

Structured Clinical Radiology Report



Australian Government

NATIONAL
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PROGRAM



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NLCSP Structured Clinical Radiology Report

Outline

1. Purpose and Scope
2. Introduction
3. NLCSP Structured Clinical Radiology Report – Unfilled, Master
4. NLCSP Structured Clinical Radiology Report – Unfilled, No Prior CT
5. NLCSP Structured Clinical Radiology Report – Filled Example 1
6. NLCSP Structured Clinical Radiology Report – Filled Example 2
7. NLCSP Structured Clinical Radiology Report – Filled Example 3
8. Fields Content

1. Purpose and Scope

This document details the fields and content that comprise the Australian National Lung Cancer Screening Program (NLCSP) Structured Clinical Radiology Report. It sets out the format that radiology departments must use to establish a structured reporting template in their own practice. If reporting templates are made available through dictation software providers, these must be checked for compliance with these Guidelines.

In addition, this document identifies essential data fields that must be provided to the National Cancer Screening Register (NCSR) and provides explanatory notes to guide radiologists on how to complete certain fields.

Further significant information, beyond the fields described in this document, is also submitted to the NCSR. This peripheral (non-clinical) information is provided automatically as a component of electronic integration of radiology practices and includes, for example, radiologist practice details, participant demographics and other data values. Information regarding radiology practice integration, the peripheral data fields and electronic submission of low-dose computed tomography (CT) reports to the NCSR is outlined in the Telstra Health Radiology Integration Guide.

2. Introduction

Structured reporting improves written radiology report clarity and readability, accuracy, clinical utility, and report completeness. Current evidence demonstrates that, when correctly applied, structured reporting also improves reporting efficiency (Royal Australian and New Zealand College of Radiologists, Structured Reporting Guidelines, 2023).

The Structured Clinical Radiology Report is mandated for low-dose CT reports in the NLCSP. It has been developed by the Australian and New Zealand Society of Thoracic Radiology for the Royal Australian and New Zealand College of Radiologists (RANZCR) to facilitate interpretation and documentation of low-dose CT findings according to the NLCSP Nodule Management Protocol and NLCSP Additional Findings Guidelines.

Most fields outlined in Section 8, *Fields Content*, are directly collected by the NCSR. It is therefore important that field titles and data values as prescribed in this document are adhered to verbatim in the low-dose CT report. Use of the exact wording presented in Section 8, Table 1 is necessary for data capture by the NCSR. Field order should be as presented here.

Depending on the software environment and the field requirements, report fields may be pre-populated in reporting software, require manual free-text input, or require selection from prescribed allowable values (pick-list functionality). This has been described for each field in Section 8, Table 1. Where there are multiple allowable values for a particular field, these options have been listed.

If a report field or series of fields is left blank – for instance if volumetry measurements are used rather than mean diameter, or if there are no actionable additional findings to report –relevant vacant fields may be deleted so they do not appear in the final written report. This improves readability and is the recommended approach where possible. Fields for which this functionality is allowed are listed in Table 1 as “may be deleted”. Fields listed as “required” in Table 1 must be present in the prescribed form in every low-dose CT report for the NLCSP.

For detailed information about clinical use of the NLCSP Structured Clinical Radiology Report, including nodule interpretation and management recommendations and guidance around interpreting additional findings, see the NLCSP Nodule Management Protocol, the NLCSP Additional Findings Guidelines and online educational materials available through the Royal Australian and New Zealand College of Radiologists.

3. NLCSP Structured Clinical Radiology Report – Unfilled, Master

This template shows all fields available for use in the NLCSP Structured Clinical Radiology Report. Only relevant fields are required to be used in any one report.

