The American College of Radiology
Lung Cancer Screening Registry
(LCSR)

Data Dictionary

April 29, 2023

American College of Radiology
1892 Preston White Drive
Reston, VA 20191-4397

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<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 4, 2016</td>
<td>Original issue</td>
</tr>
<tr>
<td>February 24, 2016</td>
<td>168, 169, and 170 definition changes from 'Required, if tissue diagnosis is &quot;Malignant&quot; to &quot;Usage: Required, if tissue diagnosis is anything other than &quot;Benign&quot; or &quot;Malignant – Non-lung cancer&quot;</td>
</tr>
</tbody>
</table>
| March 28, 2016  | Reformatted the Table of Contents  
Reformatted headers and footers  
Item 184 corrected to 'COPD' and removed 'lung cancer'  
Items 144 through 150, provided additional definitions |
| April 14, 2017  | 153 Correction: CT_Exam_Result_Lung_RADS should not have the 'Unknown', U, option. The 'Unknown' option was added to Reason_For_Recall |
| April 17, 2017  | 107 Added optional attribute 'New_Medicare_Beneficiary_ID' and 'Refused_New_Medicare_ID'                                                                                                                                     |
| April 17, 2018  | 101 File Version Number                                                                                                                                                                                                     |
| April 17, 2017  | 102 Added optional attributes: Facility ID                                                                                                                                                                                  |
| April 26, 2016  | 120 Invasive detailed definition provided                                                                                                                                                                                  |
| May 13, 2016    | 134 changed from Required to Optional  
135 changed from Required to Optional                                                                                                                                 |
| March 24, 2017  | 124 Number of pack-years of smoking, Unknown = 999  
125 Number of years since quit, unknown = 99  
110 Patient Sex – added "indicate patient’s sex at birth"  
184 COPD – removed Family history …other than first degree relative |
| April 21, 2017  | 173 M1c = Additional nodule in contralateral lung                                                                                                                                                                           |
| May 16, 2017    | 170 Changed N3 option to Unknown                                                                                                                                                                                             |
| July 10, 2017   | 134 is now, Ordering Practitioner NPI (was Ordering Practitioner First Name)  
135 is now, Ordering Practitioner First Name (was Ordering Practitioner Last Name)  
136 is now, Ordering Practitioner Last Name (was Ordering Practitioner NPI) |
| October 18, 2017| Combining Case Registration and Exam Forms                                                                                                                                                                                   |
| October 18, 2017| 107 Patient_Height and Patient_Weight: added 2 decimal points. Valid values have been updated to 0.00<=Patient_Height<=99.99, 0.00<=Patient_Weight<=999.99. Integer value can be used (without decimal points).  
Tube_Current_Time: format have been updated to 'nnn.n' (added decimal points). Valid values: 0.0-999.9. Integer value can be used (without decimal points).  
CT_Exam_Result_Lung_RADS: option U='Unknown' has been added as one of Valid Values.  
What_Were_The_Other_Findings: 5 ('Other clinically significant abnormalities') and 9 ('Unknown') options have been added to the set of Valid Values.  
Tissue_Diagnosis: 8 ('Clinical – without histology') and 99 ('Unknown') options have been added to the set of Valid Values.  |
| January 3, 2018 | 151 "Unknown" added to “CT exam result by Lung-RADS category”  
154 "Other clinically significant abnormalities" and "Unknown" added to “What were the other findings?”  
163 "Clinical – without histology" and “Unknown” added to “Tissue diagnosis”  |
| October 25, 2018| 100 Added Version Number  
104 Changed Patient Social Security Number usage  
105 Changed “Medicare Beneficiary ID” to “Old Medicare Beneficiary ID”. Changed usage.  
105.1 Added “New Medicare Beneficiary ID”.  
145 Added "Do not include topogram.”  
146 Added "Do not include topogram.” |
| November 7, 2018| 105/105.1 If both the old Medicare Beneficiary ID and the new Medicare Beneficiary ID fields are null, the exam will not be submitted to CMS. If the patient is a Medicare patient, and the patient's Medicare Beneficiary ID is not available, it is acceptable to enter the patient's insurance number in the old Medicare Beneficiary ID field. |
| January 10, 2019| 135 changed from Optional to Required  
137 changed from Required to Optional                                                                                                                                 |
| January 22, 2019| 125 Number of packs-years of smoking changed to 0.1 to 999.9                                                                                                                                                               |
| January 31, 2019| 132 Added "Other, specify"  
151 Added "Lung-RADS version used to report details- 1.0, 1.1, Other/unknown"  
159.1 Added "Follow-up Unique ID"  
171 Added additional descriptors: IA1, IA2, IA3, IIIC, IVA, and IVB  
172 Added additional descriptors: Tis, T1mi and T1c  
175 is now AJCC Cancer Staging Manual edition used for staging (was ‘Not used’)  
180 Added "Other, specify" |
<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 8, 2019</td>
<td>100 Reference to Version 1.1 removed</td>
</tr>
<tr>
<td>December 17, 2019</td>
<td>158, &quot;Prior history of lung cancer – CT exam result modifier C&quot;, changed to optional if Lung-RADS version used to report results not = 1.0</td>
</tr>
<tr>
<td></td>
<td>170, &quot;Stage – clinical or pathologic&quot;, changed to optional if “Follow-up diagnostic” = &quot;PET/CT&quot;</td>
</tr>
<tr>
<td></td>
<td>171, &quot;Overall stage&quot;, changed to optional if “Follow-up diagnostic” = &quot;PET/CT&quot;</td>
</tr>
<tr>
<td></td>
<td>172, &quot;T status&quot;, changed to optional if “Follow-up diagnostic” = &quot;PET/CT&quot;</td>
</tr>
<tr>
<td></td>
<td>173, &quot;N status&quot;, changed to optional if “Follow-up diagnostic” = &quot;PET/CT&quot;</td>
</tr>
<tr>
<td></td>
<td>174, &quot;M status&quot;, changed to optional if “Follow-up diagnostic” = &quot;PET/CT&quot;</td>
</tr>
<tr>
<td>April 28, 2020</td>
<td>121.1 &quot;Rescheduled examination&quot; added</td>
</tr>
<tr>
<td></td>
<td>121.2 &quot;Originally Scheduled Examination Date&quot; added</td>
</tr>
<tr>
<td></td>
<td>121.3 &quot;Reschedule Reason&quot; added</td>
</tr>
<tr>
<td></td>
<td>131.2 &quot;COVID Diagnosis&quot; added</td>
</tr>
<tr>
<td></td>
<td>131.3 &quot;COVID Diagnosis Date&quot; added</td>
</tr>
<tr>
<td></td>
<td>131.4 &quot;COVID Testing Status&quot; added</td>
</tr>
<tr>
<td>May 28, 2020</td>
<td>121.3 &quot;Reschedule Reason&quot; language changed to “Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.”</td>
</tr>
<tr>
<td>June 9, 2020</td>
<td>131.2, 131.3, 131.4, Added “Only one COVID diagnosis/diagnosis-date/testing-status combination can be reported. If the patient has tested positive at any time, report: Diagnosis: positive Diagnosis date: first positive diagnosis date Testing status: result positive. Otherwise, use the latest diagnosis/diagnosis-date/testing-status available. Enter whatever COVID information is known at the time the screening exam is submitted. It isn't necessary to update the information after that.”</td>
</tr>
<tr>
<td>June 23, 2020</td>
<td>159 Usage changed to “Optional if Prior history of lung cancer - CT exam result modifier C (#158) = ‘Yes’ or ‘Null’; not applicable otherwise. “Malignant - other” added</td>
</tr>
<tr>
<td>July 15, 2020</td>
<td>163 Language added to address multiple diagnoses</td>
</tr>
<tr>
<td>July 28, 2020</td>
<td>121.3 Language added to reflect COVID/coronavirus only</td>
</tr>
<tr>
<td></td>
<td>131.2 Language added to reflect COVID/coronavirus only</td>
</tr>
<tr>
<td></td>
<td>131.3 Language added to reflect COVID/coronavirus only</td>
</tr>
<tr>
<td>August 28, 2020</td>
<td>131.4 Usage language updated, ‘…otherwise, this field is not applicable’ removed</td>
</tr>
<tr>
<td>September 17, 2020</td>
<td>131.2 Language changed from ‘Diagnosis: positive’ to ‘Diagnosis: Yes’</td>
</tr>
<tr>
<td></td>
<td>131.3 Language changed from ‘Diagnosis: positive’ to ‘Diagnosis: Yes’</td>
</tr>
<tr>
<td></td>
<td>131.4 Language changed from ‘Diagnosis: positive’ to ‘Diagnosis: Yes’</td>
</tr>
<tr>
<td>October 13, 2020</td>
<td>113 Added ‘VA’ and ‘Other, Specify’</td>
</tr>
<tr>
<td></td>
<td>113.1 Added ‘Health Insurance, Other, specify’</td>
</tr>
<tr>
<td></td>
<td>121.1 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
<td></td>
<td>121.2 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
<td></td>
<td>121.3 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
<td></td>
<td>131.2 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
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<td>131.3 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
<td></td>
<td>131.4 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
<td></td>
<td>131.4 Language added to reflect ‘Not Applicable to Version 1.2’</td>
</tr>
<tr>
<td></td>
<td>132 Language changed from ‘H&amp;N Cancer’ to ‘Head &amp; Neck Cancer’ and from ‘Other, Please Specify’ to ‘Other cancer related history, please specify’; Usage language updated to reflect versions 1.2 &amp; 1.3</td>
</tr>
<tr>
<td></td>
<td>132.1 Usage language updated to reflect versions 1.2 &amp; 1.3</td>
</tr>
</tbody>
</table>
133 Usage language updated to reflect versions 1.2 & 1.3
154 Added ‘Emphysema, moderate or severe’ and ‘No clinically significant or potentially significant abnormalities,’ applicable to Version 1.4
154.1 Added ‘Other clinically significant abnormalities, please specify,’ applicable to Version 1.4, moved to 157.1
163 Added ‘Malignant, (not adenocarcinoma), lung cancer, non-invasive,’ ‘Malignant, (not adenocarcinoma), lung cancer, invasive status unknown’ and ‘Other, specify,’ applicable to Version 1.4
176 Usage language changed to ‘Required if “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 55 years of age OR “Number of packs-year of smoking” (#125) is less than 30 OR “Number of years since Quit” (#126) is more than 15 (Version 1.4 only).’
178 Added ‘Unknown,’ applicable to Version 1.4, usage language changed to ‘Required if “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 55 years of age OR “Number of packs-year of smoking” (#125) is less than 30 OR “Number of years since Quit” (#126) is more than 15 (Version 1.4 only).’
179 Added ‘Coal smoke,’ ‘Soot,’ ‘None’ and ‘Unknown,’ applicable to Version 1.4, removed “…specifically…” from title, usage language changed to ‘Required if “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 55 years of age OR “Number of packs-year of smoking” (#125) is less than 30 OR “Number of years since Quit” (#126) is more than 15 (Version 1.4 only).’
181 Usage language changed to ‘Required if “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 55 years of age OR “Number of packs-year of smoking” (#125) is less than 30 OR “Number of years since Quit” (#126) is more than 15 (Version 1.4 only).’

