

LCSR: Exam Form Overview and Q&A's

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I am a new user: How do I begin submitting data?

Step 1: Select the facility from the facility picker in the upper right corner

Step 2: Go to the 'Facility Information' page and scroll to the bottom to confirm your registration is Accepted

Step 3: Click on the LCSR tab in the L. column

Step 4: Click 'Register New Exam'

Step 5: Complete Exam Form

Step 6: Submit

3. APPLIED REGISTRIES

Registry	Submission Date	Status
CTC	09/20/2018	Accepted
DIR	11/16/2011	Accepted
GRID	02/04/2013	Accepted
IR	08/18/2018	Accepted
LCSR	05/18/2015	Accepted
MIPS	09/25/2014	Accepted
NMD	01/02/2014	Accepted

I am a new facility:

How do I begin submitting data?

Step 1: Complete a BAA/Participation Agreement or Addendum and submit to <https://nrdrsupport.acr.org>

Step 2: Select the facility from the facility picker in the upper right corner

Step 3: Navigate to the 'Facility Information' page and scroll to the bottom to confirm your registration is Accepted

Step 4: Click on the LCSR tab in the L. column

Step 5: Click 'Register New Exam'

Step 6: Complete Exam Form (don't forget to expand section 'A')

Step 7: Submit

****Please note****

LCSR data is NOT transmitted through the TRIAD server. You must add exams using manual submission, flat file upload or web services.

Your facility identification number in the ACR NRDR system. This number was assigned by the system when you completed the facility registration process

Exam number assigned by the ACR NRDR system. Each exam is assigned a unique exam number **(auto-filled)**

Indicate the date the exam **form** was completed

1. *Facility ID Number [?]	<input type="text"/>	2. *Registry Exam Number [?]
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3. Exam Registration Date [?]	<input type="text"/> <input type="button" value="..."/> (mm/dd/yyyy)
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4. Patient Information

+ Search for existing patient	
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Patient ID [?]	<input type="text"/> (auto filled)
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*Patient SSN [?]	None/Refused to answer: <input type="radio"/> Refused to provide SSN <input checked="" type="radio"/> SSN available <input type="text"/>
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*Old Medicare Beneficiary ID [?] <i>(prior to April 2018)</i>	None/Refused to answer: <input type="radio"/> Refused to provide Old Medicare Beneficiary ID <input checked="" type="radio"/> Old Medicare Beneficiary ID available <input type="text"/>
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*New Medicare Beneficiary ID [?] <i>(April 2018 and later)</i>	None/Refused to answer: <input type="radio"/> Refused to provide New Medicare Beneficiary ID <input checked="" type="radio"/> New Medicare Beneficiary ID available <input type="text"/>
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Other Identification [?]	<input type="text"/>
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This ID is assigned by the registry. It is unique along with the Facility ID **(auto-filled)**

If the MBID is not provided, we assume the patient is not a Medicare patient and ACR will not submit the exam to CMS.

Clinic number, medical reference number, or any identification that uniquely identifies the patient

First Name ⓘ	<input type="text"/>
Middle Name ⓘ	<input type="text"/>
Last Name ⓘ	<input type="text"/>
*Date of Birth ⓘ	<input type="text"/> <input type="button" value="📅"/> (mm/dd/yyyy)
*Patient sex ⓘ	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Unknown
Race ⓘ	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not reported <input type="checkbox"/> Unknown
Patient ethnicity (Hispanic origin) ⓘ	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Not reported <input type="radio"/> Unknown
Health insurance	Select all that apply: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private insurance <input type="checkbox"/> Self pay <input type="checkbox"/> Unknown

Date of Death ^(?)	<input type="text"/> (mm/dd/yyyy)
	How cause of death was determined: <input type="radio"/> Autopsy Report <input type="radio"/> Death Certificate <input type="radio"/> Medical Record <input type="radio"/> Physician <input type="radio"/> Relative or Friend <input type="radio"/> Social Security Death Index <input type="radio"/> Other <input type="text"/>
5. *Examination Date ^(?)	Cause of death: <input type="radio"/> Lung cancer <input type="radio"/> Non-lung cancer cause, specify if known <input type="text"/> <input type="radio"/> Cannot determine
	Invasive procedure within 30 days prior to death? ^(?) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
	<input type="text"/> (mm/dd/yyyy)

The date the exam was performed →

Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)