CLINICAL NOTES

[free text]

Family history of lung cancer (baseline only): [select]

STUDY INFORMATION

Radiologist HPI-I: [free text]

Technique: [free text]

CAD/AI/Volumetry used: [free text]

CTDIvol (mGy): [free text]

Scan image quality: [select]

Comparison CT(s): [free text]

NODULE FINDINGS

Likely Infection or Inflammation: [select]

Description of likely infection or inflammation: [free text]

Nodules Considered Benign (excluding the above): [select]

Description of nodules considered benign: [free text]

Pulmonary Nodules for Follow-Up (excluding the above): [select]

The most significant nodules, up to four, will be listed for follow-up.

Minimum reportable size 34 mm³ (4.0 mm).

Observed Nodule A

Assigned nodule number: [free text]

Date nodule first visible: [date]

Slice location: series [free text], image [free text]

Anatomical location: [select]

Type: [select]

Spiculation: [select]

Other descriptors: [free text]

Maximal axial diameter for PanCan calculation (mm): [free text]

Total volume (mm³): [free text]

Volume change (%): [free text]

Volume doubling time (days): [free text]

Volume, solid component (mm³): [free text]

Volume change, solid component (%): [free text]

Volume doubling time, solid component (days): [free text]

Measurement plane for mean diameter: [select]

Total mean diameter (mm): [free text]

Change in mean diameter (mm): [free text]

Mean diameter, solid component (mm): [free text]

Change in mean diameter, solid component (mm): [free text]

Wall thickness/nodularity (mm): [free text]

Change in wall thickness/nodularity (mm): [free text]

Previous measurements: [free text]

Type of change: [select]

PanCan risk (% , baseline only): [free text]

Screening Category (this nodule): [select]

Observed Nodule B / C / D – included as necessary, populated as above.

ADDITIONAL FINDINGS

Actionable additional findings from this study: [select]

Lungs: [select]. [free text]

Pleura: [select]. [free text]

Mediastinum: [select]. [free text]

Cardiovascular: [select]. [free text]

Abdomen: [select]. [free text]

Thyroid: [select]. [free text]

Breast: [select]. [free text]

Bone: [select]. [free text]

Other: [select]. [free text]

CONCLUSION

Screening Category and Management: [select]

Nodule Summary: [free text]

Actionable Additional Findings Summary: [free text]

Other Comments: [free text]

Where possible, the participant is recommended to return to the same imaging provider for future studies to facilitate image comparison.

4. NLCSP Structured Clinical Radiology Report – Unfilled, No Prior CT

This template guides fields usage in the case of participants presenting for first NLCSP low-dose CT, where no prior imaging outside the NLCSP is available for comparison.

CLINICAL NOTES

[free text]

Family history of lung cancer: [select]

STUDY INFORMATION

Radiologist HPI-I: [free text]

Technique: [free text]

CAD/AI/Volumetry used: [free text]

CTDIvol (mGy): [free text]

Scan image quality: [select]

Comparison CT(s): No prior imaging is available.

NODULE FINDINGS

Likely Infection or Inflammation: [select]

Description of likely infection or inflammation: [free text]

Nodules Considered Benign (excluding the above): [select]

Description of nodules considered benign: [free text]

Pulmonary Nodules for Follow-Up (excluding the above): [select]

The most significant nodules, up to four, will be listed for follow-up.

Minimum reportable size 34 mm³ (4.0 mm).

Observed Nodule A

Assigned nodule number: [free text]

Date nodule first visible: [date]

Slice location: series [free text], image [free text]

Anatomical location: [select]

Type: [select]

Spiculation: [select]

Other descriptors: [free text]

Maximal axial diameter for PanCan calculation (mm): [free text]

Total volume (mm³): [free text]
Volume, solid component (mm³): [free text]

Measurement plane for mean diameter: [select]
Total mean diameter (mm): [free text]
Mean diameter, solid component (mm): [free text]

Wall thickness/nodularity (mm): [free text]

PanCan risk (% , baseline only): [free text]
Screening Category (this nodule): [select]

Observed Nodule B / C / D – included as necessary, populated as above.