April 29, 2021
100 Language added to reflect versions 1.4 and 1.5
111 ‘American Indian’ and ‘Alaska Native’ fields combined, ‘Other’ added
113 Language added to reflect versions 1.4 and 1.5
113.1 Language added to reflect versions 1.4 and 1.5
131.5 “COVID vaccine” added
131.6 “COVID vaccine date” added
131.7 “COVID vaccine manufacturer” added
131.8 “COVID vaccine manufacturer, other” added
131.9 “COVID vaccine site” added
154 Language added to reflect versions 1.4 and 1.5
157.1 Language added to reflect versions 1.4 and 1.5
163 Language added to reflect versions 1.4 and 1.5
178 Language added to reflect versions 1.4 and 1.5
179 Language added to reflect versions 1.4 and 1.5
179.2 Language added to reflect versions 1.4 and 1.5
181 Language added to reflect versions 1.4 and 1.5
183 Language added to reflect versions 1.4 and 1.5
184 Language added to reflect versions 1.4 and 1.5
185 Language added to reflect versions 1.4 and 1.5

July 9, 2021
100 Removed reference to version 1.2
176 “Education level” moved to 113.2 (element 176 no longer used)
177 “Education level, other” moved to 113.3 (element 177 no longer used)
Added header text for section 6C (pages 36-39)

July 23, 2021
Removed relevant references to version 1.2
Renumbered relevant references from section 6 to section 5
Added “Not applicable to Versions 1.4 and 1.5” where applicable
167 Usage edited
170 Usage edited
171 Usage edited
179.2 “(Versions 1.4 and 1.5 only) Unknown whether there is a history of cancers associated with an increased risk of a new primary lung cancer” added

