



LDCT Ontario Lung Cancer Screening Program (OLSP) Reporting Template

CLINICAL INFORMATION

1. Clinical History: _____
2. Reason for exam: Baseline scan 12-month recall 6-month follow-up 3-month follow-up 1-3-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 CT lung reconstruction series: _____

FINDINGS

A. Findings suggestive of an inflammatory or infectious process:

- Yes Description: _____
 No

B. **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) ≥ 4 mm: _____ (call up nodule macro if 1 or more nodules ≥ 4 mm)

Nodule []:

- i) Image: _____
- ii) Lobe: right upper lobe right middle lobe right lower lobe left upper lobe left lower lobe
- iii) Location: Parenchymal Juxtapleural Airway
- iv) Attenuation: Solid:
Mean diameter: ___ mm
 Part-solid:
Overall size: mean diameter: ___ mm
Size of Solid component: mean diameter: ___ mm
 Non-solid:
Mean diameter: ___ mm
 Atypical pulmonary cyst:

Overall size: mean diameter: __ mm

Cystic component: mean diameter: ___ mm

v) Calcification: None Benign pattern Indeterminate

vi) Comparison Available: Yes No

Nodule Number on Comparison Study : ____

Stable

New

Interval increase:

Solid nodule: mean diameter growth: __mm

Part-solid nodule:

Overall size: mean diameter growth: __ mm

Solid component: mean diameter growth: ____mm

Pure ground glass nodule: mean diameter growth: __mm

Atypical pulmonary cyst:

Overall size: mean diameter growth: __ mm

Largest cystic component: mean diameter growth: ____mm

Interval decrease by >1.5 mm

vii) Smooth Margins: Yes No

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*) _____

C. **Incidental Findings**

1. Lungs and Pleura: _____

a. Emphysema: None Trace Mild Moderate Confluent Advanced Destructive

2. Mediastinum and Hila: _____

3. Heart and Vessels: _____

a. Coronary Artery Calcification: None Mild Moderate Heavy

4. Chest Wall and Axilla: _____

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

<input type="radio"/> 0	Additional lung cancer screening CT images and/or comparison to prior chest CT examination is needed
<input type="radio"/> 0	LDCT in 1-3 months – findings suggestive of an inflammatory or infectious process
<input type="radio"/> 1	LDCT in 12 months
<input type="radio"/> 2	LDCT in 12 months
<input type="radio"/> 3	LDCT in 6 months
<input type="radio"/> 4A	LDCT in 3 months
<input type="radio"/> 4B	Referral for lung diagnostic assessment
<input type="radio"/> 4X	Referral for lung diagnostic assessment

3. Actionable Incidental Findings (S Modifier¹):
 - a. Actionable Incidental Finding: 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.

¹ For definitions of actionability, see [Recommendations for the Management of Actionable Incidental Findings in the Lung Cancer Screening Pilot for People at High Risk](#)