ADDITIONAL FINDINGS

Actionable additional findings from this study: [select]

Lungs: [select]. [free text]
Pleura: [select]. [free text]
Mediastinum: [select]. [free text]
Cardiovascular: [select]. [free text]
Abdomen: [select]. [free text]
Thyroid: [select]. [free text]
Breast: [select]. [free text]
Bone: [select]. [free text]
Other: [select]. [free text]

CONCLUSION

Screening Category and Management: [select]
Nodule Summary: [free text]
Actionable Additional Findings Summary: [free text]
Other Comments: [free text]

Where possible, the participant is recommended to return to the same imaging provider
for future studies to facilitate image comparison.

5. NLCSP Structured Clinical Radiology Report – Filled Example 1

This example shows a sample NLCSP report completed for a participant with no nodules.

CLINICAL NOTES

Smoking history. Eligible for lung cancer screening.
Family history of lung cancer (baseline only): yes

STUDY INFORMATION

Radiologist HPI-I: 1234567812345678
Technique: Non-contrast low dose volumetric acquisition of the chest.
CAD/AI/Volumetry used: CAD X
CTDIvol (mGy): 1.5
Scan image quality: adequate
Comparison CT(s): none

NODULE FINDINGS

Likely Infection or Inflammation: no

Nodules Considered Benign (excluding the above): no

Pulmonary Nodules for Follow-Up (excluding the above): no

The most significant nodules, up to four, will be listed for follow-up.
Minimum reportable size 34 mm³ (4.0 mm).

ADDITIONAL FINDINGS

Actionable additional findings from this study: no

CONCLUSION

Screening Category and Management: Category 1; 24-month LDCT.

Where possible, the participant is recommended to return to the same imaging provider
for future studies to facilitate image comparison.

6. NLCSP Structured Clinical Radiology Report – Filled Example 2

This example shows a sample NLCSP report completed for a participant with one nodule, presenting for baseline imaging in the NLCSP. No prior images are available for comparison.

CLINICAL NOTES

Smoking history. Eligible for lung cancer screening.
Family history of lung cancer (baseline only): yes

STUDY INFORMATION

Radiologist HPI-I: 1234567812345678
Technique: Non-contrast low-dose CT of the chest.
CAD/AI/Volumetry used: CAD X
CTDIvol (mGy): 1.5
Scan image quality: adequate
Comparison CT(s): none

NODULE FINDINGS

Likely Infection or Inflammation: no

Nodules Considered Benign (excluding the above): yes
Description of nodules considered benign: scattered sub 3 mm calcified granulomata

Pulmonary Nodules for Follow-Up (excluding the above): yes

The most significant nodules, up to four, will be listed for follow-up.
Minimum reportable size 34 mm³ (4.0 mm).

Observed Nodule A

Assigned nodule number: 1
Date nodule first visible: 13/02/25
Slice location: series 3, image 47

Anatomical location: RUL

Type: part solid

Spiculation: yes

Maximal axial diameter for PanCan calculation (mm): 10.4

Total volume (mm³): 524

Volume, solid component (mm³): 360

PanCan risk (% , baseline only): 24

Screening Category (this nodule): 4

ADDITIONAL FINDINGS

Actionable additional findings from this study: yes

Lungs: n/a

Pleura: n/a

Mediastinum: n/a

Cardiovascular: n/a

Abdomen: yes. 2.5 cm intermediate density (40 HU) lesion arising from the upper pole of the left kidney.

Thyroid: n/a

Breast: n/a

Bone: n/a

Other: n/a

CONCLUSION

Screening Category and Management: Category 4; 3-month LDCT.

Actionable Additional Findings Summary: Indeterminate kidney lesion. Refer for renal ultrasound.

Where possible, the participant is recommended to return to the same imaging provider for future studies to facilitate image comparison.

7. NLCSP Structured Clinical Radiology Report – Filled Example 3

This example shows a sample NLCSP report completed for a participant with two nodules and multiple prior studies. Four other nodules (Observed Nodules 1, 2, 4 and 5) were seen historically and have subsequently resolved.