August 4, 2021
163.1 “Tissue diagnosis, Other, please specify” added

September 23, 2021
124 Editorial change made
<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
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</thead>
<tbody>
<tr>
<td>October 25, 2021</td>
<td>100 Removed references to Versions 1.3 and 1.4</td>
</tr>
<tr>
<td></td>
<td>104 Usage text changed</td>
</tr>
<tr>
<td></td>
<td>105 Usage text changed</td>
</tr>
<tr>
<td></td>
<td>106 Usage text changed</td>
</tr>
<tr>
<td></td>
<td>113 Removed reference to Version 1.4</td>
</tr>
<tr>
<td></td>
<td>113.1 Removed reference to Version 1.4</td>
</tr>
<tr>
<td></td>
<td>132 No longer used, previously “Cancer Related History”</td>
</tr>
<tr>
<td></td>
<td>132.1 No longer used, previously “Cancer Related History, Other Cancer Specify”</td>
</tr>
<tr>
<td></td>
<td>133 No longer used, previously “Cancer Related History, Other Specify”</td>
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<tr>
<td></td>
<td>153 Usage text changed</td>
</tr>
<tr>
<td></td>
<td>154 Removed reference to Version 1.4</td>
</tr>
<tr>
<td></td>
<td>157.1 Removed reference to Version 1.4</td>
</tr>
<tr>
<td></td>
<td>163 Removed reference to Version 1.4</td>
</tr>
<tr>
<td></td>
<td>178 Removed reference to Version 1.4</td>
</tr>
<tr>
<td></td>
<td>179 Removed reference to Version 1.4</td>
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<tr>
<td></td>
<td>179.2 Language added, removed reference to Version 1.4</td>
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<td></td>
<td>181 Removed reference to Version 1.4</td>
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<td>183 Removed reference to Version 1.4</td>
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<td>184 Removed reference to Version 1.4</td>
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<td>185 Removed reference to Version 1.4</td>
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<tr>
<td>December 4, 2021</td>
<td>100 Removed reference to Version 1.5</td>
</tr>
<tr>
<td></td>
<td>109 Added language to “Type of Response”</td>
</tr>
<tr>
<td></td>
<td>164 Usage language updated</td>
</tr>
<tr>
<td></td>
<td>165 Usage language updated</td>
</tr>
<tr>
<td></td>
<td>167 “Histology” changed to “Histology of primary or dominant cell type”</td>
</tr>
<tr>
<td></td>
<td>168 “Histology” changed to “Histology of primary or dominant cell type”</td>
</tr>
<tr>
<td></td>
<td>169.1 “Histology of secondary cell type” added</td>
</tr>
<tr>
<td></td>
<td>169.2 “Histology of secondary cell type - Non-small cell lung cancer” added</td>
</tr>
<tr>
<td></td>
<td>169.3 &quot;Other non-small cell lung cancer histology - secondary cell type, specify&quot; added</td>
</tr>
<tr>
<td>March 12, 2022</td>
<td>Removed references to CMS.</td>
</tr>
<tr>
<td></td>
<td>125 Clarified “unknown” value for “Number of pack-years of smoking”.</td>
</tr>
<tr>
<td></td>
<td>126 Clarified “unknown” value for “Number of years since quit”.</td>
</tr>
<tr>
<td></td>
<td>The conditions under which the following field are required changed. They are now required</td>
</tr>
<tr>
<td></td>
<td>for patients who are under 50, rather than under 55, or whose pack-year history is</td>
</tr>
<tr>
<td></td>
<td>less than 20 rather than less than 30:</td>
</tr>
<tr>
<td></td>
<td>178 Radon exposure</td>
</tr>
<tr>
<td></td>
<td>179 Occupational exposures</td>
</tr>
<tr>
<td></td>
<td>179.2 History of cancers associated with an increased risk of lung cancer</td>
</tr>
<tr>
<td></td>
<td>181 Lung cancer in first-degree relative</td>
</tr>
<tr>
<td></td>
<td>183 COPD</td>
</tr>
<tr>
<td></td>
<td>184 Pulmonary fibrosis</td>
</tr>
<tr>
<td></td>
<td>185 Secondhand smoke exposure</td>
</tr>
<tr>
<td></td>
<td>The conditions under which the following fields are required changed. They are now required</td>
</tr>
<tr>
<td></td>
<td>if “Tissue diagnosis” = “Malignant, not adenocarcinoma, lung cancer, non-invasive” or “</td>
</tr>
<tr>
<td></td>
<td>Malignant, not adenocarcinoma, lung cancer, invasive status unknown”, rather than optional:</td>
</tr>
<tr>
<td></td>
<td>167 Histology of primary or dominant cell type</td>
</tr>
<tr>
<td></td>
<td>170 Stage – clinical or pathologic</td>
</tr>
<tr>
<td></td>
<td>171 Overall stage</td>
</tr>
<tr>
<td>March 29, 2022</td>
<td>125 Clarifying language for unknown options.</td>
</tr>
<tr>
<td>May 13, 2022</td>
<td>104-106 Usage language updated.</td>
</tr>
<tr>
<td>May 31, 2022</td>
<td>105.1 Clarifying language for New Medicare Beneficiary ID added</td>
</tr>
<tr>
<td>June 8, 2022</td>
<td>105 Edited to reflect Old Medicare Beneficiary ID</td>
</tr>
<tr>
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<td>105.1 Edited to reflect New Medicare Beneficiary ID</td>
</tr>
<tr>
<td>August 13, 2022</td>
<td>101.1 Exam Unique ID added</td>
</tr>
<tr>
<td></td>
<td>104 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>105 Usage language clarified for versions 1.5 and 1.6</td>
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<tr>
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<td>105.1 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>106 Usage text added</td>
</tr>
<tr>
<td></td>
<td>107 “Type of Response” text updated</td>
</tr>
<tr>
<td></td>
<td>108 “Type of Response” text updated</td>
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<tr>
<td></td>
<td>109 “Type of Response” text updated</td>
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<td>127 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
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<td>128 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>131.9 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>135 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td>Date</td>
<td>Changes</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>October 1, 2022</td>
<td>136 Usage language clarified for versions 1.5 and 1.6, asterisked text moved to 135</td>
</tr>
<tr>
<td></td>
<td>137 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>151.3 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>158 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td></td>
<td>173 Edited N3 to reflect not applicable to version 1.6</td>
</tr>
<tr>
<td></td>
<td>175 Usage language clarified for versions 1.5 and 1.6</td>
</tr>
<tr>
<td>October 13, 2022</td>
<td>Removed references to version 1.5</td>
</tr>
<tr>
<td></td>
<td>151.3 No longer used, previously “Lung-RADS used to report results”</td>
</tr>
<tr>
<td>December 17, 2022</td>
<td>Edits made to the following elements for consistency across documents:</td>
</tr>
<tr>
<td></td>
<td>101, 121, 124, 129, 130, 143, 144, 145, 146, 147, 148, 149, 150, 159, 169.1, 173, 175, 176, 179, 179.2, 181, 182, 183, 184, 185</td>
</tr>
<tr>
<td>April 29, 2023</td>
<td>138 Changed to ‘Lung cancer’</td>
</tr>
<tr>
<td></td>
<td>139 Defining language, additional option added</td>
</tr>
<tr>
<td></td>
<td>151.3 Element Restored</td>
</tr>
<tr>
<td></td>
<td>163, 163.1, 164, 165, 167, 170-174 “Tissue diagnosis” changed to “Tissue/cytology diagnosis”</td>
</tr>
</tbody>
</table>
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### Exam Form: Facility and Patient Information

<table>
<thead>
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<th>Field</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>100</td>
<td>File Version Number</td>
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<tr>
<td></td>
<td>Usage: Required</td>
</tr>
<tr>
<td></td>
<td>Type of Response: Numeric</td>
</tr>
<tr>
<td>101</td>
<td>Facility ID number</td>
</tr>
<tr>
<td></td>
<td>Unique facility identifier within NRDR; a 6-digit number generated by NRDR</td>
</tr>
<tr>
<td></td>
<td>Usage: Required</td>
</tr>
<tr>
<td>101.1</td>
<td>Exam Unique ID</td>
</tr>
<tr>
<td></td>
<td>A unique identifier of an exam within the partner network</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional</td>
</tr>
<tr>
<td>102</td>
<td>NO LONGER USED</td>
</tr>
<tr>
<td>103</td>
<td>Patient ID</td>
</tr>
<tr>
<td></td>
<td>Field for NRDR Patient ID to support searching of records by facility. <strong>This is specific to manual submission only.</strong></td>
</tr>
<tr>
<td></td>
<td>Usage: (auto-generated by NRDR)</td>
</tr>
<tr>
<td></td>
<td>Type of Response: Text</td>
</tr>
</tbody>
</table>
104  **Patient Social Security Number**

Usage: Optional. However, one of the following patient identifiers must be provided:
Social Security Number, Old Medicare Beneficiary ID, New Medicare Beneficiary ID,
Other ID.