Decision Memo for Screening for Lung Cancer

6. Exam	
A. General	
Appropriateness Of Screening	
6A1. *Smoking Status:	Select one: <input type="radio"/> Current Smoker <input type="radio"/> Former Smoker <input type="radio"/> Never smoker <input type="radio"/> Smoker, current status unknown <input type="radio"/> Unknown if ever smoked Number of packs-year of smoking (cigarettes) <input type="text"/> Number of years since quit <input type="text"/>
6A2. *Did physician provide smoking cessation guidance to patient? (This may be provided by reading or ordering physician.)	Select one: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
6A3. *Is there documentation of shared decision making?:	Select one: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
6A4. *Patient's Height	<input type="text"/> (inches) <input type="checkbox"/> Unknown
6A5. *Patient's Weight	<input type="text"/> (lbs) <input type="checkbox"/> Unknown
6A6. Other comorbidities listed on patient record that limit life expectancy:	Select all that apply: <input type="checkbox"/> COPD <input type="checkbox"/> Emphysema <input type="checkbox"/> Pulmonary fibrosis <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Lung cancer <input type="checkbox"/> Cancer other than lung cancer <input type="checkbox"/> Other, please specify <input type="text"/>
6A7. Cancer related history	Select all that apply: <input type="checkbox"/> Prior history of lung cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> H&N cancer <input type="checkbox"/> Bladder cancer <input type="checkbox"/> Esophageal cancer <input type="checkbox"/> Pulmonary fibrosis <input type="checkbox"/> Other cancer, please specify <input type="text"/> <input type="checkbox"/> Other

*Add all reading radiologists to the 'Manage Physicians' list in the NRDR portal in order for the NPI, last, and first name to auto-fill.



Study Data	
6A8. *Radiologist (reading):	<input type="text" value="Pull down to select"/> Physician NPI <input type="text"/>
6A9. Ordering Practitioner:	First Name <input type="text"/> Last Name <input type="text"/> *Physician NPI <input type="text" value="New"/> <input type="text"/> <input type="checkbox"/> Unknown
6A10. *Indication For Exam: <input type="text"/>	Are there any signs or symptoms of lung cancers: <input type="radio"/> Yes <input type="radio"/> No Select one: <input type="radio"/> Baseline Screen (prevalence screen) <input type="radio"/> Annual Screen (incidence)
6A11. *Modality:	Select one: <input type="radio"/> Low dose chest CT <input type="radio"/> Routine Chest CT
6A12. *CT scanner:	<input type="text" value="New"/> Manufacturer <input type="text"/> Model <input type="text"/>
6A13. Screening CT Radiation Exposure:	*CTDIvol <input type="text"/> (mGy) <input type="checkbox"/> Unknown *DLP <input type="text"/> (mGy*cm) <input type="checkbox"/> Unknown Tube current-time <input type="text"/> (mAs) Tube voltage <input type="text"/> (kV) Scanning time <input type="text"/> (s) Scanning volume <input type="text"/> (cm) Pitch <input type="text"/> *Reconstructed image width (nominal width of reconstructed image along z-axis) <input type="text"/> (mm) <input type="checkbox"/> Unknown



Does not need to be added anywhere prior to completing the Exam Form.
 Remember you have to enter the doctor in one time **per facility before he/she will become available in the drop-down.

If a patient had a baseline (or annual screening) LDCT lung screening and has another one greater than 12 months later, the LDCT at >12 months should be submitted to the data registry as a new exam. Non-related screenings or unintended findings are not applicable.

Do not use the 'Manage Scanners' tab for LCSR! You must manually enter the manufacturer and model # once and then it will become a part of the drop-down selection

If you are trying to enter an annual exam, select *Register New Exam* from the NRDR page and use the **purple search bar** to search for your existing patient. If you are trying to enter a follow-up, month biopsy, additional imaging, or surgery then you must go into the i.e. 3-6 exam form, scroll toward the bottom, expand Section B, and add the follow-up information to the patient's screenings.