CLINICAL NOTES

Smoking history. Eligible for lung cancer screening.
Family history of lung cancer (baseline only): yes

STUDY INFORMATION

Radiologist HPI-I: 1234567812345678
Technique: Non-contrast, low-dose imaging of the chest.
CAD/AI/Volumetry used: CAD X
CTDIvol (mGy): 1.5
Scan image quality: adequate
Comparison CT(s): multiple previous, most recently 27/08/25

NODULE FINDINGS

Likely Infection or Inflammation: no

Nodules Considered Benign (excluding the above): no

Pulmonary Nodules for Follow-Up (excluding the above): yes

The most significant nodules, up to four, will be listed for follow-up.
Minimum reportable size 34 mm³ (4.0 mm).

Observed Nodule A

Assigned nodule number: 3
Date nodule first visible: 12/11/24
Slice location: series 4, image 47
Anatomical location: LUL
Type: solid

Other descriptors: several internal air bronchograms, adjacent focal pleural tethering

Total volume (mm³): 665

Volume change (%): 33

Volume doubling time (days): 218

Previous measurements: was 500 mm³ on 27/08/25

Type of change: growing

Screening Category (this nodule): 5

Observed Nodule B

Assigned nodule number: 6

Date nodule first visible: 18/06/24

Slice location: series 4, image 125

Anatomical location: RML

Type: solid

Total volume (mm³): 524

Volume change (%): 5

Previous measurements: was 500mm³ on 27/08/25

Type of change: stable

Screening Category (this nodule): 2

ADDITIONAL FINDINGS

Actionable additional findings from this study: yes

Cardiovascular: moderate calcified atherosclerotic plaque in the coronary arteries

CONCLUSION

Screening Category and Management: Category 5; refer to lung cancer multidisciplinary team.

Actionable Additional Findings Summary: Moderate coronary artery calcified plaque. Clinical

review. Recommend lifestyle modification and pharmacological therapy.

Where possible, the participant is recommended to return to the same imaging provider for future studies to facilitate image comparison.

8. Fields Content

Table 1.

Table 1 details allowable values and functionality of fields in the NLCSP Structured Clinical Radiology Report. Note that field numbers are to facilitate reference within this guide. They are not to be included in the clinical report.

Field Number	Field Title	Data Values	Data Type	Field Use	Notes
1.01	Clinical Notes	<i>free text</i>	alphanumeric	required	
1.02	Family history of lung cancer (baseline only)	yes no unknown	drop-down (choose one)	required at baseline only	Defined as a parent, sibling or child with a confirmed history of primary lung cancer. This information is to be provided to the radiologist on the low-dose CT request form. It may also be available from the National Cancer Screening Register (NCSR) Healthcare Provider Portal.
	Study Information				
2.01	Radiologist HPI-I	<i>free text</i>	numeric	required	This is a unique identifier number, issued for all registered medical practitioners and available through the Australian Health Practitioner Regulation Agency (AHPRA) portal. It is used in the NLCSP to identify a reporting radiologist, regardless of their practice location.
2.02	Technique	<i>free text</i>	alphanumeric	required	
2.03	CAD/AI/Volumetry software used	<i>free text</i>	alphanumeric	may be deleted	
2.04	CTDIvol (mGy)	<i>free text</i>	numeric	required	