105  **Old Medicare Beneficiary ID (issued before April 1, 2018)**

Usage: Optional. However, one of the following patient identifiers must be provided:
Social Security Number, Old Medicare Beneficiary ID, New Medicare Beneficiary ID,
Other ID.

Type of Response: Text up to 12 characters *(the field will allow an alpha-numeric answer)*.

105.1  **New Medicare Beneficiary ID (issued on April 1, 2018, or later)**

Usage: Optional. However, one of the following patient identifiers must be provided:
Social Security Number, Old Medicare Beneficiary ID, New Medicare Beneficiary ID,
Other ID. Note: When completing this field, please use the ID provided by CMS, which
contains specific placements of characters within the ID (please consult the [LCSR file specifications](#) for additional information on CMS-issued Medicare Beneficiary ID format).

Type of Response: Must be alphanumeric formatted as follows:
- Position 1 – numeric values 1 thru 9
- Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
- Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
- Position 4 – numeric values 0 thru 9
- Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
- Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
- Position 7 – numeric values 0 thru 9
- Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
- Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
- Position 10 – numeric values 0 thru 9
- Position 11 – numeric values 0 thru 9
106 Other Identification

Unique patient ID.

Usage: Optional if “Patient Social Security Number” (#104), “Old Medicare Beneficiary ID” (#105) or “New Medicare Beneficiary ID” (#105.1) is reported.

Must be a unique patient identifier, such as Medical Record Number. If a facility reports data for a patient in more than one NRDR screening registry*, then the same “Other Identification” must be used for that patient in all registries.

*The NRDR screening registries are
  • CT Colonography Registry (CTC)
  • Lung Cancer Screening Registry (LCSR)
  • National Mammography Database (NMD)

Type of Response: Text

107 Patient’s First Name

Field to help local facility search for a patient record.

Usage: Optional.

Type of Response: Text. Combinations of letters and spaces up to 50 characters long. An apostrophe (’), and hyphen (-), are also allowed, and an initial followed by a period.

108 Patient’s Middle Name

Field to help local facility search for a patient record.

Usage: Optional.

Type of Response: Text. Combinations of letters and spaces up to 50 characters long. An apostrophe (’) and hyphen (-), are also allowed, and an initial followed by a period.

109 Patient’s Last Name

Field to help local facility search for a patient record.

Usage: Optional.

Type of Response: Text. Combinations of letters and spaces up to 50 characters long. An apostrophe (’) and hyphen (-), are also allowed, and an initial followed by a period.
110 Patient Sex

Indicate patient’s sex at birth.

Usage: Required.

Type of Response: Select one:
- Male
- Female
- Other
- Unknown

111 Patient Race

Usage: Optional.

Type of Response: Select all that apply:
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other
- Not reported
- Unknown

112 Patient Ethnicity (Hispanic origin)

Usage: Optional.

Type of Response: Select one:
- Hispanic or Latino
- Not Hispanic or Latino
- Not reported
- Unknown

113 Health Insurance

Usage: Optional.

Type of Response: Select all that apply:
- Medicare
- Medicaid
- Private Insurance
- Self-pay
- VA
- Other, specify
- Unknown
113.1 Health Insurance, Other, specify

Usage: Required if “Health Insurance” (#113) = “Other, specify”; otherwise, this field is not applicable.

Type of Response: Text

113.2 Education level

Usage: Optional.

Type of Response: Select one:
- 8th grade or less
- 9-11th grade
- High school graduate or high school equivalency
- Post high school training, other than college (for example, Vocational/technical school)
- Associate degree / some college
- Bachelor’s degree
- Graduate or Professional school
- Other, please specify
- Unknown / Refused to answer

113.3 Education level, other

Usage: Required if “Education level” (#113.2) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text

114 Patient's Date of Birth

Usage: Required.

Type of Response:
- mm/dd/yyyy format; cannot be a future date.
  Must be less than or equal to date of death.

115 Patient's Date of Death

Usage: Optional.

Type of Response:
- mm/dd/yyyy format; cannot be a future date.
  Must be greater than or equal to date of birth.
116 How the Cause of Death Was Determined

Usage: Optional if date of death is provided; not applicable otherwise.

Type of Response: Select one:
- Autopsy Report
- Death Certificate
- Medical Record
- Physician
- Relative or Friend
- Social Security Death Index
- Other

117 How Cause of Death Was Determined ‘Other’

Usage: Usage: Required if “Other” is selected for how cause of death was determined (#116); not applicable otherwise.

Type of Response: Text

118 Cause of Death

Usage: Required if "Patient date of death" (#115) is provided; not applicable otherwise.

Type of Response: Select one:
- Lung cancer
- Non-lung cancer cause, specify if known
- Cannot determine

119 Non-lung cancer cause of death, specify if known

Usage: Optional if “Cause of Death” (#118) = "Non-lung cancer cause, specify if known"; otherwise, this field is not applicable.

Type of Response: Text
120 Invasive procedure within 30 days prior to death

Was there an invasive procedure on the patient during the 30-day period preceding the patient's death?

Usage: Required if "Patient date of death" (#115) is provided. Include only invasive procedures as they relate to lung cancer screening abnormalities that may be cancer and are being evaluated.

For example:
  a) Percutaneous biopsy lung, liver, adrenal, lymph node
  b) Thoracoscopy, with or without biopsy or lung resection
  c) Thoracotomy, with or without biopsy or lung resection
  d) Mediastinoscopy, with or without biopsy or lung resection
  e) Bronchoscopy with or without biopsy
  f) Thoracentesis

Do not include invasive procedures in other body parts or to work up diseases, symptoms, etc., that are not related to lung cancer screening or lung cancer.

Type of Response: Select one:
  • Yes
  • No
  • Unknown

121 Examination Date

Usage: Required. Must be greater than 1/1/2000 and greater than the date of birth. Cannot be a future date.

Type of Response: mm/dd/yyyy

121.1 Rescheduled Examination

Indicate if this exam was previously scheduled on an earlier date and changed for any reason.

Usage: Optional.

Type of Response: Select one:
  • Yes
  • No
  • Unknown

121.2 Originally Scheduled Examination Date

Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.

Usage: Optional. Cannot be a future date

Type of Response: mm/dd/yyyy
121.3 Rescheduled Reason

Indicate the primary reason the exam was rescheduled.

Usage: Optional.

Type of Response: Select one:
- Patient reason: COVID/coronavirus related (Any patient rescheduling of COVID such as fear of virus transmission, travel restrictions, patient actively ill with COVID)
- Patient reason: Other (Any non-COVID reason initiated by the patient – such as patient inconvenience, missed appointment)
- Facility reason: COVID/coronavirus related (Any facility initiated rescheduling due to response to COVID including physician unavailable due to COVID support, non-essential exams discontinued)
- Facility reason: Other (Any non-COVID reason initiated by the facility – such as physician inconvenience, equipment issue)
- Unknown

122 Name of person who completed this paper form – First name

Indicate the first name of the person who completed the paper form.

Usage: Required.
**Only applicable for manual data entry. For other data entry methods, these fields are auto-populated.**

Type of Response: Text

123 Name of person who completed this paper form – Last name

Indicate the last name of the person who completed the paper form.

Usage: Required.
**Only applicable for manual data entry. For other data entry methods, these fields are auto-populated.**

Type of Response: Text
### 124 Smoking Status

Smoking status as reported by the ordering practitioner on the order form. Note: The *#### codes below are from the National Cancer Index Thesaurus.

Usage: Required.

