormality's greatest diameter</td>
</tr>
<tr>
<td>52</td>
<td>Non-calcified nodule &lt; 4 mm</td>
<td></td>
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<tr>
<td>53</td>
<td>Benign lung nodule(s) (benign calcification)</td>
<td></td>
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<tr>
<td>54</td>
<td>Atelectasis, segmental or greater</td>
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<tr>
<td>55</td>
<td>Pleural thickening or effusion</td>
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<tr>
<td>56</td>
<td>Non-calcified hilar/mediastinal adenopathy/mass ≥ 10 mm short axis</td>
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<tr>
<td>57</td>
<td>Chest wall abnormality (e.g. bone destruction, metastasis)</td>
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<tr>
<td>58</td>
<td>Consolidation</td>
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<tr>
<td>59</td>
<td>Reticular/reticulonodular opacities, honeycombing, fibrosis, scar</td>
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<tr>
<td>62</td>
<td>6 or more nodules, not suspicious for cancer (opacities ≥ 4mm) (ANY SUSPICIOUS NODULES MUST BE CODED AS 51)</td>
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<tr>
<td>63</td>
<td>Emphysema</td>
<td></td>
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<tr>
<td>64</td>
<td>Significant cardiovascular abnormality (SPECIFY)</td>
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<tr>
<td>70</td>
<td>Other significant abnormality above the diaphragm (SPECIFY)</td>
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<td>71</td>
<td>Other significant abnormality at/below the diaphragm (SPECIFY)</td>
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<tr>
<td>72</td>
<td>Other minor abnormality noted (SPECIFY IF DESIRED)</td>
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CHECK BOX IF IDENTIFIED AFTER COMPARISON WITH HISTORICAL IMAGES:

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### PART D. SPIRAL CT 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

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### PART E. SPIRAL CT 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)
   - [ ] T0
   - [ ] T1
   - [ ] T2 Inadequate scan
   - [ ] Previous scan not completed as part of NLST (RECORD SCAN TYPE AND DATES FOR UP TO 3 PREVIOUS SCANS)

<table>
<thead>
<tr>
<th>Scan Types</th>
<th>Previous Scan Type(s):</th>
<th>Date(s) of Previous Scan(s) (MONTH/DAY/YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = CT</td>
<td></td>
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<tr>
<td>2 = CXR</td>
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<tr>
<td>3 = MRI</td>
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</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Abn. # (FROM ITEM C.2)</th>
<th>Abn.Code (FROM ITEM C.2)</th>
<th>Was Abnormality Pre-existing?</th>
<th>Earliest Date Visible (COMPLETE ONLY FOR PRE-EXISTING ABNORMALITIES) (Month/Day/Year)</th>
<th>COMPLETE FOR CODE 51 ABNORMALITIES ONLY</th>
<th>COMPLETE FOR OTHER SIGNIFICANT ABNORMALITIES ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 = No</td>
<td>1 = No</td>
<td>1 = No</td>
<td>1 = No</td>
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<td>9 = Unable to determine</td>
<td>9 = Unable to determine</td>
<td>9 = Unable to determine</td>
<td>9 = Unable to determine</td>
</tr>
</tbody>
</table>

|                        |                          | 1 = No                        | 1 = No                                                                               | 1 = No                                 | 1 = No                                           |
|                        |                          | 2 = Yes                       | 2 = Yes                                                                              | 2 = Yes                                 | 2 = Yes                                          |
|                        |                          | 9 = Unable to determine        | 9 = Unable to determine                                                               | 9 = Unable to determine                | 9 = Unable to determine                          |

99/99/9999 = Unable to determine
### 3a. Lung Screening Comparison Result:

- **A. Positive Screen** – Abnormalities suspicious for lung cancer
- **B. Positive Screen** – Abnormalities suspicious for lung cancer, no significant change
- **C. Negative Screen** – Clinically significant abnormalities not suspicious for lung cancer (GO TO E.4)
- **D. Negative Screen** – Minor abnormalities not suspicious for lung cancer (GO TO E.4)
- **E. Negative Screen** – No significant abnormalities (GO TO E.4)

### 3b. Other Significant Abnormalities

(in addition to lung screening results) that need to be reported:

- No
- Yes (SPECIFY IN E.5)

### 4. Which of the following diagnostic procedures for screening examination results should the screening result letter include?

(MARK ALL THAT APPLY)

- No diagnostic intervention necessary
- Continue NLST screening CT
- Comparison with historical images (NOTE: CHECK OTHER PROCEDURES IN CASE HISTORICAL IMAGES UNAVAILABLE)
- Low dose CT with NLST parameters at:
  - 3 months
  - 6 months
  - 3-6 months
  - 12 months
  - 24 months

(MARK AN AREA OF FOCUS)

- Diagnostic chest CT
- Contrast-enhanced CT nodule densitometry
- FDG-PET
- Tech 99m depreotide scintigraphy
- Biopsy (percutaneous, thoracoscopic, open, etc.)
- Other (SPECIFY)___________________________________

### 5. Comments:

- No
- Yes

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

☐ Continued

### 6. Radiologist ID: ________ Date: __________ / ________ / ________

MO   DAY   YEAR

Signature

________________________________________________________________________