# LDCT Ontario Lung Screening Program Reporting Template

## CLINICAL INFORMATION

1. Clinical Information: ______________________________
2. Reason for exam:  
   - Baseline scan  
   - 12 month recall  
   - 6 month follow-up  
   - 3 month follow-up  
   - Other follow-up

## COMPARISON STUDY (CT)

1. Comparison Study:  
   - None Available  
   - Previous CT exam(s): ________________ (dates)

## IMAGING PROCEDURE DESCRIPTION

1. Overall image quality:  
   - Adequate  
   - Suboptimal  
   - Non-diagnostic
2. Procedure protocol:  
   - LDCT Study Protocol  
   - Other: ________________
3. All measurements obtained on axial CT lung reconstruction series: ___

## FINDINGS

### A. Nodules

1. Number of lung nodules present in total (any size): ______ (Any size)  
   *The 5 most worrisome nodules (≥ 4 mm) need to be measured.*

2. Number of nodule(s) ≥ 4mm: ______ (call up nodule macro if 1 or more nodules ≥ 4 mm)

   **Nodule [ ]:**
   
   i) Image: ___
   
   ii) Lobe:  
       - RUL  
       - RML  
       - RLL  
       - LUL  
       - Lingula  
       - LLL
   
   iii) Location:  
       - Parenchymal  
       - Subpleural  
       - Fissural
   
   iv) Attenuation:  
       - Solid

       Mean diameter: __ mm, 'length: __ mm, 'width: __ mm

       - Part-solid:

       Overall size: mean diameter: __ mm, 'length: __ mm, 'width: __ mm

       Size of Solid component: mean diameter: __ mm, 'length: __ mm, 'width: __ mm

       - Pure ground glass:

       Mean diameter: __ mm, 'length: __ mm, 'width: __ mm
v) Comparison:
- None
- Stable nodule
- New nodule
- Interval increase – Compared to: ___ (date)
  - Solid nodule: Previous mean diameter: ___ mm
  - Part-solid nodule:
    - Overall size: Previous mean diameter: ___ mm
    - Solid component: Previous mean diameter: ___ mm
  - Pure ground glass nodule: Previous mean diameter ___ mm
- Interval decrease - Compared to: ___ (date)
vi) Margins:
- Spiculated
- Smooth
- Lobulated
- Polygonal
- Halo
- Obscured
vii) Calcification:
- None
- Benign Pattern
- Indeterminate
viii) Other characteristics:
- None
- Fat
- Cavitation
- *Other: ________
ix) *Other comments: ________

If there are additional nodules, please repeat Section A for nodules 2-5

*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™ Category:
   The most worrisome nodule described above is assigned a Lung-RADS category
0  Additional lung cancer screening CT images and/or comparison to prior chest CT examination is needed

1  LDCT in 12 months

2  LDCT in 12 months

3  LDCT in 6 months

4A  LDCT in 3 months

4B  Referral for lung diagnostic assessment
   a.  Does 4B nodule also have all of the following features: 1) is a net new nodule, 2) is identified on an annual recall scan, and 3) has infectious or inflammatory features?
      If all apply, describe these features: ___________________; and recommend LDCT follow-up in 1 month.

4X  Referral for lung diagnostic assessment

3.  Actionable incidental Findings (S Modifier):
   a.  Actionable incidental Findings: ⊗ Yes ⊗ No
   b.  Actionable incidental Finding (reiterate incidental finding(s)): ______
   c.  Recommendation for follow-up: ______

4.  Other Comments: __________________

The Ontario Lung Screening Program 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 provider.