A screening or baseline exam is their 1st ever exam

An annual (periodic) exam should occur every 365 days

A follow-up exam happen within those 365 days

Note: the type of exam is equally as important as the timing

Please visit [LCSR Measures](#) for more information

<p>6A14. *CT Exam Results By Lung-RADS Category:</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="radio"/> 0: Recalls (incomplete screen) <p>Reason for recall, select one:</p> <ul style="list-style-type: none"> <input type="radio"/> I: Incomplete coverage <input type="radio"/> N: Noise <input type="radio"/> M: Respiratory motion <input type="radio"/> E: Expiration <input type="radio"/> OBa: Obscured by acute abnormality <input type="radio"/> U: Unknown <ul style="list-style-type: none"> <input type="radio"/> 1: Normal; continue annual screening <input type="radio"/> 2: Benign appearance or behavior, continue annual screening <input type="radio"/> 3: 6 month CT recommended <input type="radio"/> 4A: 3 month CT recommended; may consider PET/CT <input type="radio"/> 4B: Additional diagnostics and/or tissue sampling recommended <input type="radio"/> 4X: Additional diagnostics and/or tissue sampling
<p>6A15. *Other clinically significant or potentially significant abnormalities - CT exam result modifier S:</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>What were the other findings? (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aortic aneurysm <input type="checkbox"/> Coronary arterial calcification moderate or severe <input type="checkbox"/> Pulmonary fibrosis <input type="checkbox"/> Mass, please specify, e.g., neck, mediastinum, liver, kidneys <input type="text"/> <input type="checkbox"/> Other interstitial lung disease, specify type if known <ul style="list-style-type: none"> <input type="radio"/> UIP/IPF <input type="radio"/> ILD, other, please specify: <input type="text"/> <input type="radio"/> ILD, unknown <input type="checkbox"/> Other clinically significant abnormalities <input type="checkbox"/> Unknown
<p>6A16. *Prior history of lung cancer - CT exam result modifier C:</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
<p>6A17. Years since prior diagnosis of lung cancer:</p>	<input type="text"/>

Please visit pages 18-20 of the [LCSR Data Dictionary](#) for more information

The following fields need to be collected for any follow up imaging, biopsy, or surgical procedure for a patient who is in the screening program. There can be multiple follow up records for each patient during the same year. Please complete a follow up record for each procedure, even if the procedures occur on the same day. If a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

There is often confusion while using the term 'follow up'. A follow-up is NOT a screening exam. It is any additional imaging biopsy, or surgery which occurs within 12 months of a screening. These follow-up visits should be added to the exam form under Section B of the case that contains the screening exam data.

B. Follow-up within 1 year

Note: The following fields need to be collected for any follow-up imaging, biopsy, or surgical procedure for a patient who is in the screening program. There can be multiple follow-up records for each patient during the same year. Please complete a follow-up record for each procedure, even if the procedures occur on the same day. If a patient has a percutaneous biopsy and a bronchoscopy, for example, there should be a separate record for each of these.

[+ Add Follow-up Record](#)

[Delete Follow-up Record](#)

Follow-up #1	
681. *Date Of Follow-up	<input type="text"/> (mm/dd/yyyy)
682. *Follow-up diagnostic	Select one: <input type="radio"/> Low dose chest CT <input type="radio"/> Routine chest CT <input type="radio"/> PET/CT <input type="radio"/> Bronchoscopy <input type="radio"/> Non-surgical biopsy <input type="radio"/> Surgical resection <input type="radio"/> Other, please specify <input type="text"/>
Lung cancer incidence <i>(The following fields apply if the procedure resulted in a tissue diagnosis. Not applicable for imaging follow-up.)</i>	
683. Tissue diagnosis:	Select one: <input type="radio"/> Benign <input type="radio"/> Malignant - invasive lung cancer <input type="radio"/> Malignant - Minimally invasive lung cancer <input type="radio"/> Malignant - NON-lung cancer <input type="radio"/> Malignant - adenocarcinoma in situ <input type="radio"/> Premalignancy - atypical adenomatous hyperplasia <input type="radio"/> Non-diagnostic <input type="radio"/> Clinical - without histology <input type="radio"/> Unknown <input type="button" value="Reset"/>
684. Tissue diagnosis method:	Select one: <input type="radio"/> Percutaneous (non-surgical) <input type="radio"/> Bronchoscopic <input type="radio"/> Surgical <input type="radio"/> Unknown <input type="button" value="Reset"/>

