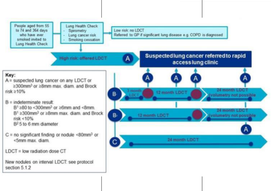
TLHC CT findings follow up template

Finding & Reporting Recommendation	TLHC MDT Discussion	Refer to Primary Care, Action required	Refer to Secondary Care, Action Required	TLHC Nurse, Action Required
Emphysema Mild (<25%); Moderate (25-50%); Severe (>50%) CT should not be used to diagnose COPD		Smoking cessation Enter onto COPD register if diagnosis confirmed.		•The TLHC Nurse will record on EMIS the type of incidental/ significant finding found on the CT scan, which requires follow up from the GP. •The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. •The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP/CRT for further discussion and follow up. • The TLHC Nurse will send referral for 24 month baseline LDCT scan. **Knowsley Patients Only**: KCRS to be copied into CT outcome letter
Bronchiectasis **Mild** (airways are 1.5-2 times the size of artery).		Mild/borderline bronchiectasis no action or communication required		
Bronchiectasis **Moderate** (2-3 times the size); or **Severe** (greater than three times the size of corresponding artery (?)). For bronchiectasis to be categorized as severe, it must also be present in more than one segment of the lung. Information on symptoms should be available from the lung health check Do not recommend for non-specific clinical correlation	Option, for review at screening review meeting	Moderate or severe bronchiectasis really participant and GP regarding standard bronchiectasis/ infection prophylaxis management and give the option of referral. Consider referral to local community respiratory team.		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. • The TLHC Nurse will send referral for 24 month baseline LDCT scan. **Knowsley Patients Only**: KCRS to be copied into CT outcome letter
Bronchiectasis **Moderate** (2-3 times the size); or **Severe** (greater than three times the size of corresponding artery (?)). For bronchiectasis to be categorized as severe, it must also be present in more than one segment of the lung.	Option, for review at screening review meeting		Moderate or severe bronchiectasis Patient with clinic if chronic cough or recurrent LRTI has been documented at the health check	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will refer the patient to the respiratory team for correlation of relevant symptoms, and CT findings for further follow up. • The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by reviewing team for further discussion and follow up. • The TLHC Nurse will send referral for 24 month Baseline LDCT scan. **Knowsley Patients Only**: KCRS to be copied into CT outcome letter
RBILD	Option, for review at screening review meeting	Smoking Cessation	Respiratory/ Bronchiectasis/Interstitial (evidential findings protocol)	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the CRT. • The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. • The TLHC Nurse will send referral for 24 month baseline LDCT scan
Interstitial Lung Abnormalities (ILAs) Report all ILD and recommend CT reevaluation based on visual estimation, for respiratory referral, or if 5-10%, recommend correlation with spirometry. Only communicate significant CT results to the participant and the GP	Option, for review at screening review meeting	If 5-10%, recommend correlation with spirometry		•The TLHC Nurse will record on EMIS the type of incidental/ significant finding found on the CT scan, which requires follow up from the GP. •The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. •The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. •The TLHC Nurse will send referral for 24 month baseline LDCT scan **Knowsley Patients Only**: KCRS to be copied into CT outcome letter
			If >10%, recirculation based on visual estimation, for respiratory referral	•The TLHC Nurse will record on EMIS the type of incidental/ significant finding found on the CT scan, which requires follow up from the GP. •The TLHC Nurse will refer the patient to the CRT for correlation of relevant symptoms, and CT findings for further follow up •The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken. •The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by reviewing team for further discussion and follow up. •The TLHC Nurse will send referral for 24 month baseline LDCT scan **Knowsley Patients Only**: KCRS to be copied into CT outcome letter
Consolidation/ likely inflammatory requiring 3 months repeat CT or consolidation Minor areas of consolidation, unlikely to be of clinical significance since either not be reported or reported as above.		Repeat 3 months CT if looks inflammatory. Assess for clinical infection and prescribe antibiotics as required		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. • The TLHC Nurse will send referral for 24 month baseline LDCT scan.
Consolidation/ possibly malignant requiring MDT referral.	Option, for review at screening review meeting		Refer MDT if cancer is possible	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan. • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local cancer pathway. • The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken
Tuberculosis - Indicate if likely to be TB - indicate differential diagnosis			Refer to Tuberculosis service if finding suspicious for Tuberculosis	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan. • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local TB Service. • The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken. The TLHC Nurse will send referral for 24 month baseline LDCT scan.
Mediastinal mass Report size of mediastinal mass, position and whether cystic, recommend review by Lung Cancer MDT or Screening Review MDT. Cystic lesions do not require further investigation	Option, for review at screening review meeting		Options include continued surveillance at next screening round CT or further investigation including PET/CT/MRI, based on size and morphology.	•The TLHC Nurse will record on EMIS the type of incidental/ significant finding found on the CT scan •The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local chest/ lung/ brain. The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken
Coronary calcification Report as mild / moderate / severe and provide visual estimation of most affected artery		Cardiovascular risk assessment to be completed and primary prevention recommended where not already in place.		•The TLHC Nurse will record on EMIS the type of incidental/ significant finding found on the CT scan, which requires follow up from the GP. •The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. •The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. The TLHC Nurse will send referral for 24 month baseline LDCT scan.
Aortic valve disease Report if moderate or severe calcification involving 2 or 3 cusps. Isolated specks of calcification do not require reporting.		Primary care to refer for echocardiograph if moderate or severe non-localised aortic valve calcification, and not known to have aortic valve disease		•The TLHC Nurse will record on EMIS the type of incidental/ significant finding found on the CT scan, which requires follow up from the GP. •The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. •The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. The TLHC Nurse will send referral for 24 month baseline LDCT scan.
