ACRIN 6654
NLST
Screening CT Form

Instructions: This form is to be completed for each CT screening exam. The C2 form serves as the source document for the interpretation of the CT screening exam and must be signed by the interpreting Radiologist. Submit this form via the ACRIN website. Submit paper form only in the event of a revised or corrected form via fax to ACRIN Data Management.

1. Indicate Screening Visit:
   1. Baseline Screen
   2. Incidence Screen, year 1
   3. Incidence Screen, year 2

2. Date of Screening CT Exam: ____________ (mm-dd-yyyy)

3. Visit number (for above screening visit):
   1. One
   2. Two

Part A. Technical Parameters
(completed by technologist; please refer to NLST CT Technique Chart for platform specific imaging parameters)

4. Number of exam attempts:
   1. One
   2. Two
   3. Three

5. _______ kVp

6. _______ mA (based on the CT equipment and platform report either mA or effective mAs)

7. _______ Effective mAs (based on the CT equipment and platform report either mA or effective mAs)

8. _______ Display FOV (cm)

9. Indicate CT reconstruction algorithm/filter:
   - GE Bone
   - GE Standard
   - GE, other: ____________________________
   - Siemens B50F
   - Siemens B30
   - Siemens, other: ______________________
   - Philips D
   - Philips B
   - Philips, other: ________________________
   - Toshiba FC10
   - Toshiba FC51
   - Toshiba, other: ______________________

10. Technologist ID: __________________________

Part B. Screening CT Findings (completed by radiologist based on the screening CT)

11. Indicate the overall diagnostic quality of the CT examination:
   1. Diagnostic CT (skip to Q12)
   2. Limited CT, but interpretable (complete table below)
   3. Non-diagnostic CT (complete table below)

   Which of the following affected the quality of the limited or non-diagnostic Screening CT? (check 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: __________________________
12. Are there any abnormalities to report on this CT?
   1 No (skip to Q13)
   2 Yes (complete chart below)

Record each CT finding below using CONSECUTIVE F-numbers. DO NOT SKIP F-NUMBERS

- Record data in fields for location, dimensions, margin, and attenuation ONLY for Code 51 abnormalities.
- If multiple micronodules < 4mm are seen, record Code 52 only ONCE.
- If > 6 nodules not suspicious for lung cancer are seen, record as 62; do not record individual nodules.
- Use text lines to specify abnormalities ONLY for Codes 63, 64, and 65.
- To document additional text data, use "Part D Other observations/comments;" this will be web-entered.
- Descriptive data NOT intended for web-entry should appear outside of data entry fields.

<table>
<thead>
<tr>
<th>Abnormality Codes</th>
<th>Complete for Code 51 Nodules or Masses Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CT Slice Location</td>
</tr>
<tr>
<td>51 Non-calcified nodule or mass (opacity &gt; 4 mm diameter)</td>
<td>Indicate the single slice number with the greatest diameter, or identify a representative slice</td>
</tr>
<tr>
<td>52 Non-calcified micronodule(s) (opacity &lt; 4 mm diameter)</td>
<td></td>
</tr>
<tr>
<td>53 Benign lung nodule(s) (benign calcification)</td>
<td></td>
</tr>
<tr>
<td>54 Atelectasis, segmental or greater</td>
<td></td>
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<tr>
<td>55 Pleural thickening or effusion</td>
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</tr>
<tr>
<td>56 Non-calcified hilar/mediastinal adenopathy or mass (&gt; 10 mm short axis)</td>
<td></td>
</tr>
<tr>
<td>57 Chest wall abnormality (bone destruction, metastasis, etc.)</td>
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<tr>
<td>58 Consolidation</td>
<td></td>
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<tr>
<td>59 Emphysema</td>
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<tr>
<td>60 Significant cardiovascular abnormality</td>
<td></td>
</tr>
<tr>
<td>61 Reticular/reticulonodular opacities, honeycombing, fibrosis, scar</td>
<td></td>
</tr>
<tr>
<td>62 6 or more nodules, not suspicious for cancer (opacity &gt; 4 mm)</td>
<td></td>
</tr>
<tr>
<td>63 Other potentially significant abnormality above diaphragm, (specify below)</td>
<td></td>
</tr>
<tr>
<td>64 Other potentially significant abnormality below the diaphragm, (specify below)</td>
<td></td>
</tr>
<tr>
<td>65 Other minor abnormality noted (specify below)</td>
<td></td>
</tr>
</tbody>
</table>

1. RUL
2. RML
3. RLL
4. LUL
5. Lingula
6. LLL
7. Other, specify:
Part C. Results and Recommendations (completed by the radiologist based on the screening CT)

13. [ ] Indicate the result for this screening CT:
   1. Negative screen, no significant abnormalities (skip to Q15)
   2. Negative screen, minor abnormalities not suspicious for lung cancer (skip to Q15)
   3. Negative screen, significant abnormalities not suspicious for lung cancer (skip to Q15, provide a follow-up recommendation)
   4. Positive screen, nodule(s) 4-10 mm suspicious for lung cancer
   5. Positive screen, nodule(s) > 10 mm or other non-specific abnormalities suspicious for lung cancer
   6. Inadequate CT, non-diagnostic exam (skip to Part D)

14. [ ] Indicate the overall suspicion for primary lung cancer (subjective impression) based on this screening CT:
   1. No suspicion
   2. Low suspicion
   3. Intermediate suspicion
   4. Moderately high suspicion
   5. High suspicion

15. What is the recommended next step for this participant? (check all that apply)
   [ ] No diagnostic intervention necessary
   [ ] Comparison with historical images. If not available, recommend...NOTE: must check other procedure(s) in the event that historical images are not available
   [ ] Thin-section chest CT or repeat low-dose helical chest CT (check all that apply)
     [ ] 3 months from screening exam
     [ ] 6 months from screening exam
     [ ] 3 to 6 months from screening exam
     [ ] 12 months from screening exam
     [ ] 24 months from screening exam
   [ ] Diagnostic chest CT
   [ ] Contrast-enhanced CT nodule densitometry
   [ ] FDG-PET
   [ ] Tech-99m depreotide scintigraphy
   [ ] Biopsy (percutaneous, thoracoscopic, open, etc.)
   [ ] Other, specify: ____________________________

Part D. Conclusion

Other observations / comments: __________________________________________________________

__________________________________________________________________________________

16. Reader ID: [ ] [ ] [ ] [ ] [ ] [ ] (Stamp acceptable)

17. Date of CT Interpretation: [ ] [ ] [ ] [2][0][0] (mm-dd-yyyy)

18. Reader Signature: ________________________________________________________________

[ ] [ ] [ ] [2][0][0] Date form completed (mm-dd-yyyy)

Signature of person responsible for data 1

Signature of person entering data onto web 2