

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				
7A1. *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 pack-years of smoking:		
		Number of years since quit:		
7A2. *Did physician provide smoking cessation guidance to patient?	<input type="radio"/> No		<input type="radio"/> Yes	<input type="radio"/> Unknown
7A3. *Is there documentation of shared decision making?	<input type="radio"/> No		<input type="radio"/> Yes	<input type="radio"/> Unknown
74A. *Patient's Height	(inches)			
7A5. *Patient's Weight	(pounds)			
7A6. Other comorbidities listed on patient record that limit life expectancy:	Select all that apply:			
	<input type="checkbox"/> COPD	<input type="checkbox"/> Pulmonary fibrosis	<input type="checkbox"/> Emphysema	<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
7A7. Cancer related history	<input type="checkbox"/> Other, please specify:			
	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="checkbox"/> 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:		<input type="radio"/> Yes	<input type="radio"/> No
7A11. *Modality:	If no, select one:			
	<input type="radio"/> Baseline screen (prevalence screen)		<input type="radio"/> Annual screen (incidence)	
	<input type="radio"/> Low dose chest CT		<input type="radio"/> Routine chest CT	

\* 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	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: _____
Lung cancer incidence (The following fields apply if the procedure resulted in a tissue diagnosis. Not applicable for imaging follow-up.)	
7B3. 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
7B4. Tissue diagnosis method	Select one: <input type="radio"/> Percutaneous (non-surgical) <input type="radio"/> Bronchoscopic <input type="radio"/> Surgical
7B5. Location from which sample was obtained:	Select one: <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="radio"/> Unknown
7B6. Histology	Select one: <input type="radio"/> Non-small cell lung cancer. Select one: <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="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)
7B7. Stage – Clinical or pathologic?	<input type="radio"/> Clinical <input type="radio"/> Pathologic <input type="radio"/> Unknown
7B8. 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"/> N3
7B9. 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
7B10. N Status	Select one: <input type="radio"/> NX <input type="radio"/> N0 <input type="radio"/> N1 <input type="radio"/> N2 <input type="radio"/> N3
7B11. M Status	Select one: <input type="radio"/> MX <input type="radio"/> M0 <input type="radio"/> M1a <input type="radio"/> M1b

\* Required field

7C. Additional risk factors	
7C1. Education level	Select one: <input type="radio"/> 8 <sup>th</sup> grade or less <input type="radio"/> 9 <sup>th</sup> – 11 <sup>th</sup> grade <input type="radio"/> High school graduate or high school equivalency <input type="radio"/> Post high school training, other than college (e.g., vocational / technical school) <input type="radio"/> Graduate or professional school <input type="radio"/> Associate degree / Some college <input type="radio"/> Bachelor’s degree <input type="radio"/> Other, please specify: _____ <input type="radio"/> Unknown / Refused to answer
7C2. Radon exposure – documented high exposure levels:	<input type="radio"/> No <input type="radio"/> Yes
7C3. 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
7C4. 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: _____
7C5. Lung cancer in first-degree relative (mother, father, sister, brother, daughter or son with history of lung cancer):	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown
7C6. Family history of lung cancer, other than first-degree relative:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown
7C7. COPD:	<input type="radio"/> No <input type="radio"/> Yes
7C8. Pulmonary fibrosis:	<input type="radio"/> No <input type="radio"/> Yes
7C9. Second hand smoke exposure:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not sure / Unknown
<b>8. *Name of person who completed the paper form:</b>	Last name: _____ First name: _____