Type of Response: Select one:

- Current smoker (*C67147, an adult who has smoked 100 cigarettes in his or her lifetime and who currently smokes cigarettes. Includes daily smokers and non-daily smokers, also known as occasional smokers)
- Former smoker (*C67148, a person who was not smoking at the time of the interview but has smoked at least 100 cigarettes in their life)
- Never smoker (*C65108, a person who was not smoking at the time of the interview and has smoked less than 100 cigarettes in their life)
- Smoker, Current Status Unknown (*C671504, indicates a person who is known to have smoked but whose current smoking status is unknown)
- Unknown If Ever Smoked (*C67151, indicates that a person's smoking is unknown)

### 125 Number of pack-years of smoking (cigarettes)*

Pack-years as reported by the ordering practitioner on the order form. Pack-years is defined as (number of packs per day) x (total years smoked).

Usage: Required if Smoking Status (#124) = “Current Smoker, Former Smoker, or Smoker, current status unknown”; otherwise, this field should be left blank.

Type of Response: number between 0.1 and 999.9

If unknown, enter a number equal to or greater than 999.

*Pack-years should not include cigars, e-cigs, or chewing tobacco. Calculate the pack-years for cigarettes only.
126 Number of years since quit

Usage: Conditional. Required if "Smoking status" (#124) = "Former smoker"; otherwise, this field is not applicable.

Type of Response: number between 0.01 and 99.99. If less than 1.0, the leading 0 must be entered. For example:

1/12=0.08
2/12=0.17
3/12=0.25
4/12=0.33
5/12=0.42
6/12=0.5
7/12=0.58
8/12=0.67
9/12=0.75
10/12=0.83
11/12=0.92
12/12=1

If unknown, enter a number equal to or greater than 99.

127 Did physician provide smoking cessation guidance to patient?

This applies to guidance provided by either the ordering or imaging physician. For annual exams, for which no additional guidance has been provided other than at the baseline exam, enter “no”.

Usage: Optional

Type of Response: Select one:
- Yes
- No
- Unknown

128 Is there documentation of shared decision making?

For annual exams, for which no additional shared decision making visit has occurred other than the visit for the baseline exam, enter “no”.

Usage: Optional

Type of Response: Select one:
- Yes
- No
- Unknown

129 Patient's height (inches)

Usage: Required.

Type of Response: Numeric value between 0 and 99.00. If unknown, enter 0 or ≥ 99.00.
130  Patient's weight (lbs)

    Usage: Required.

    Type of Response: Numeric value between 0 and 999.00. If unknown, enter 0 or ≥ 999.00.

131  Other comorbidities listed on patient record that limit life expectancy

    Usage: Optional.

    Type of Response: Select all that apply:
    • COPD
    • Emphysema
    • Pulmonary Fibrosis
    • Coronary Artery Disease
    • Congestive Heart Failure
    • Peripheral Vascular Disease
    • Lung Cancer
    • Cancer other than lung cancer
    • Other, please specify

131.1  Other comorbidities, please specify

    Usage: Required if "Other comorbidities" (#131) = “Other, specify”; otherwise, this field is not applicable.

    Type of Response: Text
131.2 COVID diagnosis

Indicate if the patient had a documented diagnosis of COVID/coronavirus as determined by a clinician (with or without testing). Only one COVID diagnosis/diagnosis-date/testing-status combination can be reported. If the patient has tested positive at any time, report:

**Diagnosis:** Yes
**Diagnosis date:** first positive diagnosis date
**Testing status:** result positive.

Otherwise, use the latest diagnosis/diagnosis-date/testing-status available.

Enter whatever COVID information is known at the time the screening exam is submitted. It isn't necessary to update the information after that.

Usage: Optional.

Type of Response: Select one:
- Yes
- No
- Unknown

131.3 COVID diagnosis date

Indicate the first date of COVID/coronavirus diagnosis as documented by a clinician. Only one COVID diagnosis/diagnosis-date/testing-status combination can be reported. If the patient has tested positive at any time, report:

**Diagnosis:** Yes
**Diagnosis date:** first positive diagnosis date
**Testing status:** result positive.

Otherwise, use the latest diagnosis/diagnosis-date/testing-status available.

Enter whatever COVID information is known at the time the screening exam is submitted. It isn't necessary to update the information after that.

Usage: Required if “COVID diagnosis” (#131.2) = “Yes”; otherwise, this field is not applicable.

Type of Response:
- mm/dd/yyyy format; cannot be a future date.
131.4 COVID testing status

Indicate whether the patient received COVID testing and the results, if known. Only one COVID diagnosis/diagnosis-date/testing-status combination can be reported. If the patient has tested positive at any time, report:

**Diagnosis**: Yes

**Diagnosis date**: first positive diagnosis date

**Testing status**: result positive.

Otherwise, use the latest diagnosis/diagnosis-date/testing-status available.

Enter whatever COVID information is known at the time the screening exam is submitted. It isn't necessary to update the information after that.

Usage: Required if "COVID diagnosis" (#131.2) = "Yes".

Type of Response: Select one:
- Tested: Positive Result
- Tested: Negative Result
- Tested: Result Inconclusive
- Testing not performed
- Unknown

131.5 COVID vaccine

Indicate if the patient has received a vaccination for COVID/coronavirus. Report only vaccinations received prior to the examination. If more than one vaccination was received prior to the exam, report the most recent.

Usage: Optional

Type of Response: Select one:
- Yes
- No
- Unknown

131.6 COVID vaccine date

Indicate when the COVID vaccine was given.

Usage: Optional. If "COVID vaccine" (#131.5) = "No" or "Unknown," this field is not applicable.

Range: A date greater than or equal to 1/1/2020 in mm/dd/yyyy format. Cannot be a future date.
131.7 **COVID vaccine manufacturer**

Indicate the manufacturer of the COVID vaccine the patient received.

Usage: Optional. Required if “COVID vaccine” (#131.6) = “Yes”; otherwise, this field should be blank.

Type of Response: Select one:
- Johnson & Johnson Jansen
- Moderna
- Novavax
- Oxford-AstraZeneca
- Pfizer-BioNTech
- Unknown
- Other, please specify

131.8 **COVID vaccine manufacturer, other**

Usage: Required if “COVID vaccine manufacturer” (#131.7) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text

131.9 **COVID vaccine site**

Indicate the patient’s COVID vaccination site.

Usage: Optional

Type of Response: Select one:
- Right arm
- Left arm
- Other
- Unknown

132 **NO LONGER USED**

132.1 **NO LONGER USED**

133 **NO LONGER USED**
134 Radiologist (reading) NPI*

Usage: Required.

Type of Response: 10-digit integer

*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.

135 Ordering practitioner NPI*

Usage: Optional (applicable to version 1.6), otherwise required.

Type of Response: 10-digit integer

*Ordering practitioners cannot be added to the Manage Physicians list within the NRDR.

136 Ordering practitioner’s first name

Usage: Optional

Type of Response: Text

137 Ordering practitioner’s last name

Usage: Optional

Type of Response: Text

138 Indication for Exam: Are there are signs or symptoms of lung cancer:

Usage: Required.

Type of Response: Select one:
- No
- Yes

139 Indication for Exam: Are there any signs or symptoms of lung cancers – If ‘No”

Usage: Required if “Indication for Exam: Signs and Symptoms of Lung Cancer” (#138) = “No”; otherwise, this field is not applicable.

