ACRIN Study 6654

(CT/CXR) Screening Result Form

Institution No. ____________________  Case No. ____________________

Instructions: This form documents the screening result letter sent to the participants of ACRIN 6654 NLST and their physician of record. This form is submitted by the RA via the ACRIN website. Submit paper only in the event of a revision.

1. [ ] Was a screening result letter sent to the participant?
   1. No
   2. Yes

2. Date screening result letter sent to participant: [2000] (mm-dd-yyyy)

3. [ ] Was a screening result letter sent to the physician of record?
   1. No (complete Q3a)
   2. Yes (skip to Q4)
   3a. Reason screening result letter not sent to physician of record:
      1. Participant declined to identify a physician of record (document on participant contact sheet)
      2. Participant requested physician of record not to be notified of screening results (documentation with participant signature must be retained in case study file)
      3. Other, specify: __________________________________________________________

4. Date screening result letter sent to the physician of record: [2000] (mm-dd-yyyy)

5. [ ] Record the type of letter sent:
   1. Negative screen, no significant abnormalities
   2. Negative screen, minor abnormalities not suspicious for lung cancer
   3. Negative screen, significant abnormalities not suspicious for lung cancer
   4. Positive CXR screen, nodule(s), mass(es) or other abnormalities suspicious for lung cancer
   5. Positive CT screen, nodule(s) 4-10 mm or enlarging nodule(s) <7 mm
   6. Positive CT screen, nodule(s) >10 mm, enlarging nodule(s) >7 mm, mass(es), or other non-specific abnormalities suspicious for lung cancer
   7. Positive screen, stable abnormality potentially related to lung cancer, no significant change since prior screening exam

6. [ ] Indicate the screening exam to which this IM Form corresponds:
   1. Baseline Screen
   2. Incidence Screen, year 1
   3. Incidence Screen, year 2

Comments: ____________________________________________________________

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Signature of person responsible for data ________________________________
Date form completed (mm-dd-yyyy) [2000]

Signature of person entering data onto web ________________________________