2.05	Scan image quality	Adequate Mild limitation Significant limitation	drop-down (choose one)	required	
2.06	Comparison CT(s)	<i>free text</i>	alphanumeric	required	Comparison studies with date(s) performed, or lack of comparison studies, must be recorded.
	Nodule Findings				
3.01	Likely infection or inflammation	no yes	drop-down (choose one)	required	Findings recorded in this field constitute Category 0 according to the NLCSP Nodule Management Protocol.
3.02	Description of likely infection or inflammation	<i>free text</i>	alphanumeric	may be deleted	
3.03	Nodules considered benign (excluding the above)	no yes	drop-down (choose one)	required	Fields 3.03 and 3.04 may be used to describe nodules that are clearly benign or no longer meet criteria for <i>Pulmonary Nodules for Follow-Up</i> .
3.04	Description of nodules considered benign	<i>free text</i>	alphanumeric	may be deleted	
3.05	Pulmonary nodules for follow-up (excluding the above)	no yes	drop-down (choose one)	required	Nodules for follow-up are those that measure $\geq 34 \text{ mm}^3$ (4.0 mm), excluding those that are morphologically benign (e.g. calcified granulomata) or those that are stable for sufficient duration to be reported as Category 1. A maximum of four nodules may be included in a report. Select from those with highest risk features including new, enlarging or previously reported nodules. On follow-up imaging, if four nodules were previously reported and new nodules also arise, choose up to four nodules with the highest risk features from amongst the pre-existing and new nodules.

					Note that the PanCan Nodule Malignancy Risk Calculator (used for baseline imaging) requires input of total number of nodules. This includes every visible lung nodule on the study, irrespective of nodule size. This number need not be specifically documented in the report.
3.06		The most significant nodules, up to four, will be listed for follow-up. Minimum reportable size 34 mm ³ (4.0 mm).			To clarify which nodules are recorded, a standard explanatory statement is provided here. This statement should be included verbatim in all reports.
	Observed Nodule A [B, C, D]				The <i>Observed Nodule</i> heading is included in the report, to separate data fields relating to different <i>Pulmonary Nodules for Follow-Up</i> . The reference letter (A,B,C,or D) is not attached to a particular nodule in perpetuity. For example, if a nodule listed under the heading <i>Observed Nodule A</i> no longer requires follow-up (resolves or remains stable for sufficient time), a new nodule requiring follow-up may be reported under the heading <i>Observed Nodule A</i> .
4.01	Assigned nodule number	<i>free text</i>	alphanumeric	may be deleted	Fields 4.01 to 4.26 may be deleted if not used. Fields 4.01 to 4.06 are required for every recorded nodule. The assigned nodule number (field 4.01) is the number assigned to a particular nodule in perpetuity. This number will stay attached to this nodule for the duration of the participant's use of the screening program, including if the nodule resolves.
4.02	Date nodule first visible	<i>free text</i>	date	may be deleted	
4.03	Slice location...Series	<i>free text</i>	alphanumeric	may be deleted	
4.04	Slice location...Image	<i>free text</i>	alphanumeric	may be deleted	
4.05	Anatomical location	RUL RML	drop-down (choose one)	may be deleted	

		RLL LUL LLL			<p>For example, if a nodule is assigned 'number 1' on the baseline scan, and is eventually deemed benign, it will remain 'number 1' even though it may not meet criteria for requiring surveillance and documentation. Some individuals may accrue numerous nodules, and hence numerous assigned nodule numbers, over the duration of their screening. The number is unlimited.</p> <p>Field 4.02 (<i>Date nodule first visible</i>) should specify the date, in any format, of when the nodule was first identifiable on imaging.</p> <p>Nodule slice location (fields 4.03 and 4.04) is described in the report by series and image number. If two nodules for documentation appear on the same series and image, discriminating features (e.g. medial or lateral location) must be included in the <i>Other descriptors</i> field (4.08).</p> <p>Juxtapleural nodules (intrapulmonary lymph nodes) (4.06) need only be documented if they appear as a new finding. When present at baseline and fulfilling criteria for intrapulmonary lymph nodes, these are considered benign.</p>
4.06	Type	solid part solid non-solid airway nodule, segmental or more proximal airway nodule, subsegmental atypical pulmonary cyst juxtapleural	drop-down (choose one)	may be deleted	
4.07	Spiculation	no yes	drop-down (choose one)	may be deleted	
4.08	Other descriptors	<i>free text</i>	alphanumeric	may be deleted	Fields 4.07 to 4.25 may be included or deleted as relevant to the documented nodule.