If answer to “Signs or symptoms of lung cancer” is “N” then select baseline or annual:
- Baseline scan (prevalence screen; baseline scan indicates the patient has had no prior lung cancer screening CTs.)
- Annual screen (incidence screen, aka subsequent screens; annual screen indicates the patient is in a screening program and has had at least one prior screening exam.)
- Non-screening Chest CT assigned a Lung-RADS score and used in lieu of an annual screen to avoid repeat scanning
140 Modality

Usage: Required.

Type of Response: Select one:
- Low dose chest CT
- Routine chest CT

140.1 CT scanner name

If a scanner has been added for LCSR using the Manage Scanners link in the NRDR portal, then it will appear on a drop-down menu for this field. If selected, Fields 141 (CT scanner manufacturer) and 142 (CT scanner model) will be automatically populated.

Usage: Optional.

Type of Response: Text

141 CT scanner manufacturer

Usage: Required.

Type of Response: Text

142 CT scanner model

Usage: Required.

Type of Response: Text

143 CTDIvol (mGy)

Volume Computed Tomography Dose Index- standardized parameter to measure scanner radiation output. Obtained from scanner dose report (patient protocol page or similar) or operator console (after completion of scan). Typically less than 3.0 mGy for a standard sized patient, but can be lower for small patients and higher for larger patients. Do not include the topogram.

Usage: Required.

Type of Response: numeric value, any number ≥ 0.01 and ≤ 999.99. If unknown, enter 0.
144  DLP (mGy*cm)

Dose Length Product- product of the length of the irradiated scan volume and the average CTDIvol over that distance. Obtained from scanner dose report (patient protocol page or similar) or operator console (after completion of scan). Do not include the topogram.

Usage: Required.

Type of Response: numeric value, any number \(\geq 0.01\) and \(\leq 9999.99\). If unknown, enter 0.

145  Tube current-time (mAs)

The product of tube current and exposure time per rotation, expressed in units of milliampere x seconds (mAs) (average across scan). This may be obtained from scanner dose report (patient protocol page or similar), from the scanner operator console or the DICOM header of screening CT images. Do not include the topogram.

Usage: Optional.

Type of Response: numeric value, any number \(\geq 0.0\) and \(\leq 999.9\).

146  Tube voltage (kV)

The electric potential applied across an x-ray tube to accelerate electrons towards a target material, expressed in units of kilovolts (kV).

Usage: Optional.

Type of Response: numeric value, any number \(\geq 0\) and \(\leq 999\).

147  Scanning time (s)

Total time it takes to complete the scan from beam ‘on’ to beam ‘of’. This may be obtained from the scanner operator console (typically not contained in DICOM header of screening CT images or dose report). Rotation time over the entire scan refers to the helical scan and does not include the topogram.

Usage: Optional.

Type of Response: numeric value, any number \(\geq 0.01\) and \(\leq 999.99\).
148 Scanning volume (cm)

The full length or extent of the scan (Total scan range from head to foot). This may be obtained from the scanner operator console (typically not contained in the DICOM header of the screening CT images or dose report (RDSR)). Do not include the topogram.

Usage: Optional.

Type of Response: numeric value, any number ≥ 0.01 and ≤ 999.99.

149 Pitch

Unitless parameter used to describe table travel during helical scan; equal to table travel (mm) per gantry rotation / total nominal beam width (mm). This may be obtained from the scanner operator console, the DICOM header of the screening CT images or the dose report (RDSR).

Usage: Optional.

Type of Response: numeric value, any number ≥ 0.000 and ≤ 99.999.

150 Reconstructed image width (nominal width of reconstructed image along z-axis) (mm)

The thickness of each slice post processing (slice thickness) in mm. This may be obtained from the scanner operator console, the DICOM header of the screening CT images or dose report (RDSR).

Usage: Required.

Type of Response: Numeric value ≥ 0.00 and ≤ 9.99. If unknown, enter “0” (Note: valid for data file upload or web services, not valid on Manage Scanners page. For manual entry, check the “Unknown” box).
This is a quality assurance tool designed to standardize lung cancer screening CT reporting and management recommendations, reduce confusion in lung cancer screening CT interpretations and facilitate outcome monitoring. It is recommended that the CT report contain the Lung-RADS category. If the category is not specifically stated in the report, then assign a category to the LCSR registry case record. This is sufficient documentation from the registry perspective.

Usage: Required.

Type of Response: Select one:
- 0: recalls (incomplete screen)
- 1: normal, continue annual screening
- 2: benign appearance or behavior, continue annual screening
- 3: 6 month CT recommended
- 4A: 3 month CT recommended; may consider PET/CT
- 4B: Additional diagnostics and/or tissue sampling recommended
- 4X: Additional diagnostics and/or tissue sampling recommended – increased suspicion of malignancy

151.1 Reason for Recall

Usage: Required if “CT exam result by Lung-RADS category” (#151) = “0: recalls (incomplete screen)”.

Type of Response: Select one:
- I: Incomplete coverage
- N: Noise
- M: Respiratory motion
- E: Expiration
- OBa: Obscured by acute abnormality
- UC: Unable to complete, please specify
- U: Unknown

151.2 Reason for recall, Unable to complete, please specify

Usage: Required if “Reason for Recall” (#151.1) = “UC: Unable to complete”; otherwise, this field is not applicable.

Type of response: Text
### 151.3 Lung-RADS version used to report results

Usage: Required.

Type of response: Select one:
- 1.0
- 1.1
- Lung-RADS 2022
- Other/unknown

### 152 NO LONGER USED

### 153 Other clinically significant or potentially significant abnormalities – CT exam result modifier S:

Usage: Required. Select “Yes” if:
- Other clinically significant or potentially significant abnormalities were reported, regardless of whether the Lung-RADS assessment category includes the S modifier or not.
- It is uncertain whether an abnormality is potentially significant or not.

Type of Response: Select one:
- Yes
- No

### 154 If yes, what were the other findings?

Usage: Optional if “Other clinically significant or potentially significant abnormalities” (#153) = “Yes”; otherwise, this field is not applicable.

Type of Response (select all that apply):
- Aortic aneurysm
- Coronary arterial calcification moderate or severe
- Pulmonary fibrosis
- Mass, please specify, e.g., neck, mediastinum, liver, kidneys, other
- Other interstitial lung disease, specify type if known
- Emphysema, moderate or severe
- Other clinically significant abnormalities
- No clinically significant or potentially significant abnormalities
- Unknown

### 155 Mass, please specify, e.g., neck, mediastinum, liver, kidneys

Usage: Required if “If yes, what were the other findings” (#154) = “Mass, specify”; otherwise, this field is not applicable.

Type of Response: Text
### 156 Other interstitial lung disease, select type if known

Usage: Optional if “If yes, what were the other findings” (#154) = “Other interstitial lung disease”; otherwise, this field is not applicable.

Type of Response: Select one:
- UIP/IPF
- ILD, other, please specify
- ILD, unknown

### 157 Other Interstitial Lung Disease, ILD, other, please specify

Usage: Required if “Other interstitial lung disease” (#156) = “ILD, other”; otherwise, this field is not applicable.

Type of Response: Text

### 157.1 Other clinically significant abnormalities, please specify

Usage: Required if “If yes, what were the other findings?” (#154) = “Other clinically significant abnormalities”; otherwise, this field is not applicable.

