1. **Facility ID Number:**

2. **Registry case number** (auto-filled)

3. **Patient ID**

4. **Patient First Name:**

5. **Patient Last Name:**

6. **Examination Date:** _____/_____/_____________ (mm/dd/yyyy)

7. **LCSR Exam**

7A. **General**

**Appropriateness of Screening**

<table>
<thead>
<tr>
<th>7A1. <strong>Smoking Status</strong></th>
<th>Select one:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current smoker</td>
</tr>
<tr>
<td></td>
<td>Smoker, current status unknown</td>
</tr>
</tbody>
</table>

Number of pack-years of smoking:

Number of years since quit:

7A2. **Did physician provide smoking cessation guidance to patient?**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

7A3. **Is there documentation of shared decision making?**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

7A4. **Patient’s Height**

(ounces)

7A5. **Patient’s Weight**

(pounds)

7A6. **Other comorbidities listed on patient record that limit life expectancy:**

Select all that apply:

- COPD
- Pulmonary fibrosis
- Emphysema
- Coronary artery disease
- Congestive heart failure
- Peripheral vascular disease
- Lung cancer
- Cancer other than lung cancer
- Other, please specify:

7A7. **Cancer related history**

Select all that apply:

- Prior history of lung cancer
- Lymphoma
- H&N cancer
- Bladder cancer
- Esophageal cancer
- Pulmonary fibrosis
- Other cancer, please specify:
- Other

**Study Data**

7A8. **Radiologist (reading):**

First Name: Last Name:

7A9. **Ordering Practitioner:**

First Name: Last Name:

*NPI:*

7A10. **Indication for Exam**

Are there any signs or symptoms of lung cancers:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

If no, select one:

- Baseline screen (prevalence screen)
- Annual screen (incidence)

7A11. **Modality:**

<table>
<thead>
<tr>
<th></th>
<th>Low dose chest CT</th>
<th>Routine chest CT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Section</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td></td>
</tr>
</tbody>
</table>
| **7A12. CT Scanner:** | Manufacturer:  
Model: |
| **7A13. Screening CT Radiation Exposure** | 
| | *CTDivol:  (mGy)  *
| | *DLP:  (mGy*cm)  |
| | Tube current-time:  (mAs)  
| | Tube voltage:  (kV)  |
| | Scanning time:  (s)  
| | Scanning volume:  (cm)  |
| | Pitch: |
| | *Reconstructed image width (nominal width of reconstructed image along z-axis):  (mm)  |
| **7A14. CT Exam Results by Lung-RADS Category:** | 
| | Select one:  
| | O 0: recalls (incomplete screen)  
| | Reasons for recall, select one:  
| | O I: Incomplete coverage  
| | O M: Respiratory motion  
| | O Ob: Obscured by acute abnormality  
| | O 1. Normal, continue annual screening  
| | O 2. Benign appearance or behavior, continue annual screening  
| | O 3. 6 month CT recommended  
| | O 4A. 3 month CT recommended; may consider PET/CT  
| | O 4B. Additional diagnostics and/or tissue sampling recommended  
| | O 4X. Additional diagnostics and/or tissue sampling recommended  |
| **7A15. Other clinically significant or potentially significant abnormalities – CT exam result modifier S:** | 
| | O No  
| | O Yes  
| | If yes, what were the other findings? (Select all that apply.)  
| | □ Aortic aneurysm  
| | □ Coronary arterial calcification, moderate or severe  
| | □ Pulmonary fibrosis  
| | □ Mass, please specify, e.g., neck, mediastinum, liver, kidneys:  
| | □ Other interstitial lung disease, select type if known:  
| | O UIP/IPF  
| | O ILD, other, please specify:  
| | O ILD, unknown  |
| **7A16. Prior history of lung cancer – CT exam result modifier C:** | 
| | O No  
| | O Yes  
| | O Unknown  |
| **7A17. Years since prior diagnosis of lung cancer:** | (years) |

* Required field
### 7B. 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.

**7B1. **Date of follow-up

- 
  
  
  [ ] ________/________/_______________ (mm/dd/yyyy)

**7B2. **Follow-up diagnostic

- 
  
  [ ] Low dose chest CT
  
  [ ] Routine chest CT
  
  [ ] PET/CT
  
  [ ] Bronchoscopy
  
  [ ] Non-surgical biopsy
  
  [ ] Surgical resection
  
  [ ] Other, please specify: 

### Lung cancer incidence (The following fields apply if the procedure resulted in a tissue diagnosis. Not applicable for imaging follow-up.)