4.09	Maximal axial diameter for PanCan calculation (mm)	<i>free text</i>	alphanumeric	may be deleted	The default measurement method for the NLCSP is volumetry or mean nodule diameter. It is recommended that this be recorded at all timepoints, including at baseline, to facilitate comparison. At baseline imaging, maximal axial diameter (4.09) is then recorded, in addition, for those nodules undergoing triage using the PanCan Nodule Malignancy Risk Calculator.
4.10	Total volume (mm ³)	<i>free text</i>	alphanumeric	may be deleted	
4.11	Volume change (%)	<i>free text</i>	alphanumeric	may be deleted	
4.12	Volume doubling time (days)	<i>free text</i>	alphanumeric	may be deleted	
4.13	Volume, solid component (mm ³)	<i>free text</i>	alphanumeric	may be deleted	
4.14	Volume change, solid component (%)	<i>free text</i>	alphanumeric	may be deleted	
4.15	Volume doubling time, solid component (days)	<i>free text</i>	alphanumeric	may be deleted	
4.16	Measurement plane for mean diameter	n/a axial sagittal coronal	drop-down (choose one)	may be deleted	
4.17	Total mean diameter (mm)	<i>free text</i>	alphanumeric	may be deleted	
4.18	Change in mean diameter (mm)	<i>free text</i>	alphanumeric	may be deleted	
4.19	Mean diameter, solid component (mm)	<i>free text</i>	alphanumeric	may be deleted	
4.20	Change in mean diameter, solid component (mm)	<i>free text</i>	alphanumeric	may be deleted	

4.21	Wall thickness/nodularity (mm)	<i>free text</i>	alphanumeric	may be deleted	Field 4.23 is used to describe the previous volume, mean diameter or other relevant nodule measurement. Include the date(s) of the previous studies being compared. Growth trajectory should be described here.
4.22	Change in wall thickness/nodularity (mm)	<i>free text</i>	alphanumeric	may be deleted	
4.23	Previous measurements	<i>free text</i>	alphanumeric	may be deleted	
4.24	Type of change	n/a (baseline) new stable growing slow growing decreased resolved progressive atypical pulmonary cyst	drop-down (choose one)	may be deleted	
4.25	PanCan risk (% baseline only)	<i>free text</i>	alphanumeric	may be deleted	
4.26	Screening Category (this nodule)	1 2 3 4 5 6	drop-down (choose one)	may be deleted	This field is required for all documented nodules.
	Observed Nodule B, C, and D (if necessary)				
5.01 etc 6.01 etc	As above. Repeat for up to four nodules.				

7.01 etc					
	Additional Findings				
8.01	Actionable additional findings from this study:	no yes	drop-down (choose one)	required	<p>For findings specified in the NLCSP Additional Findings Guidelines, initially use the guideline-specified summary and management recommendation verbatim in the report conclusion. Apply clinical judgement in the case of any further recommendations.</p> <p>For findings not included the Guidelines, apply best judgement in documenting detail and recommendations.</p> <p>Additional findings may be present and stable over many studies. Stable additional findings may or may not require intervention outside ongoing low-dose CT surveillance. The radiologist should again exercise best judgement whether to select “yes” or “no” in the <i>Actionable additional findings from this study</i> field, and whether free-text description is warranted in the anatomical subsection relevant to the finding. The radiologist may still make a recommendation in the conclusion in the case of stable findings.</p>
8.02	Lungs	n/a no change yes	drop-down (choose one)	may be deleted	
8.03		<i>free text</i>	alphanumeric	may be deleted	
8.04	Pleura	n/a no change yes	drop-down (choose one)	may be deleted	
8.05		<i>free text</i>	alphanumeric	may be deleted	
8.06	Mediastinum	n/a no change yes	drop-down (choose one)	may be deleted	
8.07		<i>free text</i>	alphanumeric	may be deleted	
8.08	Cardiovascular	n/a no change yes	drop-down (choose one)	may be deleted	
8.09		<i>free text</i>	alphanumeric	may be deleted	
8.10	Abdomen	n/a no change yes	drop-down (choose one)	may be deleted	
8.11		<i>free text</i>	alphanumeric	may be	