Type of Response: Text

### 158 Prior history of lung cancer - CT exam result modifier C

Usage: Optional

Type of Response: Select one:
- Yes
- No
- Unknown

### 159 Years since prior diagnosis of lung cancer (years)

Usage: Optional if Prior history of lung cancer - CT exam result modifier C (#158) = “Yes” or “Null”; not applicable otherwise.

Type of Response: Integer $\geq 1$ and $\leq 99$
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

159.1 Follow-up Unique ID*

Usage: Optional; you may provide an identifier to link back to your internal follow up record.

Type of Response: Text

*Only applicable to electronic transmissions

160 Date of follow-up

Usage: Required when submitting a follow-up for a case.

Type of Response: mm/dd/yyyy format; cannot be a future date

161 Follow-up diagnostic

Usage: Required when submitting a follow-up for a case.

Type of Response: Select one:
- low dose chest CT
- routine chest CT
- PET/CT
- Bronchoscopy
- Non-surgical biopsy
- Surgical resection
- Other, please specify

162 Follow-up diagnostic - Other, please specify

Usage: Required if “Follow-up diagnostic” (#161) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

### 163 Tissue/cytology diagnosis

Usage: Required if “Follow-up diagnostic” (#161) = “Bronchoscopy, Non-surgical biopsy, or Surgical resection”. If more than one tissue/cytology diagnosis applies, report the most concerning, invasive, or aggressive from a cancer management perspective. Optional if “Follow-up diagnostic” = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Select one:
- Benign
- Malignant - invasive lung cancer
- Malignant - Minimally invasive lung cancer
- Malignant - Non-lung cancer
- Malignant - adenocarcinoma in situ
- Malignant, (not adenocarcinoma), lung cancer, non invasive
- Malignant, (not adenocarcinoma), lung cancer, invasive status unknown
- Premalignancy - atypical adenomatous hyperplasia
- Non-diagnostic
- Clinical – without histology
- Malignant – carcinoid
- Other, specify
- Unknown

### 163.1 Tissue/cytology diagnosis, Other, Please specify

Usage: Required if “Tissue/cytology diagnosis” (#163) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: text

### 164 Tissue/cytology diagnosis method

Usage: Required if “Tissue/cytology diagnosis” (#163) is populated and is not “Clinical – without histology,” “Other, specify” or “Unknown”. If “Tissue/cytology diagnosis” (#163) is populated and is “Clinical – without histology,” “Other, specify” or “Unknown”, then this field is optional; otherwise, this field is not applicable.

Type of Response: Select one:
- Percutaneous (non-surgical)
- Bronchoscopic
- Surgical
- Unknown
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

165 Location from which sample was obtained

Usage: Required if “Tissue/cytology diagnosis” (#163) is populated and is not “Clinical – without histology,” “Other, specify” or “Unknown”. If “Tissue/cytology diagnosis” (#163) is populated and is “Clinical – without histology,” “Other, specify” or “Unknown”, then this field is optional; otherwise, this field is not applicable.

Type of Response: Select one:
- L hilium - Left Hilum
- Lingula - Lingula of the Lung
- LLL - Left Lower Lobe of Lung
- LUL - Left Upper Lobe of Lung
- R hilium - Right Hilum
- RLL - Right Lower 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
- Unknown

166 Location, other, please specify

Usage: Required if "Location from which sample was obtained" (#165) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: text

167 Histology of primary or dominant cell type


Optional if “Tissue/cytology Diagnosis” = “Malignant – Non-lung cancer”,

Otherwise, this field is not applicable.

Type of Response: Select one:
- Non-small cell lung cancer
- High grade neuroendocrine tumor (small cell lung cancer)
- Low grade neuroendocrine tumor (carcinoid)
- Intermediate grade neuroendocrine tumor (Atypical carcinoid)
- Other
- Unknown
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

168  **Histology of primary or dominant cell type – Non-small cell lung cancer**

Usage: Required if "Histology of primary or dominant cell type" (#167) = "Non-small cell lung cancer"; otherwise, this field is not applicable.

Type of Response: Select one:
- Invasive adenocarcinoma
- Squamous cell carcinoma
- Adenosquamous cell carcinoma
- Undifferentiated or poorly differentiated carcinoma
- Large cell carcinoma
- Other, please specify

169  **Other Non-small cell lung cancer histology, primary cell type, please specify**

Usage: Required if "Histology of primary or dominant cell type – Non-small cell lung cancer" (#168) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text

169.1  **Histology of secondary cell type**

Usage: Optional if "Histology of primary or dominant cell type" (#167) = "Non-small cell lung cancer", "High grade neuroendocrine tumor (small cell lung cancer)", "Low grade neuroendocrine tumor (carcinoid)" or "Intermediate grade neuroendocrine tumor (Atypical carcinoid)"; otherwise this field is not applicable.

Type of Response: Select one:
- Non-small cell lung cancer
- High grade neuroendocrine tumor (small cell lung cancer)
- Low grade neuroendocrine tumor (carcinoid)
- Intermediate grade neuroendocrine tumor (Atypical carcinoid)
- Other
- Unknown
Exam Form: Follow-Up: Lung Cancer Incidence (Section 5B3 – 5B11)

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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

169.2  **Histology of secondary cell type - Non-small cell lung cancer**

Usage: Required if “Histology of secondary cell type” (#169.1) = “Non-small cell lung cancer”; otherwise, this field is not applicable.

Type of Response: Select one:
- Invasive adenocarcinoma
- Squamous cell carcinoma
- Adenosquamous cell carcinoma
- Undifferentiated or poorly differentiated carcinoma
- Large cell carcinoma
- Other, please specify

169.3  **Other Non-small cell lung cancer histology, secondary cell type, please specify**

Usage: Required if “Histology of primary or dominant cell type – Non-small cell lung cancer” (#169.2) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text

170  **Stage - Clinical or pathologic?**


Optional if “Tissue/cytology Diagnosis” = “Malignant – Non-lung cancer”, “Non-diagnostic”, or “Clinical – without histology”, or if “Follow-up diagnostic (#161)” = “PET/CT”. If “Tissue/cytology Diagnosis” = “Clinical – without histology”, then this field must be “Clinical” or null.

Otherwise, this field is not applicable.

Type of Response: Select one:
- Clinical
- Pathologic
- Unknown
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

171 Overall stage


Optional if "Tissue/cytology Diagnosis" = "Malignant – Non-lung cancer", "Non-diagnostic", or "Clinical – without histology", or if "Follow-up diagnostic (#161)" = "PET/CT".

Otherwise, this field is not applicable.

Type of Response: Select one:
- 0
- IA
- IA1
- IA2
- IA3
- IB
- IIA
- IIB
- IIIA
- IIIB
- IIIC
- IV
- IVA
- IVB
- Unknown
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

### 172 T Status

As defined by the [AJCC Cancer Staging Manual](https://plssp.bccancer.ca/link/om/ajcc-cancer-staging-manual). Report pathologic if procedure is surgical resection, clinical otherwise.

Usage: Optional if “Tissue/cytology Diagnosis” (#163) is populated or if “Follow-up diagnostic (#161)” = “PET/CT”; otherwise, this field is not applicable.

Type of Response: Select one:
- TX
- T0
- T1a
- T1b
- T1c
- T1mi
- T2a
- T2b
- T3
- T4
- Tis
- unknown

### 173 N Status

As defined by the [AJCC Cancer Staging Manual](https://plssp.bccancer.ca/link/om/ajcc-cancer-staging-manual). Report pathologic if procedure is surgical resection, clinical otherwise.