**7B3. **Tissue diagnosis

- 
  
  [ ] Benign
  
  [ ] Malignant – invasive lung cancer
  
  [ ] Malignant – minimally invasive lung cancer
  
  [ ] Malignant – Non-lung cancer
  
  [ ] Malignant – adenocarcinoma in situ
  
  [ ] Premalignancy – atypical adenomatous hyperplasia
  
  [ ] Non-diagnostic

**7B4. **Tissue diagnosis method

- 
  
  [ ] Percutaneous (non-surgical)
  
  [ ] Bronchoscopic
  
  [ ] Surgical

**7B5. **Location from which sample was obtained:

- 
  
  [ ] L hilum – Left hilum
  
  [ ] R hilum – Right hilum
  
  [ ] LLL – Left lower lobe of lung
  
  [ ] LUL – Left upper lobe of lung
  
  [ ] RML – Right middle lobe of lung
  
  [ ] RML/RLL – Right middle and right lower lobes of lung
  
  [ ] RU/RM – Right upper and right middle lobes of lung
  
  [ ] RUL – Right upper lobe of lung
  
  [ ] Other, please specify: 

**7B6. **Histology

- 
  
  [ ] Non-small cell lung cancer
  
  - [ ] Invasive adenocarcinoma
  
  - [ ] Undifferentiated or poorly differentiated carcinoma
  
  - [ ] Other, please specify:
  
  - [ ] Squamous cell carcinoma
  
  - [ ] Large cell carcinoma
  
  - [ ] Adenosquamous cell carcinoma
  
  - [ ] High grade neuroendocrine tumor (small cell lung cancer)
  
  - [ ] Low grade neuroendocrine tumor (carcinoid)
  
  - [ ] Intermediate grade neuroendocrine tumor (atypical carcinoid)

**7B7. **Stage – Clinical or pathologic?

- [ ] Clinical
  
  - [ ] IA
  
  - [ ] IB
  
  - [ ] IIA
  
  - [ ] IIB
  
  - [ ] IIIA
  
  - [ ] IIIB
  
  - [ ] IV
  
  - [ ] Unknown
  
- [ ] Pathologic
  
  - [ ] TX
  
  - [ ] T1a
  
  - [ ] T1b
  
  - [ ] T2a
  
  - [ ] T2b
  
  - [ ] T3
  
  - [ ] T4
  
  - [ ] Unknown

**7B8. **Overall stage

- [ ] Clinical
  
  - [ ] IA
  
  - [ ] IB
  
  - [ ] IIA
  
  - [ ] IIB
  
  - [ ] IIIA
  
  - [ ] IIIB
  
  - [ ] IV
  
  - [ ] Unknown

**7B9. **T Status

- [ ] Clinical
  
  - [ ] TX
  
  - [ ] T1a
  
  - [ ] T1b
  
  - [ ] T2a
  
  - [ ] T2b
  
  - [ ] T3
  
  - [ ] T4
  
  - [ ] Unknown

**7B10. **N Status

- [ ] Clinical
  
  - [ ] NX
  
  - [ ] N0
  
  - [ ] N1
  
  - [ ] N2
  
  - [ ] N3

**7B11. **M Status

- [ ] Clinical
  
  - [ ] MX
  
  - [ ] M0
  
  - [ ] M1a
  
  - [ ] M1b
  
  - [ ] M1c

* Required field
### 7C. Additional risk factors

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one:</td>
<td>O 8th grade or less</td>
<td>Select all that apply:</td>
<td>Select all that apply:</td>
<td>Select all that apply:</td>
<td>O No</td>
<td>O Yes</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td></td>
<td>O Post high school training, other than college (e.g., vocational / technical school)</td>
<td>□ Silica</td>
<td>□ Prior lung cancer</td>
<td>□ Other smoking-related cancers, please</td>
<td>O Yes</td>
<td>O No</td>
<td>O Yes</td>
<td>O Yes</td>
</tr>
<tr>
<td></td>
<td>O Bachelor's degree</td>
<td>□ Cadmium</td>
<td>□ Lymphoma</td>
<td>specify:</td>
<td>O Not sure / Unknown</td>
<td>O No</td>
<td>O No</td>
<td>O Not sure / Unknown</td>
</tr>
<tr>
<td></td>
<td>O Graduate or professional school</td>
<td>□ Asbestos</td>
<td>□ Head and neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O High school graduate or high school equivalency</td>
<td>□ Arsenic</td>
<td>□ Bladder cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O Associate degree / Some college</td>
<td>□ Beryllium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O Unknown / Refused to answer</td>
<td>□ Chromium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>O Other, please specify:</td>
<td>□ Diesel fumes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ Nickel</td>
<td></td>
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</tbody>
</table>

8. Name of person who completed the paper form:

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>