				deleted	
8.12	Thyroid	n/a no change yes	drop-down (choose one)	may be deleted	
8.13		<i>free text</i>	alphanumeric	may be deleted	
8.14	Breast	n/a no change yes	drop-down (choose one)	may be deleted	
8.15		<i>free text</i>	alphanumeric		
8.16	Bone	n/a no change yes	drop-down (choose one)		
8.17		<i>free text</i>	alphanumeric		
8.18	Other	n/a no change yes	drop-down (choose one)	may be deleted	
8.19		<i>free text</i>	alphanumeric	may be deleted	
	Conclusion				
9.01	Screening Category and Management	Category 0; 1-month LDCT Category 0; 2-month LDCT Category 0; 3-month LDCT Category 1; 24-month LDCT Category 2; 12-month LDCT	drop-down (choose one)	required	In the case of actionable additional findings, do not assign a letter modifier in either of <i>Screening Category and Management</i> (9.01) or <i>Screening Category (this nodule)</i> (4.26). For example, "Category 3" may be written, but not "Category 3A". Actionable additional findings are documented in the <i>Additional Findings</i> section of the report (fields 8.01-8.19), and in <i>Actionable Additional Findings Summary</i> (field 9.03) in the conclusion.

		<p>Category 3; 6-month LDCT</p> <p>Category 4; 3-month LDCT</p> <p>Category 5; refer to lung cancer multidisciplinary team</p> <p>Category 6; refer to lung cancer multidisciplinary team</p>			
9.02	Nodule Summary	<i>free text</i>	alphanumeric	may be deleted	
9.03 	Actionable Additional Findings Summary	<i>see Table 2 for options</i>	drop-down (choose as many as apply)	may be deleted	For findings where specific reporting guidance is provided in the NLCSP Additional Findings Guidelines, use the guideline-specified finding summary and management recommendations verbatim in the report conclusion.
9.04	Other Comments	<i>free text</i>	alphanumeric	may be deleted	Radiologists should provide a follow-up category with associated management according to the NLCSP Nodule Management Protocol for all participants, regardless of age (field 9.01). If the participant would be 71 years or older (ineligible for screening) at the time of recommended follow-up, include in field 9.04 or 9.02 a statement that this is the final NLCSP low-dose CT for this participant. All further follow-up and management of nodules or additional findings then occurs outside of the NLCSP, at the discretion of the referrer.
9.05		Where possible, the participant is			To facilitate availability of previous imaging, a standard

		recommended to return to the same imaging provider for future studies to facilitate image comparison.			recommendation is included below the report conclusion. This statement should be reproduced verbatim below the report conclusion.
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Table 2.

For findings where specific reporting guidance is provided in the NLCSP Additional Findings Guidelines, use the finding summary and management recommendations verbatim in the report conclusion. Apply clinical judgement in the case of any further recommendations.

Body Region	NLCSP Additional Findings Guidelines Summary and Management Recommendations
Lungs	Mild emphysema. Clinical review. Refer to Lung Foundation Australia COPD-X Handbook.
	Moderate emphysema. Clinical review. Refer to Lung Foundation Australia COPD-X Handbook.
	Severe emphysema. Clinical review. Refer to Lung Foundation Australia COPD-X Handbook.
	Panlobular emphysema. Clinical review. Refer to Lung Foundation Australia COPD-X Handbook.
	Interstitial lung abnormality with high-risk features: Clinical review (symptoms, family history, crackles). Perform high resolution CT chest (including prone acquisition). Refer to respiratory physician.
	Interstitial lung abnormality without high-risk features: Clinical review (symptoms, family history, crackles). Imaging findings will be assessed at next screening CT.
	Moderate bronchiectasis. Clinical review for symptoms. Consider sputum microbiology and airway clearance recommendations. If symptomatic, consider referral to respiratory physician.
	Severe bronchiectasis. Clinical review for symptoms. Consider sputum microbiology and airway clearance recommendations. If symptomatic, consider referral to respiratory physician.
	Diffuse cystic lung disease. Clinical review. Consider referral to respiratory physician. Diffuse nodular lung disease. Clinical review. Consider referral to respiratory physician.