Usage: Optional if “Tissue/cytology Diagnosis” (#163) is populated or if “Follow-up diagnostic (#161)” = “PET/CT”; otherwise, this field is not applicable.

Type of Response: Select one:
- NX
- N0
- N1
- N2
- N3
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. For example, if a patient has a percutaneous (non-surgical) biopsy and a bronchoscopy, there should be a record for each of these.

174  M Status

As defined by the AJCC Cancer Staging Manual. Report pathologic if procedure is surgical resection, clinical otherwise.

Usage: Optional if “Tissue/cytology Diagnosis” (#163) is populated or if “Follow-up diagnostic (#161)” = “PET/CT”; otherwise, this field is not applicable.

Type of Response: Select one:
- MX
- M0
- M1a
- M1b
- M1c

175  AJCC Cancer Staging Manual edition used for staging

Usage: Optional if at least one of “T Status” (#172), “T Status” (#173) or “T Status” (#174) is populated; otherwise, this field is not applicable.

Type of Response: Select one:
- 7th Edition
- 8th Edition
- Other/Unknown
### Exam Form: Additional Risk Factors (Section 5C)

The following fields are required if “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age OR “Number of packs-year of smoking” (#125) is less than 20 OR “Number of years since Quit” (#126) is more than 15.

#### 176 NO LONGER USED

#### 177 NO LONGER USED

#### 178 Radon exposure - documented high exposure levels

Usage: Optional. Required if:

- “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age
- OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’
- OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999
- OR “Number of years since Quit” (#126) is more than 15.

Type of Response: Select one:
- Yes
- No
- Unknown

#### 179 Occupational exposures to agents that are identified as carcinogens targeting the lungs

Usage: Optional. Required if:

- “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age
- OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’
- OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999
- OR “Number of years since Quit” (#126) is more than 15.

Type of Response: Select all that apply:
- Silica
- Cadmium
- Asbestos
- Arsenic
- Beryllium
- Chromium
- Diesel fumes
- Nickel
- Coal smoke
- Soot
- Other, specify
- Unknown
- None
The following fields are required if "Examination Date" (#121) less "Patient's Date of Birth" (#114) is greater than 80 years of age or less than 50 years of age OR "Number of packs-year of smoking" (#125) is less than 20 OR "Number of years since Quit" (#126) is more than 15.

### 179.1 Occupational exposures to agents that are identified specifically as carcinogens targeting the lungs – Other

Usage: Required if "Occupational exposures to agents that are identified specifically as carcinogens targeting the lungs" (#179) = "Other, please specify"; otherwise, this field is not applicable.

Type of Response: text

### 179.2 History of cancers that are associated with an increased risk of developing a new primary lung cancer

Usage: Optional. Required if:

- "Examination Date" (#121) less "Patient's Date of Birth" (#114) is greater than 80 years of age or less than 50 years of age
- OR "Smoking Status" (#124) is 'Never Smoker' or 'Unknown if ever smoked'
- OR "Number of packs-year of smoking" (#125) is less than 20 or ≥ 999
- OR "Number of years since Quit" (#126) is more than 15.

If the patient has a history of breast cancer, or if you are unsure whether a specific cancer type is associated with an increased risk of lung cancer, please enter "other smoking-related cancers, specify" and indicate the cancer type.

Type of Response: Select all that apply:
- Prior history of lung cancer
- Lymphoma
- Head and neck cancer
- Bladder cancer
- Other smoking related cancers, please specify
- Acute myeloid leukemia
- Colorectal cancer
- Esophageal cancer
- Liver cancer
- Gastric cancer
- Kidney cancer
- Pancreatic cancer
- No history of cancers associated with an increased risk of lung cancer
- Unknown whether there is a history of cancers associated with an increased risk of a new primary lung cancer

### 180 History of cancers that are associated with an increased risk of developing a new primary lung cancer - other smoking-related cancers, please specify

Usage: Required if "History of cancers that are associated..." = "other smoking-related cancers, please specify"; otherwise, this field should be left blank.

Type of Response: Text
### Exam Form: Additional Risk Factors (Section 5C)

The following fields are required if “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age OR “Number of packs-year of smoking” (#125) is less than 20 OR “Number of years since Quit” (#126) is more than 15.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>181</td>
<td>Lung cancer in first-degree relative (mother, father, sister, brother, daughter, or son with history of lung cancer)</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional. Required if:</td>
</tr>
<tr>
<td></td>
<td>“Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’ OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999 OR “Number of years since Quit” (#126) is more than 15.</td>
</tr>
<tr>
<td></td>
<td>Type of Response: Select one:</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Not sure/unknown</td>
</tr>
<tr>
<td>182</td>
<td>Family history of lung cancer, other than first-degree relative</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional. Required if:</td>
</tr>
<tr>
<td></td>
<td>“Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’ OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999 OR “Number of years since Quit” (#126) is more than 15.</td>
</tr>
<tr>
<td></td>
<td>Type of Response: Select one:</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Not sure/unknown</td>
</tr>
<tr>
<td>183</td>
<td>COPD</td>
</tr>
<tr>
<td></td>
<td>Has the patient been told by a medical health care professional that he or she has COPD (chronic obstructive pulmonary disease), emphysema, or smoking-related chronic bronchitis?</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional. Required if:</td>
</tr>
<tr>
<td></td>
<td>“Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’ OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999 OR “Number of years since Quit” (#126) is more than 15.</td>
</tr>
<tr>
<td></td>
<td>Type of Response: Select one:</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
</tr>
<tr>
<td>Exam Form: Additional Risk Factors (Section 5C)</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

### 184 Pulmonary fibrosis

Has the patient been told by a health care professional that he or she has any form of interstitial lung fibrosis, or scarring of the lung?

**Usage:** Optional. Required if:

- “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age
- OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’
- OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999
- OR “Number of years since Quit” (#126) is more than 15.

**Type of Response:** Select one:
- Yes
- No
- Unknown

### 185 Secondhand smoke exposure

**Usage:** Optional. Required if:

- “Examination Date” (#121) less “Patient’s Date of Birth” (#114) is greater than 80 years of age or less than 50 years of age
- OR “Smoking Status” (#124) is ‘Never Smoker’ or ‘Unknown if ever smoked’
- OR “Number of packs-year of smoking” (#125) is less than 20 or ≥ 999
- OR “Number of years since Quit” (#126) is more than 15.

**Type of Response:** Select one:
- Yes
- No
- Not sure/unknown
<table>
<thead>
<tr>
<th>Glossary</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR</td>
<td>American College of Radiology</td>
</tr>
<tr>
<td>CT</td>
<td>Computed Tomography</td>
</tr>
<tr>
<td>CTDI&lt;sub&gt;vol&lt;/sub&gt;</td>
<td>Volume CT dose index</td>
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<tr>
<td>Lbs</td>
<td>Pounds</td>
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<tr>
<td>LCSR</td>
<td>Lung Cancer Screening Registry</td>
</tr>
<tr>
<td>mGy</td>
<td>milligray</td>
</tr>
<tr>
<td>N/A</td>
<td>Not applicable</td>
</tr>
<tr>
<td>NRDR</td>
<td>National Radiology Data Registry</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>RDSR</td>
<td>Radiation Dose Structured Report</td>
</tr>
</tbody>
</table>