<p>685. Location from which sample was obtained:</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="radio"/> L hilum - Left Hilum <input type="radio"/> Lingula - Lingula of Lung <input type="radio"/> LLL - Left Lower Lobe of Lung <input type="radio"/> LUL - Left Upper Lobe of Lung <input type="radio"/> R hilum - Right Hilum <input type="radio"/> RLL - Right Lower Lobe of Lung <input type="radio"/> RML - Right Middle Lobe of Lung <input type="radio"/> RML/RLL - Right Middle and Right Lower Lobes of Lung <input type="radio"/> RU/RM - Right Upper and Right Middle Lobes of Lung <input type="radio"/> RUL - Right Upper Lobe of Lung <input type="radio"/> Other, please specify <input type="text"/> <input type="radio"/> Unknown <p>Reset</p>
<p>686. Histology:</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="radio"/> Non-small cell lung cancer <ul style="list-style-type: none"> <input type="radio"/> Invasive adenocarcinoma <input type="radio"/> Squamous cell carcinoma <input type="radio"/> Adenosquamous cell carcinoma <input type="radio"/> Undifferentiated or poorly differentiated carcinoma <input type="radio"/> Large cell carcinoma <input type="radio"/> Other, please specify <input type="text"/> <input type="radio"/> High grade neuroendocrine tumor (small cell lung cancer) <input type="radio"/> Low grade neuroendocrine tumor (carcinoid) <input type="radio"/> Intermediate grade neuroendocrine tumor (atypical carcinoid) <input type="radio"/> Unknown <p>Reset</p>
<p>687. Stage - Clinical or pathologic?</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="radio"/> Clinical <input type="radio"/> Pathologic <input type="radio"/> Unknown <p>Reset</p>

	688. Overall stage:	Select one: <input type="radio"/> IA <input type="radio"/> IB <input type="radio"/> IIA <input type="radio"/> IIB <input type="radio"/> IIIA <input type="radio"/> IIIB <input type="radio"/> IV <input type="radio"/> Unknown <input type="button" value="Reset"/>
Tumor Size	689. T Status	Select one: <input type="radio"/> TX <input type="radio"/> T1a <input type="radio"/> T1b <input type="radio"/> T2a <input type="radio"/> T2b <input type="radio"/> T3 <input type="radio"/> T4 <input type="radio"/> Unknown <input type="button" value="Reset"/>
Nodal Status	6B10. N Status	Select one: <input type="radio"/> NX <input type="radio"/> N0 <input type="radio"/> N1 <input type="radio"/> N2 <input type="radio"/> N3 <input type="button" value="Reset"/>
Metastases Status	6B11. M Status	Select one: <input type="radio"/> MX <input type="radio"/> M0 <input type="radio"/> M1a <input type="radio"/> M1b <input type="radio"/> M1c <input type="button" value="Reset"/>

C. Additional Risk Factors	
6C1. Education level	...Please select...
6C2. Radon exposure – documented high exposure levels:	Select one: <input type="radio"/> No <input type="radio"/> Yes
6C3. Occupational exposures to agents that are identified specifically as carcinogens targeting the lungs:	Select all that apply: <input type="checkbox"/> Silica <input type="checkbox"/> Cadmium <input type="checkbox"/> Asbestos <input type="checkbox"/> Arsenic <input type="checkbox"/> Beryllium <input type="checkbox"/> Chromium <input type="checkbox"/> Diesel fumes <input type="checkbox"/> Nickel
6C4. History of cancers that are associated with an increased risk of developing a new primary lung cancer:	Select all that apply: <input type="checkbox"/> Prior lung cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> Head and neck <input type="checkbox"/> Bladder cancer <input type="checkbox"/> Other smoking-related cancers, please specify <input type="text"/>
6C5. Lung cancer in first-degree relative (mother, father, sister, brother, daughter or son with history of lung cancer):	Select one: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown
6C6. Family history of lung cancer, other than first-degree relative:	Select one: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown
6C7. COPD (chronic obstructive pulmonary disease):	Select one: <input type="radio"/> No <input type="radio"/> Yes
6C8. Pulmonary fibrosis:	Select one: <input type="radio"/> No <input type="radio"/> Yes
6C9. Second hand smoke exposure:	Select one: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown

Indicate the last person who completed the paper form, form or collected the data



7. *Name of person who completed the paper form

▼

Last Name

First Name

Name of the person who initially entered the form
***This cannot be changed**



8. Name of person submitting this form

Last Name

First Name

Submission date (mm/dd/yyyy)

How to confirm if ACR has received your LCSR data

Step 1: Select the facility from the facility picker in the upper right corner

Step 2: Go to the LCSR tab in the left column

Step 3: Click on 'Exam'

Step 4: Look at the number of Exams found (submitted), Exam Status column to be sure it says 'Completed' and the 'Registration Date' to confirm when the last exam date we received an exam

Step 5: Any question? Contact <http://nrdrsupport.acr.org>

Helpful Links

[LCSR FAQ's](#)

[LCSR Available Reports](#)

[LCSR Exam Form](#)

[LCSR Data Submission Overview](#)

Need additional support?

Submit a Ticket

NRDR Help: <http://nrdrsupport.acr.org>

Email: nrdrsupport@acr.org

Phone: (800) 227-5463 x3535