Pleura	<p>Pleural effusion. Clinical review. Consider referral to respiratory physician.</p> <p>Pleural thickening. Clinical review. Consider referral to respiratory physician.</p> <p>Pleural mass. Clinical review. Refer to respiratory physician.</p> <p>Bilateral calcified pleural plaques. This finding may indicate previous asbestos exposure.</p>
Mediastinum	<p>Enlarged mediastinal lymph nodes. Clinical review. Consider referral to respiratory physician.</p> <p>Mediastinal mass. Clinical review. Consider referral to respiratory physician.</p>
Cardiovascular	<p>Mild coronary artery calcified plaque. Clinical review. Consider lifestyle modification and pharmacological therapy.</p> <p>Moderate coronary artery calcified plaque. Clinical review. Recommend lifestyle modification and pharmacological therapy.</p> <p>Severe coronary artery calcified plaque. Clinical review. Recommend lifestyle modification and pharmacological therapy.</p> <p>Moderate aortic valve calcification. Clinical review. Refer for echocardiography.</p> <p>Severe aortic valve calcification. Clinical review. Refer for echocardiography.</p> <p>Moderate pericardial effusion. Clinical review. Refer for echocardiography.</p> <p>Large pericardial effusion. Clinical review. Refer for echocardiography.</p> <p>Thoracic aortic dilatation. Refer to cardiologist, cardiothoracic surgeon, or vascular surgeon.</p>

	Pulmonary artery dilatation. Clinical review. Refer for echocardiography.
Abdomen	<p>Indeterminate liver lesion. Refer for liver ultrasound.</p> <p>Hepatic steatosis. Clinical review. Manage metabolic risk factors. Refer to the Gastroenterological Society of Australia Metabolic Dysfunction-Associated Fatty Liver Disease Consensus Statement. Consider referral to gastroenterologist or hepatologist.</p> <p>Suspected hepatic cirrhosis. Clinical review. Refer to gastroenterologist or hepatologist.</p> <p>Indeterminate kidney lesion. Refer for renal ultrasound.</p> <p>Benign adrenal lesion. Clinical review. Recommend endocrine testing.</p> <p>Likely benign adrenal lesion. Clinical review. Evaluate with non-contrast adrenal CT in 6 months or await review of lesion on next screening CT if earlier than 6 months. Recommend endocrine testing.</p> <p>Suspicious adrenal lesion. Clinical review. Refer to endocrinologist.</p> <p>Abdominal aortic aneurysm. Refer to vascular surgeon.</p> <p>Indeterminate pancreatic lesion. Refer for contrast-enhanced pancreas CT.</p>
Thyroid	<p>Suspicious thyroid nodule. Clinical review. Refer for thyroid ultrasound.</p> <p>Multinodular thyroid goitre. Clinical review. Consider thyroid function testing.</p>
Breast	<p>Suspicious breast lesion. Clinical review. Refer for mammography and breast ultrasound.</p> <p>Axillary lymphadenopathy. Clinical review. Refer for axillary ultrasound.</p>

Bone	Reduced bone density. Clinical review. Refer for DEXA scan.
	Vertebral compression fracture. Clinical review. Refer for DEXA scan.

Version Control

Version	Author	Reason/description of change	Date
1.0	ANZSTR Reporting and Template Subcommittee	Original	April 2025