Aortic aneurysms **Thoracic:** >4cm, no action. 4.0cm-5.5cm, for GP to refer. **Abdominal:** 3-5cm, to refer This does not require discussion at the screening review meeting.		Thoracic: >4cm, no action. 4.0cm-5.5cm, referral. Abdominal: 3-5cm, referral.		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. The TLHC Nurse will send referral for 24 month baseline
Aortic aneurysms **Thoracic:** >5.5cm, for urgent referral. **Abdominal:** >5cm, for urgent referral. This does not require discussion at the screening review meeting.			**Thoracic:** >5.5cm, for urgent referral. **Abdominal:** >5cm, for urgent referral.	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will complete referral to secondary care process. • The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. • The TLHC Nurse will send referral for 24 month baseline LDCT scan
Breast nodules Specify site and size	Option, for review at screening review meeting	Breast MDT referral if not previously know or no information		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local breast cancer pathway. The TLHC Nurse will write to the GP to inform them of the onwards referral and action
Liver lesions Lesions classified as indeterminate Images and information available will inform the radiological assessment. Incompletely imaged lesions or lesions too small to characterise should not by itself prompt further investigation	Option, for review at screening review meeting	Indeterminate lesions refer to the screening review meeting All other lesions require no action.		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will refer to the LCMDT and will either refer back to GP or local
Liver lesions Lesions classified as malignant. Images and information available will inform the radiological assessment.			Malignant lesions refer to the appropriate cancer pathway	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local cancer pathway The TLHC Nurse will write to the GP to inform them of the onwards referral and action
Renal lesions Lesions classified as indeterminate and benign or incompletely imaged/ unable to evaluate. Assessment should be made on images and information available. Incompletely imaged kidneys or lesions too small to characterise should not prompt further investigation by itself	Option, for review at screening review meeting	Indeterminate lesions refer to the screening review meeting. All other lesions require no action.		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will refer to the LCMDT and will either refer back to GP or local
Renal lesions Lesions classified as malignant. Assessment should be made on images and information available. Incompletely imaged kidneys or lesions too small to characterise should not prompt further investigation by itself.			Malignant lesions refer to the appropriate cancer pathway	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local cancer pathway The TLHC Nurse will write to the GP to inform them of the onwards referral and action
Bone abnormalities GP to refer for bone density evaluation for >50% osteoporotic fractures.		Recommended to participant and GP bone risk assessment and protection		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. The TLHC Nurse will send referral for 24 month baseline
Thyroid abnormalities Report only if any local lymphadenopathy and/or punctate calcification	Option, for review at screening review meeting.		Refer to thyroid MDT	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local thyroid MDT The TLHC Nurse will write to the GP to inform them of the onwards referral and action
Adrenal lesions Report size and attenuation. If <1cm, do not recommend referral; or for other lesions, recommend review at screening review meeting	Option, for review at screening review meeting	<1cm or <15HUdL no action. 1-4cm and >15HUdL no action but participant to return for 12 months scan.		• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will write to the GP to ask them to view the results and organise appropriate follow up with the patient. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by their GP for further discussion and follow up. The TLHC Nurse will send referral for 24 month baseline
Adrenal lesions Report size and attenuation. If <1cm, do not recommend referral; or for other lesions, recommend review at screening review meeting	Option, for review at screening review meeting		>4cm for endocrine referral	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan, which requires follow up from the GP. • The TLHC Nurse will refer the patient to the endocrine team for correlation of relevant symptoms, and CT findings for further follow up • The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken. • The TLHC will write to the patient to inform them that the CT scan has shown non-urgent finding, and that they will be contacted by reviewing team for further discussion and follow up. • The TLHC Nurse will send referral for 24 month baseline LDCT scan
Pleural effusion/ thickening If pleural effusion with malignant features seen, refer to lung cancer service. This includes mesothelioma.	Option, for review at screening review meeting		Discuss at screening review meeting or for lung cancer referral	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local lung cancer team The TLHC Nurse will write to the GP to inform them of the onwards referral and action
Bronchial wall thickening Do not report.				
Nodule Follow Up				
Nodule suspicious of lung cancer >300mm³ or >8mm max diameter and Brock risk ≥10%	Option, for review at screening review meeting		Refer MDT if cancer is possible	• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and onwards referral to their local lung cancer team. The TLHC Nurse will write to the GP to inform them of the onwards referral and action taken
Indeterminate result • >80 to 300mm³ or >4mm and <8mm • >300mm³ or 8mm max diameter and Brock risk <10% 5 to 8 mm diameter	Option, for review at screening review meeting			• The TLHC Nurse will record on EMIS the type of incidental/significant finding found on the CT scan • The TLHC Nurse will phone the patient to inform of the CT findings and action taken. • The TLHC will write to the patient to inform them that the CT scan has nodules requiring follow up, and the required follow up this involves. • The TLHC Nurse will post nodules leaflet to the patient. The TLHC Nurse will send referral for follow up 3 month, 12 month or 24 month baseline LDCT scan



Key:
A= suspected lung cancer on any LDCT or >300mm³ or >8mm max. diam. and Brock risk ≥10%

B = indeterminate result
B' ≥80 to >300mm³ or >4mm and <8mm
B'' >300mm³ or >8mm max. diam. and Brock risk <10%
B' 5 to 8 mm diameter

C = no significant finding or nodule <80mm³ or <5mm max. diam.

LDCT = low radiation dose CT

New nodules on interval LDCT see protocol section 5.1-2